MEDICAL POLICY

Excellus

SUBJECT: CONTINUOUS PASSIVE MOTION DEVICE IN THE HOME SETTING	EFFECTIVE DATE: 09/16/99 REVISED 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 ARCHIVED DATE: 08/23/18
POLICY NUMBER: 1.01.02 CATEGORY: Equipment/Supplies	PAGE: 1 OF: 4

- ***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 product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.***
- ***If a Medicare 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.***

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.**

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 range of motion 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 continuous passive motion (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 range of motion (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 continuous passive motion 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.

A variety of CPM devices are available.

RATIONALE:

There is controversy 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 TKA, anterior cruciate ligament (ACL) reconstruction, and open reduction and internal fixation (ORIF) of tibial plateau or distal femur fractures involving the knee joint does improve net health outcomes beyond the benefit of physical therapy alone. Studies of postoperature 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: Number Description

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:	No specific code(s)	
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HCPCS:	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:	M17.0-M17.9	Osteoarthritis of knee (code range)
	M23.50	Chronic instability of knee, unspecified knee

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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 the following NCD for 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=ACAAAAAAIAAA&