I. Policy: Continuous Passive Motion

II. Purpose/Objective:  
To provide a policy of coverage regarding Continuous Passive Motion

III. Responsibility:  
A. Medical Directors  
B. Medical Management

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.  
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.  
3. Devised – the date the policy was implemented.  
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.  
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are: 

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;  
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;  
c. in accordance with current standards of good medical treatment practiced by the general medical community.  
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and  
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.  
(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.  
(iii) The service or benefit will assist the Member to achieve or maintain maximum functional
capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**ALL Durable Medical Equipment** provided for home use requires advanced determination of coverage. Devices furnished at inpatient or outpatient centers are **NOT SEPARATELY REIMBURSABLE.**

**DESCRIPTION:** Continuous passive motion (CPM) is a post-operative treatment modality developed to aid in recovery after joint surgery. A motorized device is used to passively (without patient effort) move the joint through a defined range of motion.

**INDICATIONS:** Continuous Passive Motion devices require pre-certification by a Plan Medical Director or designee

When used as an adjunct to active post-surgical care in the early phase of rehabilitation, continuous passive motion devices are considered medically necessary for up to 21 days postoperatively for the following procedures

- Members who have undergone total knee replacement or manipulation (including revision) or surgical repair of the anterior cruciate ligament; or
- Members who have undergone surgery or manipulation of the articular cartilage of the shoulder or elbow

**LIMITATIONS:** The use of CPM is limited to a maximum of 21 days post-operatively. Contract specific limitations, deductibles and/or co-insurance associated with Durable Medical Equipment as outlined in the applicable benefit documents will apply.

**EXCLUSIONS:** The Plan does NOT provide coverage for any joint not listed under “Indications” because it is considered experimental, investigational or unproven. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this treatment on health outcomes when compared to established treatments or technologies.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

**CODING ASSOCIATED WITH:** Continuous passive motion

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services.*

**HCPCS/CPT codes:**
E0935 Passive motion exercise device
E0936 Continuous passive motion device for use other than knee
E1399 DME Miscellaneous


**LINE OF BUSINESS:** Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

**REFERENCES:**


Centers for Medicare and Medicaid Services, Coverage Issues manual, Durable Medical Equipment 60-9


This policy will be revised as necessary and reviewed no less than annually.

Devised: 10/05

Revised: 11/08 (wording)

Reviewed: 10/06; 11/07, 12/09, 1/11, 2/12, 2/13, 2/14, 2/15, 2/16, 2/17