Medical Coverage Policy

Dynamic Splinting--PREAUTH

☒ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☐ Test ☐ Other

Effective Date:	2/1/2008	Policy Last Updated:	5/1/2012

☒ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☐ **Prospective review is not required.**

Description:
To expedite the patient's active role during rehabilitation, several devices have been developed to assist mobility. One of those devices is the dynamic splint which is a spring-loaded, adjustable device designed to provide a low-load, prolonged stretch to joints while an individual is asleep or at rest. Dynamic splinting may be used for joints that have a reduced range of motion secondary to immobilization, surgery, contracture, fracture, dislocation, as well as a number of non-traumatic disorders. The goal of dynamic splinting is to increase the range of motion of the joint by applying steady, gentle force to the joint over a long period of time. Stretching of the joint can occur in one or both directions depending upon the device used. The device is manually controlled by the individual and is an adjunct to therapy. It should be used as soon as the patient is able to tolerate use.

Medical Criteria:
Dynamic splinting devices are considered **medically necessary** for use in the management of contractures of the knee, elbow, forearm, wrist, ankle, or finger for **any** of the following medical indications:

As an adjunct to physical therapy for patients;

- with documented signs and symptoms of significant motion stiffness or loss (i.e., enough stiffness or loss that it interferes with the function of daily living) following immobilization of a joint due to injury or post-operative period (not more than 4 months after injury or operation); **or**
- who have a prior documented history of motion stiffness or loss of motion in a joint **and** have had additional surgical procedures performed to improve motion to that joint and are in the acute post-operative period for a period of up to 12 weeks (or 3 months) following surgery.

Dynamic splinting is considered **not medically necessary** for the shoulder and toes because there is insufficient scientific evidence proving its effectiveness for these areas.

Policy:
Dynamic splinting is considered **medically necessary** when the above-noted medical criteria is met. All other uses are considered **not medically necessary** because there is insufficient scientific evidence proving its effectiveness.

Prospective medical review is required for BlueCHiP for Medicare ~~and RIte Care and~~ recommended for all other product lines.

Note: Clinical information submitted should include a treatment plan that includes range of motion goals, and a given length of time needed. The initial approval will be valid for up to twelve weeks; approval beyond twelve weeks requires re-review. Up to one period of an additional 12 weeks may be approved if ordered by the physician after re-evaluating the patient as documented in the physician records.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate evidence of coverage, subscriber agreement for theapplicable "Medical Equipment, Medical Supplies, and Prosthetic Devices" benefits/coverage.

Coding:
The following items are considered medically necessary:
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
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

The following items are considered not medically necessary:

E1830 Dynamic adjustable toe extension/flexion device, includes soft interface material
E1831 Static progress 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 Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs

Also known as:
Spring-loaded splint
LMB pro-glide
EMPI advance
Ultraflex
Dynamic flexion devices
Orthopedic devices
Buck's traction
JAS bidirectional splint by Joint Active Systems
Stretching devices

Related topics:
DME Policy

Published
Policy Update, Sep 2001
Policy Update, Jul 2002
Policy Update, Nov 2002
Policy Update, Mar 2008
Provider Update, Oct 2008
Provider Update, Oct 2009
Provider Update, Jan 2012
Provider Update, Jul 2012

References:

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orthoses in the management of joint contracture. Retrieved 9/24/07 from: **http://findarticles.com/p/articles/mi_qa3767/is_200503/ai_n13487730/print.**

Shah MA, Lopez JK, Escalante AS, Green DP. J Hand Surg [Am]. 2002 May;27(3):456-63 **Abstract**: Dynamic splinting of forearm rotational contracture after distal radius fracture. Retrieved 9/21/07 from: **http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=12015720&dopt=AbstractPlus.**

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COMMON FOOT PROBLEMS: Callouses and Bunions, Corns, and other hyperkeratotic Lesions. Retrieved 9/6/07 from: **http://www.medical-library.org/journals4a/foot_problems.htm.**

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