PROVIDER POLICIES & PROCEDURES

MECHANICAL STRETCHING DEVICES

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for mechanical stretching devices. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Mechanical stretching devices for the treatment of joint stiffness due to immobilization or limited range of motion are intended to elongate the connective tissue surrounding the joint. Joint stiffness or contracture can occur following trauma or surgery. These devices are patient controlled and are often used as an adjunct to therapy.

Please refer to the DSS MEDS fee schedule for durable medical equipment, to determine which mechanical stretching devices require prior authorization.

CLINICAL GUIDELINE

Coverage guidelines for mechanical stretching devices are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

CHNCT uses Change Healthcare's InterQual (IQ) criteria for many stretching devices. CHNCT will use this policy for stretching devices for which there are no IQ criteria.

A mechanical stretching device may be considered medically necessary for either one of the following scenarios:

- An individual with joint stiffness that is not responding to or as an adjunct to conventional methods of treatment (e.g., physical or occupational therapy) during the sub-acute injury or post-operative period (≥ 3 weeks but ≤ 4 months after the injury/surgery).
- During an acute post-operative period to improve range of motion in a previously affected joint.

For individuals who are unable to participate in a formal rehabilitation program due to inability to perform the exercise, improvement must be evident within 4 months.

If the device is determined to be medically necessary, prior authorization will be given for a four-month rental period. Use of the device beyond four months is typically not indicated but will be reviewed on a case-by-case basis.

Not Medically Necessary
A mechanical stretching device is considered not medically necessary when the above criteria are not met, including:

- Prophylactic use for chronic contractures or joint stiffness related to a chronic condition.
- Use of mechanical stretching devices beyond 4 months of use.

NOTE: EPSDT Special Provision
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE
Prior authorization for mechanical stretching devices is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information.
If the device is determined to be medically necessary, prior authorization will be given for a four-month rental period.

The following information is needed to review requests for a mechanical stretching device:

1. Fully completed authorization request via on-line web portal; and
2. A signed prescription, written within the past 12 months, from the treating physician, advanced practice registered nurse (APRN), or physician assistant (PA) enrolled in the Connecticut Medical Assistance Program (CMAP); and
3. Documentation from the treating provider, written as outlined in the *Clinical Guideline* section of this policy, supporting the medical need for a mechanical stretching device including but not limited to:
    a. Duration of joint stiffness/contracture
    b. Previous injury/surgery and date of occurrence
    c. Previous or current physical or occupational therapy regimen
    d. Reports from imaging studies, if applicable.

EFFECTIVE DATE
This policy for the prior authorization for a mechanical stretching device for individuals covered under the HUSKY Health Program is effective August 01, 2024.

LIMITATIONS
N/A

CODES:

Reviewed Using Policy

Code	Description
E1802	Dynamic adjustable forearm pronation/supination 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
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories

Reviewed Using InterQual Criteria

Code	Description
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
E1806	Static progressive stretch wrist device, flexion and/or extension, 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

DEFINITIONS

1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the

convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.

8. **Prior Authorization**: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

REFERENCES

- Blair WF, Steyers CM. Extensor tendon injuries. Orthop Clin North Am. 1992;23(1):141-148.
- Bonutti PM, Windau JE, Ables BA, Miller BG. Static progressive stretch to reestablish elbow range of motion. Clin Orthop Relat Res. 1994;(303):128-134.
- Chester DL, Beale S, Beveridge L, Nancarrow JD, Titley OG. A prospective, controlled, randomized trial comparing early active extension with passive extension using a dynamic splint in the rehabilitation of repaired extensor tendons. J Hand Surg Br. 2002;27(3):283-288. doi:10.1054/jhsb.2001.0745
- Dynasplint Systems, Inc. Products. http://www.dynasplint.com/products/.2020. Accessed January 30, 2024.
- ERMI Inc. http://getmotion.com/products-and-services. Accessed January 30, 2024.
- Harvey L, Herbert R, Crosbie J. Does stretching induce lasting increases in joint ROM? A systematic review. Physiother Res Int. 2002;7(1):1-13. doi:10.1002/pri.236
- Hepburn GR, Crivelli KJ. Use of elbow dynasplint for reduction of elbow flexion contractures: a case study. J Orthop Sports Phys Ther. 1984;5(5):269-274. doi:10.2519/jospt.1984.5.5.269
- Hung LK, Chan A, Chang J, Tsang A, Leung PC. Early controlled active mobilization with dynamic splintage for treatment of extensor tendon injuries. J Hand Surg Am. 1990;15(2):251-257. doi:10.1016/0363-5023(90)90104-y
- Joint Active Systems, Inc. http://www.jointactivesystems.com/. 2020. Accessed January 30, 2024.
- Michlovitz SL, Harris BA, Watkins MP. Therapy interventions for improving joint range of motion: A systematic review. J Hand Ther. 2004;17(2):118-131. doi:10.1197/j.jht.2004.02.002

PUBLICATION HISTORY

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