

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Dynamic Adjustable Braces
Policy Number	1.01.35
Category	Contract Clarification
Original Effective Date	04/25/02
Committee Approval Date	04/24/03, 04/22/04, 04/28/05, 02/23/06, 02/22/07, 02/28/08, 02/26/09, 02/25/10, 02/24/11, 02/27/12
Current Effective Date	02/16/23
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, dynamic adjustable braces have been proven to be effective and, therefore, are considered **medically appropriate** for the following indications:
 - A. When the patient is not responding favorably to conventional methods of restoring joint motion (e.g., physical therapy, standard splinting, NSAIDs) following a sub-acute injury or postoperative period (at least three weeks after injury or surgery); or
 - B. In the acute post-operative period for patients who have a prior documented history of motion stiffness/loss in a joint and are having additional surgical procedures done to improve motion in that joint.
- II. Based upon our criteria and assessment of the peer-reviewed literature dynamic adjustable braces do not improve patient outcomes and, therefore, are considered **not medically necessary** after four months of use for the following indications:
 - A. In the management of chronic contractures and joint stiffness due to joint trauma, fractures, burns, head and spinal cord injuries, rheumatoid arthritis, plantar fasciitis, multiple sclerosis, muscular dystrophy, stroke, or cerebral palsy; or
 - B. When conventional methods of treating stiff or contracted joints have not been attempted.

POLICY GUIDELINES

Coverage of durable medical equipment is contract dependent unless mandated by federal or state law or regulation. Please contact your Customer Care (Member/Provider) Service Department, to determine coverage under a member's subscriber contract.

DESCRIPTION

Dynamic adjustable extension units are spring-loaded, adjustable-tension, controlled devices that use a three-point pressure system, coupled with a continuous, low-intensity stretching effect, for extension and flexion of the elbow, wrist,

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finger, ankle, and toes. Dynamic adjustable braces can be used for the treatment of joint stiffness from immobilization or limited range of motion arising from fractures, dislocations, tendon and ligament repairs, joint arthroplasties, total knee replacements, burns, adhesive capsulitis of the shoulder, rheumatoid arthritis, hemophilia, tendon releases, head trauma, spinal cord injuries, cerebral palsy, multiple sclerosis, and other traumatic and non-traumatic disorders. The objective of the dynamic adjustable brace is to restore functioning range of motion to a joint without compromising the stability and quality of the connective tissue and joint. Dynasplint is a brand of a dynamic adjustable brace.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
No code(s)	

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HCPCS Codes

Code	Description
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, flexion and/or extension, 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

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Code	Description
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

ICD10 Codes

Code	Description
Numerous	

REFERENCES

Barañano CF, et al. Dynasplint for the management of trismus after treatment of upper aerodigestive tract cancer: a retrospective study. Ear Nose Throat J 2011 Dec; 90(12):584-90.

Berner SH, et al. Dynamic splinting in wrist extension following distal radius fractures. J Orthop Surg Res 2010 Aug 6;5:53-6.

*Crawford F, et al. Interventions of treating plantar heel pain. Cochrane Database System Review. 2010;1:CD000416.

*Harvey L, et al. Does stretching induce lasting increases in joint ROM? A systematic review. Physiother Res Int 2002;7(1):1-13.

*Martin JE, et al. Mechanical treatment of plantar fasciitis. A prospective study. J Am Podiatr Med Assoc 2001 Feb;91(2):55-62.

*Key Article

KEY WORDS

Dorsiflexion, Dynasplint, EMPI Advance, Joint extension device, LMB Proglide, Ultraflex

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Dynamic Adjustable Braces.