

Jaw Motion Rehabilitation Systems

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<u>Effective Date</u>	05/1995
<u>Next Review Date</u>	08/2024
<u>Coverage Policy</u>	DME 43
<u>Version</u>	5

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.*

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).

(2022, Aug 31). Retrieved Jul 06, 2023, from MCG: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Jul 06, 2023, from Hayes, Inc:

<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,%2522>

(2023). Retrieved Jul 06, 2023, from Centers for Medicare and Medicaid Services: [https://www.cms.gov/medicare-coverage-database/search-](https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Jaw%20Rehabilitation&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance)

[results.aspx?keyword=Jaw%20Rehabilitation&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance](https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Jaw%20Rehabilitation&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance)

(2023). Retrieved Jul 06, 2023, from Google, Inc:

https://www.google.com/search?q=Professional+recommendations+for+jaw+motion+rehabilitation&rlz=1C1GCEA_enUS982US982&oq=Professional+recommendations+for+jaw+motion+rehabilitation&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIHCAEQIRigATIHCAIQIRigAdIBCTE1MzY3ajBqNKgCALACA

21CFR890.5370. (2023, Jul 06). Retrieved Jul 06, 2023, from Code of Federal Regulations (National Archives):

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm>

Durable Medical Equipment (DME). (2023). Retrieved Jul 06, 2023, from Department of Medical Assistance Services:

<https://www.dmas.virginia.gov/for-providers/long-term-care/services/durable-medical-equipment/>

Galloway, T., & Amdur, R. (2023, Jan 05). Management of late complications of head and neck cancer and its treatment.

Retrieved Jul 06, 2023, from UpToDate: [https://www.uptodate.com/contents/management-of-late-complications-of-head-and-neck-cancer-and-its-](https://www.uptodate.com/contents/management-of-late-complications-of-head-and-neck-cancer-and-its-treatment?sectionName=TRISMUS&search=Therabite&topicRef=2827&anchor=H3822571&source=see_link#H3822571)

[treatment?sectionName=TRISMUS&search=Therabite&topicRef=2827&anchor=H3822571&source=see_link#H3822571](https://www.uptodate.com/contents/management-of-late-complications-of-head-and-neck-cancer-and-its-treatment?sectionName=TRISMUS&search=Therabite&topicRef=2827&anchor=H3822571&source=see_link#H3822571)

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: *

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 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.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;

- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

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