



BlueCross BlueShield  
of Alabama

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**Name of Blue Advantage Policy:**

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

Policy #: 346

Latest Review Date: December 2023

Category: DME

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**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).*

## **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**.

**Blue Advantage** will treat **dynamic LLPS devices** as 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**.

*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:**

Mechanical stretching devices differ from continuous passive motion devices in that they are nonmotorized and include the following types: low-load prolonged-duration stretch (LLPS) devices. Mechanical stretching devices are generally proposed as an adjunct treatment to PT and/or exercise.

LLPS devices, also referred to as dynamic splinting, permit active and passive motion with elastic traction within a limited range and maintain a set level of tension by means of incorporated springs. Examples of LLPS devices include, but may not be limited to, Advance

Dynamic ROM, Dynasplint, EMPI Advance Dynamic ROM, Proglide Advance Dynamic ROM, LMB Pro-Glide, SaeboFlex, SaeboReach, Stat-A-Dyne and Ultraflex.

Jaw mobility mechanical stretching devices are suggested for use in the treatment of temporomandibular joint (TMJ) disorders, trismus or other conditions in which jaw movement is limited. Examples of this type of mechanical stretching device include, but may not be limited to, TheraBite Jaw Motion Rehabilitation System, Dynasplint Trismus System or Orastretch.

## **KEY POINTS:**

Literature review through December 5, 2023.

### **Summary of Evidence:**

The use of low-load prolonged stretch (LLPS) splinting devices are proven for improvement of range of motion after surgery or injury when physical therapy alone has not been effective. The use is limited to joints of the jaw, ankle, knee, elbow, finger, and wrist. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

The use of low-load prolonged stretch (LLPS) splinting devices in joints other than those mentioned above and prophylactic use has not been proven at this time. Effectiveness with chronic or long-term fixed contractures has not been proven at this time. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## **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, TheraBite®, OraStretch™

## **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 and flexion device, includes soft interface material
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material
E1803	Dynamic adjustable elbow extension only device, includes soft interface material (Effective 1/1/25)
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material (Effective 1/1/25)
E1805	Dynamic adjustable wrist extension and flexion device, includes soft interface material
E1807	Dynamic adjustable wrist extension only device, includes soft interface material (Effective 1/1/25)
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material (Effective 1/1/25)
E1810	Dynamic adjustable knee extension and flexion device, includes soft interface material
E1812	Dynamic knee, extension/flexion device with active resistance control
E1813	Dynamic adjustable knee extension only device, includes soft interface material (Effective 1/1/25)
E1814	Dynamic adjustable knee flexion only device, includes soft interface material (Effective 1/1/25)
E1815	Dynamic adjustable ankle extension and flexion device, includes soft interface material

E1820	Replacement soft interface material, dynamic adjustable extension/flexion device
E1822	Dynamic adjustable ankle extension only device, includes soft interface material (Effective 1/1/25)
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material (Effective 1/1/25)
E1825	Dynamic adjustable finger extension and flexion device, includes soft interface material
E1826	Dynamic adjustable finger extension only device, includes soft interface material (Effective 1/1/25)
E1827	Dynamic adjustable finger flexion only device, includes soft interface material (Effective 1/1/25)
E1828	Dynamic adjustable toe extension only device, includes soft interface material (Effective 1/1/25)
E1829	Dynamic adjustable toe flexion only device, includes soft interface material (Effective 1/1/25)
E1830	Dynamic adjustable toe extension and flexion device, includes soft interface material
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material

## REFERENCES:

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## **POLICY HISTORY:**

Adopted for Blue Advantage, September 2009

Available for comment October 3-November 18, 2009

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

Medical Policy Group, January 2022: Reviewed by consensus. No new published peer-reviewed literature available that would alter the coverage statement in this policy.

Medical Policy Group, December 2022

Medical Policy Group, December 2023

UM Committee, December 2023: Policy approved by UM Committee for use for Blue Advantage business.

Medical Policy Group, November 2024: 2025 Annual Coding Update. Added HCPCS E1803, E1804, E1807, E1808, E1813, E1814, E1822, E1823, E1826, E1827, E1828, E1829 to Current Coding section.

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*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.*