A. Documentation Required:
   In order to facilitate the authorization process referral requests must include ONE of the following:
   1. For acute post-operative use ONE of the following:
      a. Documented history of motion stiffness or loss of motion in the joint due to surgery.
      b. Planned surgery or procedure;
      c. Documentation of mechanical stretching device to be used;
      d. Plan for use of mechanical stretching device including frequency and duration when used as
         an adjunct to physical or occupational therapy
   2. For sub-acute injury use ONE of the following:
      a. Documentation of joint to be treated;
      b. Documentation of mechanical stretching device to be used;
      c. Signs and symptoms of significant motion stiffness or loss of motion.

B. Criteria for Medical Necessity:
   1. An initial 1-month rental of a dynamic low-load prolonged stretching (LLPS) device for the knee, elbow, wrist or fingers is considered Medically Necessary if ONE of the following are met:
      a. Prior documented history of motion stiffness/loss in a joint, with history of a previous surgery
         or procedure to improve motion to that joint. The device must be prescribed for use in the acute
         post-operative period (within the first 3 weeks after surgery) following a second or subsequent
         surgery or procedure to the same joint; OR
      b. As an adjunct to physical or occupational therapy in the sub-acute post-operative period or
         sub-acute injury phase (>3 weeks but no more than 4 months after surgery or injury) in
         patients with documented signs and symptoms of significant motion stiffness or loss of
         motion that are unresolved despite active participation in a physical or occupational therapy
         plan of care alone; OR
   2. An additional 3 months of rental, approved in monthly increments, is considered medically
      necessary if the patient demonstrates measurable improvement (> 5 degrees) in active range of
      motion (AROM) during the previous month of use.

C. Indications Considered Experimental/Investigational or not Medically Necessary: (Not an all-
   inclusive list)
   1. For joints other than the knee, elbow, wrist or finger;
   2. Motion stiffness or loss of motion due to joint trauma, fractures, burns, head and spinal cord
      injuries, rheumatoid arthritis, multiple sclerosis, muscular dystrophy, cerebral palsy, carpal
      tunnel syndrome, foot drop associated with neuromuscular diseases, plantar fascitis, stroke or
      trismus;
   3. Use of a dynamic low-load prolonged-duration stretch (LLPS) device for > 4 months.
4. Continuation of monthly rental without measureable improvement (> 5 degrees) in AROM during the previous month of use.

5. Patient-actuated serial stretch (PASS) devices, also known as patient-directed mechanical serial stretch devices. These are used at home to increase range of motion providing stretching with a crank of a ratchet that progressively increases the stretch within each session.

6. Static Progressive Stretch/Splinting device. Static progressive splinting does not use elastic traction, but instead allows a limited range of passive or active motion without resistance.

**CPT/HCPCS CODES:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>E1800</td>
<td>Dynamic adjustable elbow extension/flexion device</td>
</tr>
<tr>
<td>E1805</td>
<td>Dynamic adjustable wrist extension/flexion device</td>
</tr>
<tr>
<td>E1810</td>
<td>Dynamic adjustable knee extension/flexion device</td>
</tr>
<tr>
<td>E1812</td>
<td>Dynamic adjustable knee, extension/flexion device with active resistance control</td>
</tr>
<tr>
<td>E1825</td>
<td>Dynamic adjustable finger extension/flexion device</td>
</tr>
</tbody>
</table>

**REFERENCES:**

