Medical Policy

Northwood

Mechanical Stretch Devices for Contractures and Joint Stiffness

Description

Joint stiffness or contracture may be caused by immobilization following surgery, disease, or trauma. Treatments used to prevent and treat joint stiffness and contractures include physical therapy, serial casting, continuous passive motion and stretching devices.

There are three categories of mechanical stretching devices:

1. Low-load prolonged duration stretch (LLPS): LLPS devices permit resisted active and passive motion (elastic traction) within a limited range. They maintain a prescribed level of tension by means of incorporated springs. Available low-load, prolonged-duration stretch (LLPS) devices include: Dynasplint System, Ultraflex, Pro-glide dynamic ROM devices and Advance Dynamic ROM devices.

2. Static progressive (SP) devices: SP stretch devices hold the joint in a set position, while allowing manual modification of the joint angle, and may allow active motion without resistance (inelastic traction). The device does not exert stress on the tissue unless the angle is set to the joint's limitation. This type of device allows a limited range of passive or active motion, but the motion is free and does not provide elastic traction. Available static progressive (SP) stretch devices include: Joint Active Systems (JAS) Static Progressive Stretch devices and JAS Pronation/Supination device.

3. Patient-actuated serial stretch (PASS) devices: Patient-actuated serial stretch (PASS) devices provide a low-to high-level load to the joint using pneumatic (Extensionators or Flexionators) systems that are adjusted by the patient. Examples of PASS devices include: ERMI Knee Extensionator, ERMI Knee/Ankle Flexionator, ERMI Shoulder Flexionator, ERMI MPJ Extensionator and ERMI Elbow Extensionator.

Policy

Mechanical stretching devices (LLPS/SP) are considered reasonable and necessary for members meeting the coverage criteria listed below.

Policy Guidelines

Coverage Criteria:

Mechanical Stretch Devices for Contractures and Joint Stiffness

1. Must be ordered by the member's treating practitioner.

2. Low-load prolonged-duration stretch (LLPS) device/dynamic stretch device (e.g., Dynasplint System) or a static progressive (SP) stretch device (e.g., Joint Active Systems) are considered reasonable and necessary for the **knee, elbow, wrist or finger** for a period of time up to four (4) months for ANY of the following indications:
   - As part of a structured rehabilitative program for persistent joint stiffness in a subacute injury or following surgery
   - In the acute postoperative period following surgery to improve the range of motion of a previously affected joint
   - As a treatment for loss of motion from a contracture when a formal rehabilitative program is not feasible or has failed to provide benefit
3. The Dynamic Adjustable Ankle Extension/Flexion device (JAS Ankle) is considered medically necessary for the treatment of contractures.

Note: Continued use of mechanical stretching devices is considered medically necessary when documented improvement in range of motion is shown.

Limitations:

1. This device is considered rental.

2. The Dynasplint device may be billed twice only when two (2) distinct devices are used (e.g., one for flexion, one for extension).
3. Repair of a dynamic splint/Dynasplint/Joint Active System splint will be included in the rental fee.

4. The replacement of a dynamic splint/Dynasplint/Joint Active System splint is covered when there is a documented change in the physical condition of the Member.
5. For Member owned Dynasplint/Joint Active System, replacement padding will be covered when medically appropriate.

Exclusions

1. The use of LLPS devices/dynamic stretch devices or SP stretch devices is considered not reasonable and necessary for any other joint or condition including but not limited to foot/toe (HCPCS codes E1830, E1831), shoulder (HCPCS

codes E1840, E1841) and ankle (HCPCS codes E1815, E1816) disorders, cerebral palsy, rheumatoid arthritis, or plantar fasciitis because they are considered experimental, investigational and/or unproven.

2. The use of patient-actuated serial stretch (PASS) devices (e.g., ERMI Knee, MPJ, or Elbow Extensionator, ERMI Knee/Ankle or Shoulder Flexionator) is considered not reasonable and necessary for any indication because they are considered experimental, investigational and/or unproven.

3. The use of a carpal tunnel stretch system (e.g., Dynasplint or CTRAC Carpal Tunnel Treatment System) is considered experimental and investigational in the management of carpal tunnel syndrome.

4. The use of dynamic splinting is considered experimental and investigational for hallux valgus.

5. The SaeboMas dynamic mobile arm support system, the Kinovo mechanical mobile arm support and similar devices are considered experimental and investigational because of insufficient published evidence of its clinical value.

6. The Medi-Dyne Prostretch device is considered experimental and investigational because of a lack of evidence regarding its effectiveness.

7. Mechanical stretching is considered experimental, investigational, or unproven for the treatment of skin graft contracture.

HCPCS Level II Codes and Description

E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material
E1801	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material
E1805	Dynamic adjustable wrist extension/flexion device, includes soft interface material
E1806	Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs

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E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material
E1811	Bi-directional static progressive stretch knee device with range of motion adjustment, includes cuffs
E1812	Dynamic knee , extension/flexion device with active resistance control
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, includes cuffs
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
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material
E1841	Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs

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.

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

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1. Aetna: Mechanical Stretching Devices for Contracture and Joint Stiffness. *http://www.aetna.com/cpb/medical/data/400_499/0405.html*
   Last accessed and reviewed 12/08/25.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01		Annual Review-no changes	Susan Glomb	Ken Fasse	Dec. 2008	
02	12-22-09	Annual Review- No changes	Susan Glomb	Ken Fasse	Dec.2009	
03	12-01-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	02-18-11	Policy updated to reflect current practice	Susan Glomb	Ken Fasse		
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		

Mechanical Stretch Devices for Contractures and Joint Stiffness

06	12-15-11	Annual Review. Changed name to Mechanical Stretch Devices for Joint Stiffness and Contractures. Added References to Policy.	Susan Glomb	Dr. B. Almasri	Dec. 2011	
07	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
08	12-4-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12	
09	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
10	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	12-14-15	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	12-14-15	
12	12-19-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
13	12-18-17	Annual Review. Updated reference.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
14	12-13-18	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2018	
15	12-13-19	Annual review. Added per references: The use of dynamic splinting is considered experimental and investigational for hallux valgus.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
16	12-04-20	Annual Review. Added that the SaeboMas dynamic mobile arm support system is considered experimental and investigational.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020

17	12-14-21	Annual review. Added that the Dynamic Adjustable Ankle Extension/Flexion device (JAS Ankle) is considered medically necessary for the treatment of contractures. The Medi-Dyne Prostretch device is considered experimental and investigational because of a lack of evidence regarding its effectiveness. Also Added NCD/LCD verbiage to "Important Note".	Carol Dimech/ Susan Glomb	Dr. C. Lerchin	December 14, 2021	
18	12-9-22	Annual review. Added that the Kinovo mechanical mobile arm support and similar devices are considered experimental and investigational.	Carol Dimech	Dr. C. Lerchin	12-9-22	12-9-22
19	12-11-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-11-23	12-11-23
20	12-5-24	Annual review. No changes	Susan Glomb	Dr C. Lerchin	12-5-24	12-5-24
21	12-8-25	Annual review. Revised to add a note that continued use of mechanical stretching	Lisa Wojno	Dr. C. Lerchin	12-8-25	12-8-25

		devices is considered medically necessary when documented improvement in range of motion is shown. Added that mechanical stretching is considered experimental, investigational, or unproven for the treatment of skin graft contracture.				