Low Load Prolonged Duration Stretch (LLPS) Devices

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

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 determination 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 LLPS devices permit resisted active and passive motion within a restricted range.

Criteria

Commercial

PacificSource considers dynamic low load prolonged stretch devices for the elbow, finger, knee, toe or wrist, when ordered by the treating provider, medically necessary durable medical equipment (DME) 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 (i.e., at least 3 weeks but less than 4 months after injury or surgery); *or*
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: When surgery is being performed for a "chronic" condition, the use of a dynamic splinting system may be considered medically necessary if the member meets the selection criteria stated above.

Note: Dynamic low load prolonged-duration stretch (LLPS) devices include but are not limited to AFO (dynamic), Dynasplint, Pro-glide, SaeboFlex, SaeboReach, Stat-A-Dyne, and Ultraflex devices.

Not medically Necessary:

If there is no measurable improvement after 4 months of use (i.e. 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) dynamic LLPS devices are considered not medically necessary.

Exclusions:

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

- Bi-directional static progressive (SP) stretch devices
- 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
- The prophylactic use of dynamic splinting in the management of chronic contractures (no significant change in motion for a 4-month period) and joint stiffness due to joint trauma, fractures, burns, head and spinal cord injuries, rheumatoid arthritis, multiple sclerosis, muscular dystrophy, cerebral palsy or other chronic conditions
- The use on any other joint not mentioned above

Medicaid

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

Medicare

For determinations of medical necessity, PacificSource Medicare follows MCG A-0882 (AC) for Dynamic Joint Extension and Flexion Devices and MCG A-0889 (AC) for Static Joint Extension and Flexion Devices.

Considerations
Covered devices should only be approved for monthly rental. The length of need cannot be determined or established in advance of the service.

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

29126 Application of short arm splint (forearm to hand); dynamic [not covered for carpal tunnel Syndrome

29131 Application of finger splint; dynamic

29505 Application of long leg splint (thigh to ankle or toes)

29515 Application of short leg splint (calf to foot)

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

E1825 Dynamic adjustable finger extension/flexion device, includes soft interface material

E1830 Dynamic adjustable toe extension/flexion device, includes soft interface material

Codes not covered for Commercial

E1801 Static progressive stretch elbow device extension/flexion device, includes soft interface material

E1806 Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs.

E1811 Bi-directional progressive stretch knee device with range of motion adjustment, includes cuffs

E1815 Dynamic adjustable ankle extension/flexion device, includes soft interface material

E1816 Bi-directional static progressive stretch ankle device with range of motion adjustment, includes cuffs.

E1818 Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment.

E1821 Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment.

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 stretch shoulder device range of motion adjustment.

References

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Hayes Medical Technology Directory. Mechanical Stretching Devices for treatment of Joint Contractures of the Extremities. (2018, May 9, annual review 2019, June 6). Hayes a Division of TractManager.

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Appendix

Policy Number: [Policy Number]

Effective: 12/1/2020 **Next review:** 12/1/2021

Policy type: Enterprise

Author(s): [Authors]

Depts: Health Services

Applicable regulation(s): [Applicable Regulation(s)]

[External Entities Affected]