Sentara Health Plans

Medicaid

Mechanical Stretching Devices, DME 31

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Effective Date	4/1/2026
Next Review Date	12/2026
Coverage Policy	DME 31
Version	4

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Stretching devices are tools intended to stretch joints that have reduced range of motion due to immobilization, surgery, contracture, fracture, dislocation, or non-traumatic disorders. They can be used as a substitute for, or in combination with physical therapist-directed sessions, and its goal is to promote permanent elongation of the connective tissue in order to increase range of motion.

There are a number of types of stretching devices, including:

- Dynamic (low-load prolonged-duration stretch [LLPS]) devices, which allow resisted active and passive motion within a restricted 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.
- Bi-directional static progressive (SPS) stretch devices that maintains a joint in a set position but permits manual modification of the joint angle and allows for active motion without resistance. While these devices allow for movement (passive or active) within a limited range, the motion is free and does not provide elastic traction. Examples of SPS devices include, but may not be limited to, Joint Active Systems (JAS) Splints (eg, JAS Ankle, JAS Elbow, JAS Knee, JAS Pronation-Supination, JAS Shoulder, JAS Wrist).
- Patient-actuated serial stretch (PASS) devices that allow resisted active and passive motion within a limited range but also provide a low- to high-level load to the joint using pneumatic, hydraulic or tensioning systems that can be adjusted by the individual. Examples of PASS devices include, but may not be limited to, Elite Seat, ERMI Elbow Extensionater, ERMI Knee Extensionater, ERMI Knee/Ankle Flexionater and ERMI Shoulder Flexionater, JAS EZ Systems (ankle, elbow, finger, knee extension, knee flexion, pronation/supination, shoulder, toe and wrist).
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Criteria:

A **Dynamic (LLPS) device** is considered **medically necessary** for an initial rental period of up to 4 months when **1 or more** of the following are met:

- **Initial period of use** with **ALL** of the following:
  - Dynamic stretch device to be used on **1 or more** of the following:
    - Ankle
    - Elbow
    - Finger
    - Knee
    - Toe
    - Wrist
  - The individual has limited range of motion which poses significant functional limitation, and has not responded to conventional treatment (ie, physical therapy, standard splinting, NSAIDs)
  - Clinical situation is **1 or more** of the following:
    - Acute postoperative period (within 3 weeks of surgery), and the individual has documented history of stiffness and/or motion loss in joint in which surgery was performed to restore function
    - Subacute injury (between 3 weeks and 4 months since injury), and the individual is not responding to conventional treatment (ie, physical therapy, standard splinting, NSAIDs)
    - Subacute postoperative period (between 3 weeks and 4 months since surgery), and the individual is not responding to conventional treatment (ie, physical therapy, standard splinting, NSAIDs)
    - Device will be used as an adjunct to physical therapy, or the individual is unable to benefit from standard physical therapy modalities because of an inability to exercise
- **Subsequent / Continuation period of use** for an additional period of rental from 1 month up to 4 months with documentation of improvement upon **Medical Director** review.

Mechanical stretching devices are considered **not medically necessary** for any use other than those indicated in clinical criteria.

- Use in the management of chronic joint stiffness and/or chronic or fixed contractures
- If there is no significant improvement after 3 months of use, dynamic (LLPS) devices are considered **not medically necessary** under any circumstance, including but not limited to for patients unable to benefit from standard physical therapy modalities because of an inability to exercise.
- Bi-directional static progressive (SPS) stretch devices are considered **investigational and not medically necessary.**
- Patient-actuated serial stretch (PASS) devices are considered **investigational and not medically necessary.**

Document History:

Revised Dates:

- 2025: December – Implementation date of April 1, 2026. Unarchived and revised (new coding and new criteria). Updated name.
- 2022: January
- 2021: February
- 2020: January
- 2019: November
- 2016: February
- 2014: July
- 2011: November
- 2010: November

Reviewed Dates:

- 2024: January - Archived
- 2023: January
- 2018: August
- 2017: November
- 2016: January
- 2015: January, August
- 2013: February
- 2012: October
- 2010: December
- 2009: December

Origination Date: November 2008

Coding:

Medically necessary with criteria:

Coding	Description
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
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material
E1805	Dynamic adjustable wrist extension and flexion device, includes soft interface material
E1807	Dynamic adjustable wrist extension only device, includes soft interface material
E1808	Dynamic adjustable wrist flexion only device, includes soft interface material
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
E1814	Dynamic adjustable knee flexion only device, includes soft interface material
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
E1823	Dynamic adjustable ankle flexion only device, includes soft interface material
E1825	Dynamic adjustable finger extension and flexion device, includes soft interface material
E1826	Dynamic adjustable finger extension only device, includes soft interface material
E1827	Dynamic adjustable finger flexion only device, includes soft interface material
E1828	Dynamic adjustable toe extension only device, includes soft interface material
E1829	Dynamic adjustable toe flexion only device, includes soft interface material
E1830	Dynamic adjustable toe extension and flexion device, includes soft interface material
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Virginia Medicaid Products
- Authorization requirements
  - Precertification required by Plan
- Special Notes:
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - 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.
  - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22) Final.pdf
  - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

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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Keywords:

Mechanical Stretching Devices, Dynamic joint extension, flexion devices