Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP046

Section: Medical Benefit Policy

Subject: Progressive Stretch Devices

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

I. Policy: Progressive Stretch Devices

II. Purpose/Objective:
To provide a policy of coverage regarding Progressive Stretch Devices

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

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Range of motion: the arc through which movement occurs at a joint or series of joints. Commonly measured by the use of goniometers, protractors or inclinometers.
Active range of motion: the movement produced by contraction of the muscles crossing a joint. Additionally, it is the amount of motion that occurs when one segment of the body moves in relation to an adjacent segment.
Passive range of motion: the movement produced entirely by an external force without voluntary muscle contraction, either by gravity, machine, another individual or another part of the person's own body. Assessment is determined by moving the effective limb thru the arc of movement. This also includes an assessment of the "end-feel" or springiness of the joint at the end of the arc.

ALL Durable Medical Equipment provided for home use requires advanced determination of coverage. Devices furnished at inpatient or outpatient centers are **NOT SEPARATELY REIMBURSABLE.** Progressive stretch device must be obtained through a participating Durable Medical Equipment Vendor(s).

DESCRIPTION:
A **dynamic splint** has moving parts to allow mobility by providing forces that substitute for weak or absent muscle strength. Dynamic splinting can be used in conjunction with a medically supervised treatment program to restore range of motion to patients with stiffened joints following illness, trauma and/or surgery. The dynamic splinting system is a spring-loaded device that is usually worn while at rest or asleep. The device applies constant dynamic force to a stiff or contracted joint. During waking hours, treatment is enhanced by active exercise of the joint.

Joint Active Systems (JAS) devices utilize a static progressive stretch technique coupled with stretch relaxation, in a series of incremental increasing joint displacements over a period of time in an effort to gradually extend the range of motion of an injured joint.

INDICATIONS: Requests for coverage require pre-certification through the Medical Management Department and must include active range of motion/ passive range of motion measurements and functional limitations. Equipment must be obtained through contracted Durable Medical Equipment vendor(s)

Progressive stretch devices for the knee, elbow, wrist, or finger may be considered ***medically necessary as an adjunct to physical therapy*** when there is documentation of unfavorable response to conventional methods such as prior surgery or physical/occupational therapy for restoring joint motion and EITHER of the following criteria is met:

- Persistent joint stiffness with documented loss of function or spasticity caused by immobilization in a sub-acute injury or post-medical intervention period (i.e., at least 3 weeks and no more than 4 months after injury or operation) which interferes with activities of daily living; **OR**
- In acute post-medical intervention period with prior documented history of motion stiffness/loss and member has undergone recent additional surgery or medical intervention to improve the range of motion of the previously affected joint.

LIMITATIONS:
Continued authorization will be contingent upon documented clinical improvement including a clinical assessment by a physician and/or an allied health professional after onset of therapy. This assessment should include active or passive range of motion, functional progress and compliance with wear time.

For Medicaid lines of Business:
Joint Active Systems (JAS) are considered medically necessary when recommended by a physician for the treatment of joint stiffness in the hand, elbow, wrist, knee, ankle and forearm. The individual must be able to control the device and follow time-limited exercises.
JAS is not a substitute for hands-on physical therapy. Pediatric patients must have adult supervision.

EXCLUSIONS:

- Use of dynamic splinting in the management of joint injuries of the shoulder, ankle, toe or other joints not listed under Indications is considered experimental, investigational and unproven and is **NOT COVERED.**
- Use when conventional methods of treating a stiff or contracted joint have not been utilized or when physical therapy is not involved for assessment of progress is **NOT COVERED**
- Use with an unhealed fracture of affected joint is **NOT COVERED**
- The prophylactic use of dynamic splinting in the management of chronic contractures (no significant change in motion for 4 months and no new surgery to improve the joint) and chronic joint stiffness due to trauma, fractures,

burns, head and spinal cord injuries, rheumatoid arthritis, multiple sclerosis, muscular dystrophy, plantar fasciitis or cerebral palsy is considered experimental, investigational and unproven and is **NOT COVERED.**

- Continued use of a progressive stretch device in the management of chronic conditions (i.e., no significant change in motion for a 4-month period) and joint stiffness to maintain a current level of function once therapeutic goals of treatment have been achieved and no additional functional progress is apparent or expected to occur is **NOT COVERED**
- Passive jaw rehabilitation devices such as, but not limited to the TheraBite® system for the treatment of jaw hypomobility are considered investigational and are **NOT COVERED**. There is insufficient evidence to conclude that this device is effective for mandibular hypomobility.
- There is insufficient evidence in the published medical literature to demonstrate the safety, efficacy, and long-term outcomes of the use of patient-actuated serial stretch (PASS) devices for any indication. The use of these devices including, but not limited to ERMI pneumatic extensionaters, or hydraulic flexionaters, either alone or as an adjunct to a PT program is considered experimental, investigational and unproven and is **NOT COVERED.**

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment.**

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Progressive Stretch Devices

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov ***or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.***

E1700 Jaw motion rehabilitation system
E1701 Replacement cushions for jaw motion rehabilitation system, package of 6
E1702 Replacement measuring scales for jaw motion rehabilitation system, package of 200
E1800 Dynamic adjustable Extension/Flexion Device Elbow
E1801 Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs
E1802 Dynamic Adjustable Forearm Pronation/Supination Device
E1805 Dynamic adjustable Extension/Flexion Device Wrist
E1806 Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs
E1810 Dynamic adjustable Extension/Flexion Device Knee
E1812 Dynamic knee, Extension/Flexion Device with active resistance control
E1811 Bi-directional static progressive stretch knee device with range of motion adjustment, includes cuffs
E1815 Dynamic adjustable Extension/Flexion Device Ankle
E1816 Bi-directional static progressive stretch ankle device with range of motion adjustment, includes cuffs
E1818 Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs
E1820 Soft Interface Material
E1821 Replacement soft interface material/cuffs for bi-directional static progressive stretch device
E1825 Dynamic adjustable Extension/Flexion Device Finger
E1830 Dynamic adjustable Extension/Flexion Device Toe
E1840 Dynamic adjustable Extension/Flexion Device Shoulder
E1841 Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuff
E1831 STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually**.**

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Reviewed: 5/07, 10/10, 10/11, 4/14; 4/15; 4/16, 3/18, 3/20, 3/21, 3/22, 3/23