



Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

Children's Medical Services Health Plan (CMS Health Plan)

WellCare (Arizona, Arkansas, California, Connecticut, Florida, Georgia, Illinois, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

Dynamic Stretching Devices for the Treatment of Joint Stiffness and Contracture

Policy Number: HS-164

Original Effective Date: 4/5/2010

Revised Date(s): 7/18/2011; 4/5/2012;
4/11/2013; 4/3/2014; 4/2/2015; 4/7/2016;
4/6/2017; 3/1/2018; RETIRED 3/4/2019;
REINSTATED 3/26/2019

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

A joint contracture is characterized by chronically reduced range of motion (ROM) secondary to structural changes in non-bony tissues including muscle, tendons, ligaments, and skin. Prolonged immobilization of joints following surgery or trauma is the most common cause of joint contractures. While immobilization may prevent excess tension to the joint and prevent disruption of the healing of repaired tissues, it can also cause pathologic conditions that contribute to the development of joint contractures. Other causes of joint contractures include

spasticity secondary to nerve damage, such as stroke or spinal cord injury and muscle weakness due to muscle, tendon, or ligament disease including paralysis. Various types of physical therapy are often prescribed to restore normal joint mobility, particularly after surgical intervention. Techniques include active and passive range of motion exercises, manual stretching, splinting and serial casting. Manual physical therapy involves the use of passive stretching with progressively greater loads of force to extend the joint beyond its limited range of motion. Manual physical therapy is limited in terms of the number and duration of sessions and stretching devices are often considered when this physical therapy is unable to achieve treatment goals. Classification of stretching devices are noted below:

- **Dynamic low-load prolonged-duration stretch (LLPS) devices:** LLPS devices are set at a fixed joint angle and worn for extended periods each day. Examples of LLPS devices include but are not limited to: Dynasplint System®, Dynasplint® Trismus System, EMPI Advance Dynamic ROM®, and LMB Pro-Glide™.
- **Bi-directional static progressive stretch (SPS) devices:** SPS devices are used for multiple short term sessions per day with the joint angle progressively advanced at each session. SPS devices allow the member to duplicate physical therapy by therapists who apply a new positional stretch multiple times throughout the session. Examples of SPS devices include but are not limited to: Joint Active Systems (JAS) splints including JAS Elbow, JAS Shoulder, JAS Ankle, JAS Knee, JAS Wrist and JAS Pronation-Supination) and Air Cast®.
- **Patient-actuated serial stretch (PASS) devices:** PASS devices allow resisted active and passive motion within a limited range. PASS devices supply a low to high-level load to the joint, using pneumatic or hydraulic systems that can be adjusted by the member. Examples of PASS devices include but are not limited to: ERMI Knee Extensionator®, ERMI Elbow Extensionator®, ERMI Knee/Ankle Flexionator®, and ERMI Shoulder Flexionator®.

POSITION STATEMENT

Applicable To:

- Medicaid (excluding AZ and KY)
- Medicare
- CMS Health Plan - CHIP

Exclusions

If there is no significant improvements after four weeks of use, LLPS devices **are considered NOT medically necessary** under any circumstance, including but not limited to for members unable to benefit from standard physical modalities because of the inability to exercise.

Bi-directional static progressive stretch (SPS) devices and patient-actuated serial stretch (PASS) devices **are considered experimental and investigational** and are NOT a covered benefit.

Coverage

Dynamic, low-load prolonged-duration stretch (LLPS) devices for the knee, elbow, wrist or finger **are considered medically necessary** in ANY of the following circumstances:

1. In addition to physical therapy in the subacute injury or post-operative period (greater than or equal to 3 weeks but less than or equal to 4 months after injury or operation) in members with signs and symptoms of persistent joint stiffness or contracture; **OR,**
2. In the subacute injury or post-operative period (greater than or equal to 3 weeks but less than or equal to 4 months after injury or operation) in a member:

- Whose limited range of motion poses a meaningful functional limitation as judged by the physician; **AND**,
- Who has not responded to other therapy (including physical therapy)

OR,

3. In the acute post-operative period for members who have undergone additional surgery to improve the range of motion of the previously affected joint; **OR**,
4. For members unable to benefit from standard physical therapy modalities because of inability to exercise.

Dynamic, low-load prolonged-duration stretch (LLPS) devices for the knee, elbow, wrist or finger shall be used for an initial period of four weeks. An evaluation is done after the four week period. If after the initial four week period the member shows improvement, then the device may be used for as long as improvement continues to be demonstrated. Evaluations are done every four weeks to check for improvement and efficacy.

CODING

Covered CPT®* Codes – No applicable codes.

Covered HCPCS Level II® Codes

- E1800** Dynamic adjustable elbow extension/flexion device, includes soft interface material
E1802 Dynamic adjustable forearm pronation/supination device, includes soft interface material [not covered for carpal tunnel syndrome]
E1805 Dynamic adjustable wrist extension/flexion device, includes soft interface material [not covered for carpal tunnel syndrome]
E1810 Dynamic adjustable knee extension/flexion device, includes soft interface material
E1812 Dynamic knee, extension/flexion device with active resistance control
E1825 Dynamic adjustable finger extension/flexion device, includes soft interface material

Covered ICD-10-CM Diagnosis Codes

- M24.521 - M24.529** Contracture, elbow
M24.531 - M24.539 Contracture, wrist
M24.541 - M24.549 Contracture, hand
M24.561 - M24.569 Contracture, knee
M25.621 - M25.629 Stiffness of elbow, not elsewhere classified
M25.631 - M25.639 Stiffness of wrist, not elsewhere classified
M25.641 - M25.649 Stiffness of hand, not elsewhere classified
M25.661 - M25.669 Stiffness of knee, not elsewhere classified

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal/ state laws.

REFERENCES

1. Hayes Directory. (2013, February 20). Mechanical stretching devices and continuous passive motion for joints of the extremities [reviewed on January 10, 2017]. Retrieved from <http://www.hayesinc.com>. Accessed February 6, 2018.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
3/28/2019	• Approved by MPC. Reinstated for non-MCG markets.
3/4/2019	• Approved by MPC. Retired, defer to MCG criteria.
3/1/2018, 4/6/2017, 4/7/2016, 4/2/2015, 4/3/2014, 4/11/2013	• Approved by MPC. No changes.
4/5/2012	• Approved by MPC. Added Hayes 2011 updated reference. No changes.
12/1/2011	• New template design approved by MPC.
7/18/2011	• Approved by MPC.