

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Dynamic Splinting

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	2/1/2008	Policy Last Updated:	5/21/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Dynamic splinting systems are spring-loaded, adjustable devices 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.

Dynamic splinting is considered medically necessary when the criteria listed below has been met. There is no scientific literature to support the use of Dynamic Splinting for other indications, therefore, all other indications are considered not medically necessary.

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.

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.

Policy:

Prior Authorization is required for BlueCHIP for Medicare and recommended for all other product lines.

Dynamic splinting is considered **medically necessary** when the above-noted medical criteria is met. All other uses are considered **not medically necessary** as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

Coverage:

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

Coding:

All Products:

The following codes are covered when Prior Authorization is obtained:

- 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

Provider Update, Aug 2013

Provider Update, Jul 2012

Provider Update, Jan 2012

Provider Update, Oct 2009

Provider Update, Oct 2008

Policy Update, Mar 2008

Policy Update, Nov 2002

Policy Update, Jul 2002

Policy Update, Sep 2001

References:

McKee J. ARM stretching device reduces ankle stiffness. *American Academy of Orthopaedic Surgeons (AAOS) Now*, June 2008. Retrieved 7/9/08 from:

http://www6.aaos.org/news/PDFopen/PDFopen.cfm?page_url=http://www.aaos.org/news/aaosnow/jun08/clinical1.asp.

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.

Teresa M Steffen, PhD, PT, Louise A Mollinger, PT. *Physical Therapy*. Vol 75, Number 10 / October 1995, Low-load, prolonged stretch in the treatment of knee flexion contractures in nursing home residents. Retrieved 9/24/2007 from: <http://www.ptjournal.org/cgi/reprint/75/10/886.pdf>.

History:

Annual Update - April 2013

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