

The Department of Vermont Health Access Clinical Criteria

Subject: Continuous Passive Motion Devices, Jaw

Last Review: April 5, 2022*

Past Revisions: May 11, 2020, June 14, 2017, February 20, 2015, April 3, 2014, May 28, 2013, June 4, 2012, January 27, 2011, September 1, 2009, and 2004

***Please note: Most current content changes will be highlighted in yellow.**

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 or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.209 Durable Medical Equipment (DME)

Coverage Position

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

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont's Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding a continuous passive motion (CPM) device for the jaw and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>



Coverage Criteria

A CPM device for the jaw may be covered for members who:

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

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

Repeat surgical procedure.

Type of service or procedure covered

Jaw CPM devices are for purchase only, due to hygiene issues.

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

Jaw CPM devices are not covered for cases, *other than tumor resection as noted above*, without trial of less expensive jaw motion rehabilitation techniques (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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