

Medical Coverage Policy | Continuous Passive Motion



EFFECTIVE DATE: 07/01/2012
POLICY LAST UPDATED: 08/06/2013

OVERVIEW

This policy documents the coverage guidelines for continuous passive motion devices. Continuous passive motion (CPM) devices are utilized to keep a joint in motion without patient assistance. Physical therapy of joints following surgery focuses both on passive motion to restore mobility and active exercises to restore strength. The continuous passive motion device is used as an adjunct to conventional physical or occupational therapy.

PRIOR AUTHORIZATION

Prior authorization is required for Blue CHiP for Medicare and recommended for all other BCBSRI products.

POLICY STATEMENT

Prior authorization is required for BlueCHiP for Medicare and recommended for all other lines of business.

When used as an adjunct to conventional physical therapy, continuous passive motion devices are considered medically necessary for up to two months postoperatively for the following procedures:

- Total elbow arthroplasty
- Open or arthroscopic release of elbow contracture
- Severe burns.

The continuous passive motion device is used as an **adjunct** to conventional physical or occupational therapy. Use of the continuous passive motion device may begin prior to treatment with a physical therapist. Objective assessments of motion are made at a minimum of once every four days by the physical therapist.

Continuous passive motion is covered with no preauthorization for the following procedures:

- Total knee arthroplasty
- Knee ligament reconstruction
- Periarticular fracture of the knee
- Periarticular osteotomy of the knee
- Knee autologous chondrocyte implantation (ACI)
- Manipulation of the knee under anesthesia

Continuous passive motion is considered **not medically necessary** for any condition not listed above as there is insufficient peer reviewed evidence to support the effectiveness.

MEDICAL CRITERIA

When used as an adjunct to conventional physical therapy, continuous passive motion devices are considered medically necessary for up to two months postoperatively for the following procedures;

- Total elbow arthroplasty; or
- Open or arthroscopic release of elbow contracture; or
- Severe burns

BACKGROUND

Continuous passive motion (CPM) devices are utilized to restore mobility and active exercises to restore strength. While passive motion can be administered to keep a joint in motion without patient assistance. Physical therapy of joints following surgery focuses both on passive motion administered by a therapist, continuous passive

motion (CPM) devices have also been used. CPM is thought to improve recovery by stimulating the healing of articular tissues and circulation of synovial fluid; reducing local edema; and preventing adhesions, joint stiffness or contractures, or cartilage degeneration. CPM has been most thoroughly investigated in the knee, particularly after total knee arthroplasty (TKA) or ligamentous or cartilage repair, but its acceptance in the knee joint has created interest in extrapolating this experience to other weight-bearing joints (i.e., hip, ankle, metatarsals) and nonweight-bearing joints (i.e., shoulder, elbow, metacarpals, and interphalangeal joints). Use of CPM in stroke and burn patients is also being explored.

The device moves the joint (e.g., flexion/extension), without patient assistance, continuously for extended periods of time, i.e., up to 24 hours/day. An electrical power unit is used to set the variable range of motion (ROM) and speed. The initial settings for ROM are based on a patient's level of comfort and other factors that are assessed intraoperatively. The ROM is increased by 3–5 degrees per day, as tolerated. The speed and ROM can be varied, depending on joint stability. The use of the devices may be initiated in the immediate postoperative period and then continued at home for a variable period of time.

The continuous passive motion device is used as an **adjunct** to conventional physical or occupational therapy. Use of the continuous passive motion device may begin prior to treatment with a physical therapist. Objective assessments of motion are made at a minimum of once every four days by the physical therapist. A continuous passive motion device is covered following one of the procedures/conditions listed below. Prior authorization is not required.

- Total knee arthroplasty
- Knee ligament reconstruction
- Periarticular fracture of the knee
- Periarticular osteotomy of the knee
- Knee autologous chondrocyte implantation (ACI)
- Manipulation of the knee under anesthesia

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for Durable Medical Equipment coverage/benefits.

CODING

The following HCPCS code is covered with no prior authorization for BlueCHiP for Medicare and Commercial products:

E0935 Continuous passive motion exercise device for use on knee only

The following HCPC code, prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products.

E0936 Continuous passive motion exercise device for use other than knee

Modifier:

CPM is for a daily rental and must be filed using the following modifier:

RR: rental

RELATED POLICIES

None

PUBLISHED

Provider Update 2013

Provider Update July 2012

Provider Update August 2011

Provider Update September 2010

Provider Update December 2009

Provider Update	September 2008
Provider Update	August 2009
Policy Update	July 2007
Policy Update	September 2006
Policy Update	June 2005
Policy Update	April 2003

REFERENCES

Blue Cross Blue Shield Association, Medical Policy Reference Manual, 1.01.10 Continuous Passive Motion (CPM) in the Home Setting. Issue: 7/2012

Centers for Medicare and Medicaid Services. Local Coverage Article: CONTINUOUS PASSIVE MOTION Machine Coding Guidelines (A47337)

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