

Medical Policy



Jaw Motion Rehabilitation System

Description

Therabite is a threaded screw-type instrument which is placed between the teeth and turned to gradually open the jaw.

Policy

There is insufficient evidence in the peer-reviewed clinical literature to demonstrate the safety and efficacy of jaw stretch devices to provide passive rehabilitation as compared to traditional methods of treating jaw hypomobility. Therefore, the Jaw Motion Rehabilitation System is considered not reasonable and necessary for any indication because they are considered experimental, investigational or unproven.

HCPCS Level II Codes and Description

E1700	Jaw motion rehabilitation system
E1701	Replacement cushions for jaw motion rehabilitation system, package of six
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200
S8262	Mandibular orthopedic repositioning device, each

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit

Medical Policy



Jaw Motion Rehabilitation System

determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

References

1. Cigna: Stretch Devices for Joint Stiffness and Contractures
http://www.cigna.com/assets/docs/health-care-professionals/coverage_positions/mm_0135_coveragepositioncriteria_joint_stretch_devices.pdf; accessed December 2017. Reviewed December 6, 2018; reviewed 11-25-19.
2. Cohen EG, Deschler DG, Walsh K, Hayden RE. Early use of a mechanical stretching device to improve mandibular mobility after composite resection: a pilot study. Arch Phys Med Rehabil. 2005 Jul;86(7):1416-9.
3. CranioRehab, Inc. OraStretch Press Jaw motion Rehab System. Accessed Jun 10, 2011. Available at URL address: http://www.craniorehab.com/Jaw-Motion-Rehab-System-Comparison_ep_38-1.html
4. Gibbons AJ, Abulhoul S. Use of a Therabite appliance in the management of bilateral mandibular coronoid hyperplasia. Br J Oral Maxillofac Surg. 2007 Sep;45(6):505-6. Epub 2006 Jul 13.
5. Maloney GE, Mehta N, Forgione AG, Zawawi KH, Al-Badawi EA, Driscoll SE. Effect of a passive jaw motion device on pain and range of motion in TMJ patients not responding to flat plane intraoral appliances. Cranio. 2002 Jan;20(1):55-66.

Medical Policy



Jaw Motion Rehabilitation System

6. McNeely MI, Olivo SA, Magee DJ. A systematic review of the effectiveness of physical therapy interventions for temporomandibular disorders. Phys Ther. 2006 May;86(5):710-25.

Applicable URAC Standard

Core 8	Staff operational tools and support.
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-08	Initial Release	Rosanne Brugnoli	Ken Fasse	n/a	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008	
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
03	12-07-10	Annual Review – No Changes	Susan Glomb	Ken Fasse	12-07-10	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	07-20-11	
05	11-30-11	Annual Review. Updated policy to reflect current clinical review guidelines. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
06	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	12-4-12	Annual Review – Policy title changed – deleted reference to Therabite	Susan Glomb	Dr. B. Almasri	Dec 12	
08	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		

Medical Policy



Jaw Motion Rehabilitation System

09	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
10	12-14-15	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	12-09-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
12	12-15-17	Annual Review. No Changes.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
13	12-6-18	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2018	
14	11-25-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2019	11-25-19