



Stretch Devices for Joint Stiffness and Contractures Clinical Coverage Criteria

Overview

Joint stiffness or contractures are associated with a reduced range of motion caused by diseases, post-surgical issues, or trauma to the joint. Treatment options typically include physical therapy (inclusive of home exercises), manipulation, or further surgical interventions.

Mechanical stretching devices are used to treat joint instabilities and restore range of motion. These devices are intended to be used by a patient in a home setting as an adjunct to physical therapy by providing frequent and consistent joint mobilization under controlled conditions.

Mechanical stretching devices differ from continuous passive motion devices in that they are non-motorized. There are three primary types of mechanical stretching devices:

- Low-load prolonged-duration stretching devices (LLPS)/dynamic adjustable extension/flexion devices: A device which permits resisted active and passive motion within a limited range. The device can maintain set levels of tension by means of incorporated springs. (Dynasplint System®, Ultraflex)
- Static progressive stretch (SSP) devices: A device which holds the joint in a set position while allowing for manual modification of the joint angle (inelastic traction). This type of device does not exert a stress on the tissue and does not allow for motion (passive or active). (Joint Active Systems (JAS) Static Progressive Stretch devices, Static-Pro® Knee)
- Patient-actuated serial stretch devices (PASS): A device that provides a low- to high-level load to the joint using pneumatic systems which can be adjusted by the patient. (ERMI, Inc.)

Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare does not have an NCD for static progressive stretch (SSP) devices. Medicare does not have an NCD for low-load prolonged-duration stretching (LLPS)/dynamic adjustable extension/flexion devices. Medicare does not have an NCD for patient-actuated serial stretch (pass) devices. Dynamic flexion devices (HCPCS codes E1800-E1841) are considered durable medical equipment (DME). Noridian Healthcare Solutions, LLC is the DME MAC with jurisdiction in our service area. Noridian Healthcare Solutions, LLC does not have an LCD or LCA for

dynamic flexion devices, SSP devices, LLPS/dynamic stretching devices or PASS devices at this time (MCD search 02/10/2022).

For plan members enrolled in NaviCare, Fallon Health follows Medicare guidance for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Fallon Health's Clinical Coverage Criteria are developed in accordance with the definition of Medical Necessity in 130 CMR 450.204.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Fallon Health requires prior authorization for stretch devices as outlined below. Medical records from the primary care physician and other providers who have diagnosed or treated the symptoms prompting this request are also required.

The usage of low-load prolonged-duration stretching devices (LLPS)/dynamic adjustable extension/flexion devices is considered experimental/investigational due to a lack of scientific literature supporting their definitive use. Fallon Health will review these requests on a case by case basis.

Static progressive stretch (SSP) and patient-actuated serial stretch (PASS) devices are considered experimental/investigational due to a lack of scientific literature supporting their definitive use.

MassHealth members

Low-load prolonged-duration stretch (LLPS) devices/dynamic adjustable extension/flexion devices (HCPCS codes E1800, E1802, E1805, E1810, E1812, E1815, E1825, E1830, E1840) and static progressive stretch (SPS) devices (HCPCS codes E1801, E1806, E1811, E1816, E1818, E1821, E1831, E1841) are payable under MassHealth.

Exclusions

- Any use of mechanical stretching devices other than outlined above.

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

This policy addresses mechanical stretching devices including:

- Low-load prolonged-duration stretch (LLPS) devices/dynamic adjustable extension/flexion devices (HCPCS codes E1800, E1802, E1805, E1810, E1812, E1815, E1825, E1830, E1840)
- Static progressive stretch (SPS) devices (HCPCS codes E1801, E1806, E1811, E1816, E1818, E1821, E1831, E1841)
- Patient-actuated serial stretch (PASS) device (HCPCS code E1399)

Mechanical stretching devices are capped rental DME.

E1820 and E1821 are purchased items.

Code	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 device, 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
E1820	Replacement soft interface material/cuffs for dynamic adjustable extension/flexion device
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

References

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Policy history

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Approval(s): Technology Assessment Committee: 12/07/2016 (new policy),
12/06/2017 (updated references), 12/05/2018 (updated
references), 12/04/2019 (updated references)

*02/10/2022 (Added clarifying language related to Medicare Advantage,
NaviCare and PACE under policy section).*

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.