Low Load Prolonged Duration Stretch (LLPS) Devices

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Dynamic low load prolonged stretch (LLPS) devices are designed to provide a low load, prolonged stretch to joints that have reduced range of motion secondary to immobilization related to surgery, contracture, fracture, dislocation, or other injury. Dynamic low load prolonged stretch devices permit resisted active and passive motion within a restricted range.

Criteria

Commercial

Prior authorization is required

PacificSource considers dynamic low load prolonged stretch devices medically necessary durable medical equipment (DME) when the following criteria is met:

A. Dynamic low load prolonged stretch device is covered for the elbow, finger, knee, ankle, toe, or wrist **ONLY,** when ordered by the treating provider, **AND ONE** of the following criteria:

1. As an adjunct to physical therapy in members with documented signs and symptoms of significant motion stiffness/loss in the subacute injury or post-operative period (e.g., at least 3 weeks but less than 4 months after injury or surgery)

2. In the acute post-operative period for members who are undergoing additional surgery to improve the range of motion of a previously affected joint

Note: Initial length of approval is 3 months. Additional coverage approval requires documentation of progression toward goals, increased range of motion, improved ability to perform activities of daily living (ADLs) or return to prior ability level.

Medicaid

PacificSource Community Solutions follows the Oregon Administrative Rules (OAR) 410-122-0678 for coverage of Low Load Prolonged Duration Stretch (LLPS) Devices.

For HCPCS codes not specified in the rule(s) above, DME items may be covered, regardless of their inclusion on the Division fee schedule after an individual medical appropriateness review. The following documentation is required:

- Clinical documentation from the prescribing practitioner that is member-specific and demonstrates there is no equally effective, less costly covered item or service that meets the member's medical needs; and
- Documentation from the member's prescribing practitioner that the less costly alternatives have been tried and failed or could be reasonably expected to fail or is inappropriate for the member; and
- Documentation supporting that the requested item or service is medically appropriate and medically necessary as defined in OAR 410-120-0000 for non-EPSDT Beneficiaries OAR 410-151-0001 for EPSDT Beneficiaries.
    - PCS follows the Conditions of Coverage, Limitations, and Restrictions outlined in OAR 410-122-0080 and the hierarchy of criteria described Clinical Criteria Used in UM Decisions policy to determine the Medical Necessity and Appropriateness of DME items.

PacificSource Community Solutions (PCS) follows EPSDT coverage requirements in OAR 410-151-0002 for EPSDT Beneficiaries. Coverage of Low Load Prolonged duration Stretch (LLPS) Devices is determined through case-by-case reviews for EPSDT Medical Necessity and EPSDT Medical Appropriateness defined in OAR 410-151-0001.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow commercial criteria within a specific PacificSource policy, as applicable, or external criteria for determination of coverage and medical necessity coverage.

Experimental/Investigational/Unproven

PacificSource considers the following devices or use of the device experimental, investigational, or unproven:

- Static Progressive Stretch Devices or Bi-directional Static Progressive Stretch devices (e.g., JAS splints (e.g., JAS Elbow, JAS Shoulder, JAS Ankle, JAS Knee, JAS Wrist, JAS Toe, and JAS Pronation-Supination)*
- Patient-actuated serial stretch (PASS) devices (e.g., Elite Seat, ERMI Elbow Extensionator, ERMI Knee Extensionator, ERMI Knee or Ankle Flexionater and ERMI Shoulder Flexionater, JAS EZ Systems (ankle, elbow, finger, knee extension, knee flexion, pronation/supination, shoulder, toe, and wrist) and knee extension devices)*

Note: * indicates the item remains E/I/U but will not be reviewed annually by the NTOC Committee, unless requested.

Note: PacificSource Community Solutions (PCS) and PacificSource Medicare require items listed on this policy's E/I/U list, to be reviewed by medical necessity review guidelines. Please see related policy, "Clinical Criteria Used in UM Decisions" to review criteria hierarchy and "Medical Necessity Reviews" for determination of coverage and medical necessity guidelines.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

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

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/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

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/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

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/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, dynamic adjustable extension/flexion device

E1821 Replacement soft interface material/cuffs for bi-directional static progressive stretch 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/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/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

E1832 Static progressive stretch finger 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

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Related Policies

Clinical Criteria Used in UM Decisions

Clinical Resources Used for Medical Necessity Determinations When No Other UM Clinical Criteria or Guideline Exists

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

References

Aspinall, S. K., Bamber, Z. A., Hignett, S. M., Godsiff, S. P., Wheeler, P. C., & Fong, D. T. P. (2021). Medical stretching devices are effective in the treatment of knee arthrofibrosis: A systematic review. Journal of Orthopaedic Translation, 27, 119–131. https://sci-hub.ru/10.1016/j.jot.2020.11.005

Oregon Health Authority. Oregon Administrative Rules (OARs). Health Systems: Medical Assistance Programs – Chapter 410
https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87

Plaass, C., Karch, A., Koch, A., Wiederhoeft, V., Ettinger, S., Claassen, L., Daniilidis, K., Yao, D., & Stukenborg-Colsman, C. (2020). Short term results of dynamic splinting for hallux valgus - A prospective randomized study. *Foot and ankle surgery : official journal of the European Society of Foot and Ankle Surgeons*, *26*(2), 146–150. https://pubmed.ncbi.nlm.nih.gov/30718168/

symplr Evidence Analysis (formerly Hayes Knowledge Center). (5/9/2022). Annual Health Technology Assessment: Mechanical Stretching Devices For The Treatment Of Joint Contractures Of The Extremities

Veltman, E. S., Doornberg, J. N., Eygendaal, D., & van den Bekerom, M. P. (2015). Static progressive versus dynamic splinting for posttraumatic elbow stiffness: a systematic review of 232 patients.

Archives of orthopaedic and trauma surgery, 135(5), 613–617. https://doi.org/10.1007/s00402-015-2199-5

Washington State Health Care Authority, Health Technology Reviews, 2020. https://www.hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews

Appendix

Policy Number:

Effective: 12/1/2020 **Next review:** 10/01/2026

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): Oregon Administrative Rules (OAR) 410-122-0080; 410-122-0678; 410-141-3820; 410-141-3825; 410-151-0001; 410-151-0002.

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