

UPMC Health Plan POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.070
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SUBJECT: Joint Active Systems (JAS) (Medical Assistance Only)
INDEX TITLE: Medical Management
ORIGINAL DATE: September 2008

This policy applies to the following lines of business: (Check those that apply.)

Commercial:					
HMO ()		POS ()		PPO ()	
Fully Insured ()		Self-funded/ASO ()		HSA ()	
Medicare Select ()		Medicare Supplement ()			
DPW-MA:					
Health Choices ()			Voluntary ()		All (X)
CMS-MA:					
OH ()		WV ()		PA ()	
HMO ()		PPO ()		All ()	
Specialty Needs Plan ()		Part D ()		PFFS ()	
Other ()		All ()		Other ()	
PID-CHIP:					
Free ()		Sub ()		Full ()	
APPLICABLE TO:					
Community Care ()		Work Partners ()			

I. POLICY

It is the policy of UPMC Health Plan to recognize coverage for services mandated through the Department of Public Welfare Medical Assistance regulations. Based on the review of the clinical trials performed and the varied data outcomes, it remains unclear as to whether Joint Active Systems (JAS) offers any benefit in reducing symptoms or otherwise improving the outcomes of the use of these devices. UPMC Health Plan considers these devices experimental/investigational and, therefore, covers only Medical Assistance members according to Medical Assistance regulations, as Medically Necessary as outlined in this policy

This policy covers Medical Assistance members only, and will be considered for specific indications detailed in this policy.

II. DEFINITIONS

Joint Active Systems Devices: Devices designed to use to improve injured joints.

III. PURPOSE

The purpose of this policy is to define the indications for the use of Joint Active Systems (JAS) Stretch Devices as an adjunct treatment for members following orthopedic-related surgery, trauma or disease.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

Joint Active Systems (JAS) Devices (a.k.a. Mechanical Stretch Devices) for improving range of motion (ROM) in injured joints. The device uses the principle of stress relaxation to gradually extend the ROM of an injured joint. The member adjusts the device to apply a low level of tension to the affected joint. By applying stepwise changes through the JAS device, the member may be able to gradually increase the ROM of the affected joint. This static, progressive stretch is distinguished from the constant force applied by dynamic splints. JAS systems are designed to stimulate manual therapy, which is clearly the most effective method to restoring lost ROM. The manufacturer claims that JAS devices eliminate the risk of joint compression, provides soft tissue distraction and “achieves permanent, soft tissue lengthening in a short amount of time”. Published reports of the effectiveness of JAS splints are limited to case reports and small, uncontrolled case series. There are no prospective, randomized studies demonstrating that the addition of the use of JAS devices to the physical therapy management of patients with joint injury or surgery, significantly improves their clinical outcomes. JAS system devices are FDA approved under Class I devices, which are exempt from 510(K) Pre market approval.

JAS Systems Devices differ from Continuous Passive Motion Devices (CPM's), (refer to PAY .024 Continuous Passive Motion Devices) in that CPM devices are motorized and used for several hours each day. JAS devices are manually driven rather than motorized, controlled by the member, and used for limited periods of time, usually on a daily basis. Initiation of JAS Devices is determined by the attending physician.

B. Indications

1. JAS devices are considered medically necessary for the treatment of joint stiffness in the hand, elbow, wrist, knee, ankle and forearm.
2. Members must be capable of controlling the device and following time-limited exercises.
3. JAS devices and the regimen of treatment must be recommended by a physician.

C. Limitations

1. JAS is not a substitute for hands-on physical therapy.
2. For pediatric cases, adult supervision is required.

D. Variations

This is a Medical Assistance only policy.

E. Quality Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

G. References

1. JAS: The Static Progressive Stretch Company; Frequently Asked Questions.
http://www.jointactivesystems.com/pf_pr_faq.html
2. BC/BS of Georgia =: Medical Policy #ADME00028; Eff. 112006, Stretching Services for the Treatment of Joint Stiffness and Contracture.
<http://provider.bcgsga.com/provider/medpolicy/policies/DME/splinting.html>
3. Blue Cross/Blue Shield of Tennessee Medical Policy Manual Mechanical Stretch Device for the Treatment of Joint Stiffness.
<http://www.bcbst.com/mpmanual/!SS;!WebHelp/Mechanical> Stretch Devices.
4. DMERC Medicare News, #60, December 2001.
<http://www.medicarenhc.com/dme/publications/dme60.pdf>
5. ECRI Institute: Joint Active Systems (JAS) Devices for Improving Range of Motion in Injured Joints, 10/12/07.
<http://www.ta.edri.org/Hotline/Prod/summary/detail.aspx?e+6&doc>.
6. ECRI Institute Hotline Topic: Mechanical Stretching Devices (ERMI Flexionaters and Extensionaters) for Contracture and Joint Stiffness, 3/30/09.
<https://members2.ecri.org/Components/Hotline/Pages/7546.aspx>

Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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