BlueCross BlueShield of Alabama

Name of Blue Advantage Policy:

Stretching and Splinting Devices for the Treatment of Joint Stiffness and Contractures

Policy #: 346
Category: DME

Latest Review Date: January 2021
Policy Grade: **Effective 5/1/2013**: **Active Policy but no longer scheduled for regular literature reviews and updates.**

BACKGROUND:

Blue Advantage *medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:*

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
   - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
   - *Furnished in a setting appropriate to the patient's medical needs and condition;*
   - *Ordered and furnished by qualified personnel;*
   - *One that meets, but does not exceed, the patient's medical need; and*
   - *At least as beneficial as an existing and available medically appropriate alternative.*

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill* ***Original Medicare* *for covered services that are related to* ***clinical trials*** *that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

Proprietary Information of Blue Cross and Blue Shield of Alabama

POLICY:

Blue Advantage will treat **dynamic low-load prolonged-duration stretch (LLPS) devices** for use on the ankle, knee, elbow, wrist, finger or jaw as a **covered** benefit for a period of up to four months in the following clinical setting:

- As a treatment for loss of motion from a contracture as part of a formal rehabilitation program or when a formal rehabilitative program is not feasible or has failed to provide benefit.

Only one device is covered per affected area, i.e., **separate devices for flexion and extension for the same area** is a **non-covered** benefit.

Blue Advantage will treat the **use of dynamic LLPS devices for any other joint or condition including, but not limited to** toe, foot, shoulder and forearm disorders, chronic joint stiffness, chronic or fixed contractures, rheumatoid arthritis or plantar fasciitis as a **non-covered** benefit and as **investigational**.

The devices are also a non-covered benefit when used as a part of post-operative care.

Blue Advantage will treat the **use of dynamic, extension/flexion devices with active resistance control** as a **non-covered** benefit and as **investigational**.

Blue Advantage will treat the **use of carpal tunnel dynamic splinting as a non-surgical rehabilitative modality for the treatment of carpal tunnel syndrome** as a **non-covered** benefit and as **investigational**.

For Bi-directional static progressive (SP) stretch devices and patient-actuated serial stretch (PASS) devices, please refer to ***Medical Policy 578-Patient-actuated End Range Motion Stretching Devices.***

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

DESCRIPTION OF PROCEDURE OR SERVICE:

Joint stiffness or contractures may be caused by immobilization following an injury, disease, or surgery. A joint contracture is characterized by persistently reduced range of motion (ROM) as a result of structural changes in muscles, tendons, ligaments, and skin. This decrease in joint mobility occurs when elastic connective tissue is replaced with inelastic fibrous material, resulting in tissue that is resistant to stretching. Other causes of joint contractures include

spasticity secondary to nerve damage, such as stroke or spinal cord injury and muscle weakness due to muscle, tendon, or ligament disease including paralysis.

Stretching devices are intended to stretch joints that have reduced range of motion secondary to immobilization, surgery, contracture, fracture, dislocation, or a number of additional non-traumatic disorders. These devices are intended to replace or reduce the number of physical therapist-directed sessions by providing frequent and controlled joint mobilization in a hospital or in a patient's home. The goal is to cause permanent elongation of the connective tissue in order to increase range of motion. Mechanical stretching devices are not motorized and may be prefabricated or custom fabricated.

Dynamic low-load prolonged-duration stretch (LLPS) devices allow resisted active and passive motion (elastic traction) within a restricted range. LLPS devices sustain a set level of tension using integrated springs. Examples of LLPS devices include but are not limited to: Dynasplint System®, Dynasplint® Trismus System, EMPI Advance Dynamic ROM®, and LMB Pro-Glide™.

KEY POINTS:

Literature review through January 2021.

Summary of Evidence:
There is insufficient evidence in the published medical literature to support the use of orthotic devices or night splints for the treatment of plantar fasciitis.

KEY WORDS:

Joint stiffness, contracture, dynamic low-load prolonged-duration stretch (LLPS) devices, plantar fasciitis, Dynasplint System, Dynasplint Trismus System, EMPI Advance Dynamic ROM, LMB Pro-Glide

APPROVED BY GOVERNING BODIES:

Mechanical stretching devices are classified by the FDA as Class 1 medical devices. Class 1 devices have the least amount of regulatory control; manufacturers of these devices are exempt from premarket notification procedures and are not required to provide safety and effectiveness data prior to marketing. Numerous mechanical stretch devices have been developed and are generally categorized as static progressive (SP) stretch devices, low-load, prolonged-duration stretch (LLPS) devices, and patient-actuated serial stretch (PASS) devices.

BENEFIT APPLICATION:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

CURRENT CODING:

HCPCS:

E1700	Jaw motion rehabilitation system
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface material
E1810	Dynamic adjustable knee extension / flexion device, includes soft interface material
E1812	Dynamic knee, extension/flexion device with active resistance control
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material

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POLICY HISTORY:

Adopted for Blue Advantage, September 2009
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Medical Policy Group, December 2010 – 2011 Code update
Medical Policy Group, April 2011;
Medical Policy Group, February 2012
Medical Policy Administration Committee, February 2012
Medical Policy Group, May 2013: Effective 05/1/2013: Active Policy but no longer scheduled for regular literature reviews and updates.
Medical Policy Group, September 2013
Medical Policy Group, August 2014
Medical Policy Group, January 2015
Medical Policy Group, January 2020
Medical Policy Group, January 2021

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.