



Low Load Prolonged Duration Stretch (LLPS) Devices

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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Enterprise Policy

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 may consider dynamic low load prolonged stretch devices, when ordered by the treating provider, 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, or wrist **ONLY** when **ONE** of the following criteria is met:
1. As an adjunct to physical therapy in members with documented signs and symptoms of significant motion stiffness/loss in the sub-acute 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 approval is 3 months, after which documentation of progression toward goals, increased range of motion, advancing ability to perform activities of daily living (ADLs) or return to prior ability to perform are required for additional approval.

Medicaid

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

Medicare

PacificSource Medicare follows this policy for Low Load Prolonged Duration Stretch (LLPS) Devices.

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, and JAS Pronation-Supination)
- Patient-actuated serial stretch (PASS) devices

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
- 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, 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

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

References

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Oregon Administrative Rules (OARs), Dynamic Adjustable Extension/flexion Device, Rule 410-122-0678 <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1710>

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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: 9/01/2024

Policy type: Enterprise

Author(s): [Authors] [Authors]

Depts.: Health Services

Applicable regulation(s): Oregon Administrative Rules (OAR) 410-122-0678

Commercial Ops: 12/2023

Government Ops: 12/2023