

Patient Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DDS CerviTrac HCPCS E0849  RR Modifier  KX Modifier

13 Month Capped Rental:  KH Modifier Month 1  KI Modifier Months 2-3  KJ Modifier Months 4-13

Order Date \_\_\_\_\_ Start Date \_\_\_\_\_ Substitutions  No  Yes Length of Need \_\_\_\_\_

1. The beneficiary has a musculoskeletal or neurologic impairment requiring traction equipment  Yes  No

2. The DDS CerviTrac has been demonstrated to the patient and the patient tolerated the device.  Yes  No

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*One of the 3 below criteria's must apply*

The beneficiary has a diagnosis of temporomandibular joint (TMJ) dysfunction; and has received treatment for the TMJ condition; or,

The beneficiary has distortion of the lower jaw or neck anatomy (e.g., radical neck dissection) such that a chin halter is unable to be utilized; or,

The treating physician orders and/or documents the medical necessity for greater than 20 pounds of cervical traction in the home setting.

CERVITRAC SIZING CHART		
	Size	Circumference
<input type="checkbox"/>	SMALL	11.5" - 14.5"
<input type="checkbox"/>	LARGE	14.5" - 17.5"

<p><input type="checkbox"/> M54.12 Radiculopathy, cervical region</p> <p><input type="checkbox"/> M54.13 Radiculopathy, cervicothoracic region</p> <p><input type="checkbox"/> M54.2 Cervicalgia</p> <p><input type="checkbox"/> M53.0 Cervicocranial syndrome</p> <p><input type="checkbox"/> M53.1 Cervicobrachial syndrome</p> <p><input type="checkbox"/> G44.1 Vascular headache, not elsewhere classified</p> <p><input type="checkbox"/> R51 Headache</p> <p><input type="checkbox"/> M95.3 Acquired deformity of neck</p> <p><input type="checkbox"/> Q06.2 Diastematomyelia</p> <p><input type="checkbox"/> M50.30 Other cervical disc degeneration, unspecified cervical region</p> <p><input type="checkbox"/> M50.00 Cervical disc disorder with myelopathy, unspecified cervical region</p> <p><input type="checkbox"/> M50.20 Other cervical disc displacement, unspecified cervical region</p> <p><input type="checkbox"/> Q76.49 Other congenital malformations of spine, not associated with scoliosis</p> <p><input type="checkbox"/> M35.7 Hypermobility syndrome</p> <p><input type="checkbox"/> M48.20 Kissing spine, site unspecified</p> <p><input type="checkbox"/> M24.20 Disorder of ligament, unspecified site</p> <p><input type="checkbox"/> M40.40 Postural lordosis, site unspecified</p> <p><input type="checkbox"/> Q67.5 Congenital deformity of spine</p> <p><input type="checkbox"/> M96.4 Postsurgical lordosis</p> <p><input type="checkbox"/> M67.88 Other specified disorders of synovium and tendon, other site</p> <p><input type="checkbox"/> M89.70 Major osseous defect, unspecified site</p> <p><input type="checkbox"/> M53.82 Other specified dorsopathies, cervical region</p> <p><input type="checkbox"/> M54.02 Panniculitis affecting regions of neck and back, cervical region</p> <p><input type="checkbox"/> M96.1 Postlaminectomy syndrome, not elsewhere classified</p> <p><input type="checkbox"/> R29.3 Abnormal posture</p> <p><input type="checkbox"/> M48.02 Spinal stenosis, cervical region</p> <p><input type="checkbox"/> M47.812 Spondylosis without myelopathy or radiculopathy, cervical region</p> <p><input type="checkbox"/> M47.12 Other spondylosis with myelopathy, cervical region</p> <p><input type="checkbox"/> Q68.0 Congenital deformity of sternocleidomastoid muscle</p> <p><input type="checkbox"/> M43.6 Torticollis</p> <p><input type="checkbox"/> M48.30 Traumatic spondylopathy, site unspecified</p> <p><input type="checkbox"/> M53.82 Other specified dorsopathies, cervical region</p> <p><input type="checkbox"/> S13.4XXA Sprain of ligaments of cervical spine, initial encounter</p> <p><input type="checkbox"/> S13.8XXA Sprain of joints and ligaments of other parts of neck, initial encounter</p> <p><input type="checkbox"/> Z47.1 Aftercare following joint replacement surgery</p> <p><input type="checkbox"/> S12.9XXD Fracture of neck, unspecified, subsequent encounter</p> <p><input type="checkbox"/> S12.9XXS Fracture of neck, unspecified, sequela</p> <p><input type="checkbox"/> S13.9XXS Sprain of joints and ligaments of unspecified parts of neck, sequela</p>	<p>Unspecified injury _____ of cervical spinal cord, initial encounter</p> <table border="0"> <tr> <td><input type="checkbox"/> S14.101A</td> <td>at C1 level</td> <td><input type="checkbox"/> S14.105A</td> <td>at C5 level</td> </tr> <tr> <td><input type="checkbox"/> S14.102A</td> <td>at C2 level</td> <td><input type="checkbox"/> S14.106A</td> <td>at C6 level</td> </tr> <tr> <td><input type="checkbox"/> S14.103A</td> <td>at C3 level</td> <td><input type="checkbox"/> S14.107A</td> <td>at C7 level</td> </tr> <tr> <td><input type="checkbox"/> S14.104A</td> <td>at C4 level</td> <td><input type="checkbox"/> S14.108A</td> <td>at C8 level</td> </tr> </table> <p>Anterior cord syndrome _____ of cervical spinal cord, initial encounter</p> <table border="0"> <tr> <td><input type="checkbox"/> S14.131A</td> <td>at C1 level</td> <td><input type="checkbox"/> S14.135A</td> <td>at C5 level</td> </tr> <tr> <td><input type="checkbox"/> S14.132A</td> <td>at C2 level</td> <td><input type="checkbox"/> S14.136A</td> <td>at C6 level</td> </tr> <tr> <td><input type="checkbox"/> S14.133A</td> <td>at C3 level</td> <td><input type="checkbox"/> S14.137A</td> <td>at C7 level</td> </tr> <tr> <td><input type="checkbox"/> S14.144A</td> <td>at C4 level</td> <td><input type="checkbox"/> S14.138A</td> <td>at C8 level</td> </tr> </table> <p>Central cord syndrome _____ of cervical spinal cord, initial encounter</p> <table border="0"> <tr> <td><input type="checkbox"/> S14.121A</td> <td>at C1 level</td> <td><input type="checkbox"/> S14.125A</td> <td>at C5 level</td> </tr> <tr> <td><input type="checkbox"/> S14.122A</td> <td>at C2 level</td> <td><input type="checkbox"/> S14.126A</td> <td>at C6 level</td> </tr> <tr> <td><input type="checkbox"/> S14.123A</td> <td>at C3 level</td> <td><input type="checkbox"/> S14.127A</td> <td>at C7 level</td> </tr> <tr> <td><input type="checkbox"/> S14.124A</td> <td>at C4 level</td> <td><input type="checkbox"/> S14.128A</td> <td>at C8 level</td> </tr> </table> <p>Other incomplete lesion _____ of cervical spinal cord, initial encounter</p> <table border="0"> <tr> <td><input type="checkbox"/> S14.151A</td> <td>at C1 level</td> <td><input type="checkbox"/> S14.155A</td> <td>at C5 level</td> </tr> <tr> <td><input type="checkbox"/> S14.152A</td> <td>at C2 level</td> <td><input type="checkbox"/> S14.156A</td> <td>at C6 level</td> </tr> <tr> <td><input type="checkbox"/> S14.153A</td> <td>at C3 level</td> <td><input type="checkbox"/> S14.157A</td> <td>at C7 level</td> </tr> <tr> <td><input type="checkbox"/> S14.154A</td> <td>at C4 level</td> <td><input type="checkbox"/> S14.158A</td> <td>at C8 level</td> </tr> </table> <p>Unspecified * _____ fracture of ** _____ cervical vertebra, subsequent encounter for fracture with routine healing</p> <table border="0"> <tr> <td><input type="checkbox"/> S12.000D</td> <td>*first, **displaced</td> <td><input type="checkbox"/> S12.301D</td> <td>*fourth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.001D</td> <td>*first, **displaced</td> <td><input type="checkbox"/> S12.400D</td> <td>*fifth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.100D</td> <td>*second, **displaced</td> <td><input type="checkbox"/> S12.401D</td> <td>*fifth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.101D</td> <td>*second, **displaced</td> <td><input type="checkbox"/> S12.500D</td> <td>*sixth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.200D</td> <td>*third, **displaced</td> <td><input type="checkbox"/> S12.501D</td> <td>*sixth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.201D</td> <td>*third, **displaced</td> <td><input type="checkbox"/> S12.600D</td> <td>*seventh, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.300D</td> <td>*fourth, **displaced</td> <td><input type="checkbox"/> S12.601D</td> <td>*seventh, **displaced</td> </tr> </table> <p>_____ burst fracture of first cervical vertebra, subsequent encounter for fracture with routine healing</p> <table border="0"> <tr> <td><input type="checkbox"/> S12.01XD</td> <td>Stable</td> <td><input type="checkbox"/> S12.02XD</td> <td>Unstable</td> </tr> </table> <p>_____ posterior arch fracture of first cervical vertebra, subsequent encounter for fracture with routine healing</p> <table border="0"> <tr> <td><input type="checkbox"/> S12.030D</td> <td>Displaced</td> <td><input type="checkbox"/> S12.031D</td> <td>Nondisplaced</td> </tr> </table> <p>_____ lateral mass fracture of first cervical vertebra, subsequent encounter for fracture with routine healing</p> <table border="0"> <tr> <td><input type="checkbox"/> S12.040D</td> <td>Displaced</td> <td><input type="checkbox"/> S12.041D</td> <td>Nondisplaced</td> </tr> </table>	<input type="checkbox"/> S14.101A	at C1 level	<input type="checkbox"/> S14.105A	at C5 level	<input type="checkbox"/> S14.102A	at C2 level	<input 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other dens fracture, subsequent encounter for fracture with routine healing</p> <table border="0"> <tr> <td><input type="checkbox"/> S12.120D</td> <td>Displaced</td> <td><input type="checkbox"/> S12.121D</td> <td>Nondisplaced</td> </tr> </table> <p>Unspecified traumatic * _____ spondylolisthesis of ** _____ cervical vertebra, subsequent encounter for fracture with routine healing</p> <table border="0"> <tr> <td><input type="checkbox"/> S12.130D</td> <td>*second, **displaced</td> <td><input type="checkbox"/> S12.430D</td> <td>*fifth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.131D</td> <td>*second, **displaced</td> <td><input type="checkbox"/> S12.431D</td> <td>*fifth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.230D</td> <td>*third, **displaced</td> <td><input type="checkbox"/> S12.530D</td> <td>*sixth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.231D</td> <td>*third, **displaced</td> <td><input type="checkbox"/> S12.531D</td> <td>*sixth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.330D</td> <td>*fourth, **displaced</td> <td><input type="checkbox"/> S12.630D</td> <td>*seventh, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.331D</td> <td>*fourth, **displaced</td> <td><input type="checkbox"/> S12.631D</td> <td>*seventh, **displaced</td> </tr> </table> <p>Type III traumatic spondylolisthesis _____ subsequent encounter for fracture with routine healing</p> <table border="0"> <tr> <td><input type="checkbox"/> S12.14XD</td> <td>of second cervical vertebra</td> </tr> <tr> <td><input type="checkbox"/> S12.24XD</td> <td>of third cervical vertebra</td> </tr> <tr> <td><input type="checkbox"/> S12.34XD</td> <td>of fourth cervical vertebra</td> </tr> <tr> <td><input type="checkbox"/> S12.44XD</td> <td>of fifth cervical vertebra</td> </tr> <tr> <td><input type="checkbox"/> S12.54XD</td> <td>of sixth cervical vertebra</td> </tr> <tr> <td><input type="checkbox"/> S12.64XD</td> <td>of seventh cervical vertebra</td> </tr> </table> <p>Other traumatic * _____ spondylolisthesis of ** _____ cervical vertebra, subsequent encounter for fracture with routine healing</p> <table border="0"> <tr> <td><input type="checkbox"/> S12.150D</td> <td>*second, **displaced</td> <td><input type="checkbox"/> S12.450D</td> <td>*fifth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.151D</td> <td>*second, **displaced</td> <td><input type="checkbox"/> S12.451D</td> <td>*fifth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.250D</td> <td>*third, **displaced</td> <td><input type="checkbox"/> S12.550D</td> <td>*sixth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.251D</td> <td>*third, **displaced</td> <td><input type="checkbox"/> S12.551D</td> <td>*sixth, **displaced</td> </tr> <tr> <td><input type="checkbox"/> S12.350D</td> <td>*fourth, **displaced</td> <td><input type="checkbox"/> S12.650D</td> <td>*seventh, **displaced</td> </tr> <tr> <td><input 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<input type="checkbox"/> S12.201D	*third, **displaced	<input type="checkbox"/> S12.600D	*seventh, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.300D	*fourth, **displaced	<input type="checkbox"/> S12.601D	*seventh, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.01XD	Stable	<input type="checkbox"/> S12.02XD	Unstable																																																																																																																																																																																																											
<input type="checkbox"/> S12.030D	Displaced	<input type="checkbox"/> S12.031D	Nondisplaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.040D	Displaced	<input type="checkbox"/> S12.041D	Nondisplaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.090D	*first, **displaced	<input type="checkbox"/> S12.391D	*fourth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.091D	*first, **displaced	<input type="checkbox"/> S12.490D	*fifth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.190D	*second, **displaced	<input type="checkbox"/> S12.491D	*fifth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.191D	*second, **displaced	<input type="checkbox"/> S12.590D	*sixth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.290D	*third, **displaced	<input type="checkbox"/> S12.591D	*sixth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.291D	*third, **displaced	<input type="checkbox"/> S12.690D	*seventh, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.390D	*fourth, **displaced	<input type="checkbox"/> S12.691D	*seventh, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.110D	Anterior displaced	<input type="checkbox"/> S12.121D	Nondisplaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.111D	Posterior displaced																																																																																																																																																																																																													
<input type="checkbox"/> S12.120D	Displaced	<input type="checkbox"/> S12.121D	Nondisplaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.130D	*second, **displaced	<input type="checkbox"/> S12.430D	*fifth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.131D	*second, **displaced	<input type="checkbox"/> S12.431D	*fifth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.230D	*third, **displaced	<input type="checkbox"/> S12.530D	*sixth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.231D	*third, **displaced	<input type="checkbox"/> S12.531D	*sixth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.330D	*fourth, **displaced	<input type="checkbox"/> S12.630D	*seventh, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.331D	*fourth, **displaced	<input type="checkbox"/> S12.631D	*seventh, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.14XD	of second cervical vertebra																																																																																																																																																																																																													
<input type="checkbox"/> S12.24XD	of third cervical vertebra																																																																																																																																																																																																													
<input type="checkbox"/> S12.34XD	of fourth cervical vertebra																																																																																																																																																																																																													
<input type="checkbox"/> S12.44XD	of fifth cervical vertebra																																																																																																																																																																																																													
<input type="checkbox"/> S12.54XD	of sixth cervical vertebra																																																																																																																																																																																																													
<input type="checkbox"/> S12.64XD	of seventh cervical vertebra																																																																																																																																																																																																													
<input type="checkbox"/> S12.150D	*second, **displaced	<input type="checkbox"/> S12.450D	*fifth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.151D	*second, **displaced	<input type="checkbox"/> S12.451D	*fifth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.250D	*third, **displaced	<input type="checkbox"/> S12.550D	*sixth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.251D	*third, **displaced	<input type="checkbox"/> S12.551D	*sixth, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.350D	*fourth, **displaced	<input type="checkbox"/> S12.650D	*seventh, **displaced																																																																																																																																																																																																											
<input type="checkbox"/> S12.351D	*fourth, **displaced	<input type="checkbox"/> S12.651D	*seventh, **displaced																																																																																																																																																																																																											

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name Printed: \_\_\_\_\_ NPI \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_