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Area	Medical Policy
Lines Of Business	All Lines of Business

Jaw Motion Rehabilitation Device (Jaw Stretch Device)

PURPOSE:

The policy addresses coverage guidelines regarding jaw motion rehabilitation systems Therabite or Orastretch.

For any item to be covered by The Health Plan, it must:

A. Be eligible for a defined Medicare or The Health Plan benefit category

B. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member

C. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements.

D. The supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan; and

E. The treating practitioner must provide thorough documentation to substantiate the medical necessity and appropriate use of the device.

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit*

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

DESCRIPTION:

A jaw motion rehabilitation system is a handheld, patient-controlled device designed to treat trismus (restricted jaw opening) and mandibular hypomobility. It uses repetitive passive motion and stretching to increase jaw range of motion, reduce pain, and strengthen connective tissues following surgery, radiation, or

trauma.

COVERAGE GUIDELINES:

The Health Plan complies with all Medicare National Coverage Determinations (NCD's), applicable Local Coverage Determinations (LCD's), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare or Medicaid. If the coverage criteria in this policy conflicts with any NCD's, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD. LCD, or WV BMS guideline listed in the reference section.

There are currently no Medicare National Coverage Determinations or Local Coverage Determinations.

It is not covered for West Virginia Medicaid lines of business for any indication.

For Medicare, Commercial, Public Employee Insurance Agency (PEIA), Self-Funded lines of business, The Health Plan covers the Therabite or Orastretch to treat mandibular hypomobility caused by radiation in persons with head and/or neck cancers. For Medicare coverage, actual symptom or condition must be identified. Must be ordered by medical physician only. Line of business benefit limits will apply.

Jaw motion rehabilitation systems are not medically necessary for any other indication, including but not limited to diagnosis of Temporomandibular Joint (TMJ) disorders as there is insufficient evidence in the published medical literature to show that this service/therapy is as safe as standard services/therapies and/or provides better longterm outcomes than current standard services/therapies.

CODING GUIDELINES:

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

E1700	Jaw motion rehabilitation system
E1701	Replacement cushions for jaw motion rehabilitation system, package of six
E1702	Replacement measuring scales for jaw motion rehabilitation system, package of 200

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RELATED POLICIES:

None

POLICY HISTORY:

New as of 8/1/2026

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and nonparticipating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

The use of specific product names is not intended to be a recommendation of a particular product. It is not intended to be a comprehensive listing of all available products.

DEVICE PROVIDED TO A MEMBER IN A PART A FACILITY:

Jaw motion rehabilitation systems and related accessories provided to a member while in a hospital, rehabilitation or skilled inpatient level of care will not be separately payable as durable medical equipment.

NOTIFICATION REQUIREMENTS:

Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider should submit this information upon request.

PRICING, DATA ANALYSIS, AND CODING (PDAC):

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations when applicable. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items dmepdac.com/.

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