Sentara® Health Plans

Commercial

Static and Dynamic Mechanical Stretching Devices

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Effective Date	10/2008
Next Review Date	01/2024
Coverage Policy	DME 31
Version	4

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 Static and Dynamic Mechanical Stretching Devices.

Description & Definitions:

Dynamic joint extension and flexion devices (also known as low-load, prolonged-duration stretch (LLPS) devices or dynamic stretch devices) are spring-loaded or rubber band-loaded adjustable-tension splints that provide constant stretching to an affected joint while a patient is at rest.

Static joint extension and flexion devices, also known as static progressive splints (SPS), hold an affected joint in a fixed position near the end range of motion and apply a constant low level of tension on the joint; patient can adjust the device and increase the joint displacement, thereby stretching and relaxing the joint to attempt to increase the range of motion.

The Plan will rent for a 3-month trial, then convert to purchase if the therapy is effective.

Replacement soft interface material/cuffs for bi-directional static progressive stretch device are approved if initial criteria was met.

Criteria:

Mechanical stretching devices are considered medically necessary for **1 or more of the following:**

- Dynamic low-load prolonged-duration stretch (LLPS) devices for all of the following:
  - Device to be used on **1 or more of the following:**
    - Ankle
    - Elbow
    - Finger
    - Knee
    - Toe

        - Wrist
    - Criteria including **1 or more of the following:**
        - Individual in the subacute injury or post-operative period (≥3 weeks but ≤3 months after injury or operation) with **1 or more of the following:**
            - Device as adjunct to physical therapy in individuals with persistent joint stiffness or contracture
            - Individual's limited range of motion poses significant functional limitation, and has not responded to other therapy (including physical therapy)
        - Individual in the acute post-operative period who has undergone additional surgery to improve the range of motion of a previously affected joint
        - Individual unable to benefit from standard physical therapy modalities because of an inability to exercise
    - Device to be used for an initial period of up to 3 months and can continue after the initial period if the individual can continue to demonstrate improvement
- Static joint extension and flexion devices may be indicated with the presence of **ALL** of the following are present:
    - Limited range of motion or joint stiffness in **1 or more of the following:**
        - Ankle
        - Elbow
        - Hand
        - Knee
        - Shoulder
        - Toe
        - Wrist
    - Clinical situation is **1 or more of the following:**
        - Acute postoperative period, and patient has documented history of stiffness and/or motion loss in joint in which surgery was performed to restore function
        - Subacute injury (at least 3 weeks since injury), and patient is not responding to conventional treatment (ie, physical therapy, standard splinting, NSAIDs)
        - Subacute postoperative period (at least 3 weeks since surgery), and patient is not responding to conventional treatment (ie, physical therapy, standard splinting, NSAIDs)
    - Static joint extension and flexion device used as an adjunct to physical therapy

The following mechanical stretching devices **do not meet the definition of medical necessity**, to include but not limited to:

- Patient Actuated Serial Stretch (PASS) Devices
- Static Progressive (SP) Stretch Devices such as 1 or more of the following:
    - ERMI Extensionater Device
    - Joint Active Systems (JAS) Devices
    - Range of Motion (ROM) Therapy Devices

Coding:

Medically necessary with criteria:

Coding	Description
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories

E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1812	Dynamic knee, extension/flexion device with active resistance control
E1815	Dynamic adjustable ankle extension/flexion, includes soft interface material
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2022: January
- 2021: February
- 2020: January
- 2019: November
- 2016: February
- 2014: July
- 2011: November
- 2010: November

Reviewed Dates:

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

Effective Date:

- November 2008

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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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 Static and Dynamic Mechanical Stretching Devices, SHP Durable Medical Equipment 31, subacute injury, post-operative period, physical therapy, joint stiffness, limited range of motion poses significant functional limitation