MEDICAL POLICY

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MEDICAL POLICY DETAILS	
Medical Policy Title	**Continuous Passive Motion Device in the Home Setting**
Policy Number	**1.01.02**
Category	**Contract Clarification**
Original Effective Date	**09/16/99**
Committee Approval Date	**09/05/01, 11/21/02, 09/18/03, 06/17/04, 04/21/05, 06/22/06, 08/23/07, 10/23/08, 08/27/09, 08/26/10, 08/25/11, 10/25/12, 08/22/13, 08/28/14, 08/27/15, 10/27/16, 10/26/17**
Current Effective Date	**10/19/23**
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Archive Review Date	**08/22/19, 8/20/20, 10/28/21, 10/20/22, 10/19/23**
Product Disclaimer	• *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 peer-reviewed literature, a Continuous Passive Motion (CPM) device is **medically appropriate** in the home setting following surgery under conditions of low postoperative mobility, or inability to comply with rehabilitation exercises, or during the non-weight bearing rehabilitation period for the following:
   A. Total knee arthroplasty (TKA) or equivalent open knee surgery;
   B. Anterior cruciate ligament (ACL) reconstruction;
   C. Open reduction and internal fixation (ORIF) of tibial plateau or distal femur fractures involving the knee joint; or
   D. Surgical release of arthrofibrosis/adhesive capsulitis or manipulation under anesthesia of the knee until the member is participating in an active physical therapy (PT) program.

II. Use of the CPM device beyond 21 days post-operatively or 21 days after manipulation under anesthesia is not supported by the medical literature, as it does not improve patient outcomes, and is considered **not medically necessary.**

III. CPM as an adjunct to conventional physical therapy for any other indication (e.g., rotator cuff, metacarpophalangeal or temporomandibular joint) has not been medically proven to be effective and is considered **not medically necessary.**

IV. CPM using stationary cycling (e.g., ROMTech PortableConnect Adaptive Telemed Technology) as an adjunct to conventional physical therapy has not been medically proven to be effective and is considered **not medically necessary.**

POLICY GUIDELINES

I. Contractual coverage of durable medical equipment is required.

II. The CPM device is only allowable for up to 21 days if the patient is compliant with the regimen.

DESCRIPTION

The restoration of joint ROM following surgery or trauma is dependent upon rehabilitation. Delay in rehabilitation may subsequently result in poor joint function or immobility. Passive motion, a treatment component of joint rehabilitation, may be performed by a physical therapist or accomplished with a CPM device. The device moves the joint (e.g., flexion, extension) without patient assistance, continuously. The device is held in place across the affected joint by Velcro straps. An electrical power unit is used to set the variable ROM and speed.

To some extent, CPM devices and physical therapists are interchangeable means of delivering passive motion. The preference for one or the other mode of delivery may be determined by considerations related to the organization of services or resource allocation (e.g., staffing, timing of discharge, patient access to physical therapy). Such use of a CPM device as a substitute for a physical therapist for delivering passive motion should be distinguished from use of the device as an adjunct to physical therapy, in which the objective is to increase the duration and intensity of passive motion in order to achieve outcomes superior to that achieved by conventional physical therapy programs.

Stationary cycling devices allow for therapeutic movement to begin within one day of surgery. Treatment plans utilizing these devices include three (3) to five (5) home therapy sessions per day for three (3) to six (6) weeks. The telemedicine capabilities of the device allow for monitoring of the patient's progress by the physician during rehabilitation after knee surgery.

A variety of CPM devices are available.

RATIONALE

There is inconsistency in the published studies on the use of the CPM device. While some studies demonstrate no benefit beyond that of conventional physical therapy, others find that use of CPM is effective. There is evidence in the published studies that CPM as an adjunct to standard physical therapy used immediately following total knee arthroplasty (TKA), anterior cruciate ligament (ACL) reconstruction, and open reduction and internal fixation (ORIF) of tibial plateau or distal femur fracture involving the knee joint does improve net health outcomes beyond the benefit of physical therapy alone. Studies of postoperative use of CPM for other procedures (e.g., rotator cuff repair, metacarpophalangeal joint arthroplasty) and for stroke rehabilitation do not permit conclusions that the CPM device is effective.

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 specific code(s)	

HCPCS Codes

Code	Description
E0935	Continuous passive motion exercise device for use on the knee only
E0936 **(NMN)**	Continuous passive motion exercise device for use other than knee

ICD10 Codes

Code	Description
M17.0-M17.9	Osteoarthritis of knee (code range)
M23.50	Chronic instability of knee, unspecified knee

REFERENCES

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*Key Article

KEY WORDS

Continuous passive motion, CPM, knee.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Continuous Passive Motion Devices. Please refer to NCD# 280.1 for the Durable Medical Equipment Reference List website for Medicare Members: [http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&NCAId=8&ver=7&NcaName=Augmentative+and+Alternative+Communication+(AAC)+Devices+for+Speech+Impairment&bc=ACAAAAAAAIAAA&] accessed 09/05/23.