

## **The Office of Vermont Health Access Medical Guidelines**

**Subject:** Continuous Passive Motion Devices: Jaw

**Last Review:** 9/1/09

**Revision 3:**

**Revision 2:**

**Revision 1:**

**Original Effective:** 2004

### **Description of Service or Procedure**

A mechanical device that increases range of motion by providing a passive stretch to tissues surrounding the temporomandibular joint.

### **Disclaimer**

Coverage is limited to that outlined in Medicaid Rule that pertains to the Beneficiary's Aid Category. Prior Authorization is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

### **Medicaid Rule**

7102.2 Prior Authorization Determination

7103 Medical Necessity

### **Coverage Position**

A continuous passive motion device for the jaw may be covered for those individuals:

- Who are VT Medicaid beneficiaries on the date of service, AND
- When this device is prescribed by a licensed medical provider enrolled in the VT Medicaid program who is knowledgeable regarding the function of the temporomandibular joint and who provides medical care to the beneficiary, AND
- Who meets the clinical guidelines below.

### **Coverage guidelines**

A continuous passive motion (CPM) device for the jaw may be covered when:

- The beneficiary has had an oral cancer tumor resection and radiation, AND where the physician determines that the beneficiary has high risk of impaired range of motion recovery in the immediate post-operative period in conjunction with physical therapy treatment, OR
- The beneficiary has a medical condition resulting in jaw hypomobility AND when a trial of a less expensive jaw motion rehabilitation technique (such as use of flat blade tongue depressors) are demonstrated to have been ineffective through a course of comprehensive treatment with a physical therapist.

## **Clinical guidelines for repeat service or procedure**

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Repeat surgical procedure.

## **Type of service or procedure covered**

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Jaw CPM device: purchase only due to hygiene issues.

## **Type of service or procedure not covered (this list may not be all inclusive)**

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Jaw CPM devices are not covered for cases, *other than tumor resection as noted above*, without trial of a less expensive jaw motion rehabilitation technique (such as use of flat blade tongue depressors) AND only when the less expensive techniques are demonstrated to have been ineffective through a course of comprehensive treatment with a physical therapist.

## **References**

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Hayes, Inc. Hayes Medical Technology Directory and Executive Summary. *Passive Rehabilitation Therapy for Mandibular Hypermobility*. Landsdale, PA: Hayes, Inc.; September 2002.

Koh H., et al. Occlusal Adjustment for Treating and Preventing Temporomandibular Joint Disorders (Review). In: The Cochrane Library, Issue 2, 2009. Chichester: Wiley. Updated quarterly.

Maloney G.E., et al. (2002). Effect of a Passive Jaw Motion Device on Pain and Range of Motion in TMD Patients Not Responding to Flat Plane Intraoral Appliances. *The Journal of Craniomandibular Practice*, 20(1), 55-66. Retrieved June 13, 2009, from <http://cranio.com/>

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