Low Load Prolonged Duration Stretch (LLPS) Devices

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

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 may consider 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, 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 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.

PacificSource Community Solutions (PCS) follows the general coverage requirements, limitations, and exclusions outlined in OARs 410-141-3820 and 410-141-3825 for adult members 21 years and older.

PacificSource Community Solutions (PCS) follows EPSDT coverage requirements in OAR 410-151-0002 for members under the age of 21. 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. The coverage guidance for Low Load Prolonged duration Stretch (LLPS) Devices in OAR 410-122-0678 may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review.

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

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

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/

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:** 10/01/2025

Policy type: Enterprise

Author(s):

Depts.: Health Services

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

Commercial Ops: 9/2024

Government Ops: 8/2024