

Jaw Motion Rehabilitation Systems

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[Coverage Policy](#) DME 43
[Version](#) 5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses Jaw Motion Rehabilitation Systems.

Description & Definitions:

Jaw motion rehabilitation systems are devices used to increase the mouth opening and strengthen the jaw muscles.

Criteria:

Jaw Motion Rehabilitation Systems **do not meet the definition of medical necessity**.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
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

Document History:

Revised Dates:

- 2019: November
- 2016: April, June
- 2015: June, October
- 2014: June, October

- 2013: February, June
- 2012: July
- 2011: June, July
- 2010: July
- 2009: June
- 2008: May
- 2005: December
- 2004: October
- 2002: October
- 1998: May, October, November
- 1995: July

Reviewed Dates:

- 2023: August
- 2022: July
- 2021: October
- 2020: October
- 2019: September
- 2018: April
- 2016: September
- 2010: June
- 2007: December
- 2005: September
- 2003: October, November
- 2001: October
- 2000: October
- 1999: October
- 1996: March

Effective Date:

- May 1995

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522jaw%2520motion%2520rehabilitation%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%>

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Head and Neck Cancers with NCCN Evidence Blocks™. (2023, May 15). Retrieved Jun 12, 2023, from National Comprehensive Cancer Network: https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck_blocks.pdf

Medical Device Recalls. (2023, Jul 05). Retrieved Jul 06, 2023, from Food and Drug Administration: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfRES/res.cfm>

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Jaw Motion Rehabilitation Systems, SHP Durable Medical Equipment 43, Temporomandibular Joint Syndrome TMD, Treatment of Temporomandibular Disorders, TMJ, Therabite, OraStretch, Jaw Motion, Dynasplint