Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP158

Section: Medical Benefit Policy

Subject: Continuous Passive Motion

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

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

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- 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

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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), intra-articular cartilage repair procedures of the knee, 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

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

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. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov ***or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.***

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

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

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:

McInnes J, Larson MG, Daltroy LH, et. al. A controlled evaluation of continuous passive motion in patients undergoing total knee arthroplasty. JAMA. Sept 16, 1992;268(11)

O'Driscoll SW, Giori NJ. Continuous passive motion (CPM): Theory and principals of clinical application. Journal of Rehabilitation Research & Development Mar/Apr 2000;37(2):179-188.

Brousseau L, Davis J, Droulin H, et. al. Continuous passive motion following total knee arthroplasty. Cochrane Review. The Cochrane Library, Issue 2, 2005.

Mullaji AB, Shahane MN. Continuous passive motion for prevention and rehabilitation of knee stiffness – a clinical evaluation. Journal of Postgraduate Medicine. 1989;35(4):204-208.

Pope RO, Corcoran S, McCaul K, Howie DW. Continuous passive motion after primary total knee arthroplasty. Journal of Bone and Joint Surgery. Nov 1997;79-B(6):914-917.

MacDonald SJ, Bourne RB, Rorabeck CH, et. al. Prospective randomized clinical trial of continuous passive motion after total knee arthroplasty. Clinical Orthopedics & Related Research. Nov 2000;380:30-35.

Chiarello CM, Gundersen L, O'Halloran T. The effect of continuous passive motion duration and increment on range of motion in total knee arthroplasty patients. Journal of Orthopedic Sports Physical Therapy. Feb 1997;25(2):119-127.

McCarthy MR, Yates CK, Anderson MA Yates-McCarthy JL. The effects of immediate continuous passive motion on pain during the inflammatory phase of soft tissue healing following anterior cruciate ligament reconstruction. Feb 1993;17(2):96-101.

Winifred S. Hayes, Hayes Inc. Online. Continuous Passive Motion. Last Update: Aug. 23, 2004.

ECRI, HTAIS Custom Hotline Response. Continuous passive motion device following orthopedic surgery. 6/25/2004.

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

Wheeless' Textbook of Orthopaedics. Anterior capsulotomy and continuous passive motion in the treatment of post-traumatic flexion contracture of the elbow. http://www.wheelessonline.com

Lastayo PC, Wright T, Jaffe R, Hartzel J. Continuous passive motion after repair of the rotator cuff. A prospective outcome study. Journal of Bone and Joint Surgery1998 July;80(7):1002-1011.

Raab MG, Rzeszutko D, O'Connor W, Greatting MD. Early results of continuous passive motion after rotator cuff repair: a prospective, randomized, blinded, controlled study. American Journal of Orthopedics 1996 March; 25(3):214-220.

Liao CD, Huang YC, Lin LF, et. al. Continuous passive motion and its effects on knee flexion after total knee arthroplasty in patients with knee osteoarthritis. Knee Surg Sports Traumatol Arthrosc. 2015 Aug 19.

Hill AD, Palmer MJ, Tanner SL, et. al. Use of continuous passive motion in the postoperative treatment of intra-articular knee fractures. J Bone Joint Surg Am 2014 Jul 16;96(14)e118.

Boese CK, Weis M, Phillips T, et. al. The efficacy of continuous passive motion after total knee arthroplasty: a comparison of three protocols. J Arthroplasty 2014 Jun;29(6):1158-62.

Herbold JA, Bonistall K, Blackburn M, et. al. Randomized controlled trial of the effectiveness of continuous passive motion after total knee replacement. Arch Phys Med Rehabil 2014 Jul;95(7):1240-5.

Martin GM, Thornhill TS, Katz JN. Total knee arthroplasty. UpToDate Inc., Waltham, MA. Last reviewed August 2016.

Schulz M, Krohne B, Röder W, Sander K. Randomized, prospective, monocentric study to compare the outcome of continuous passive motion and controlled active motion after total knee arthroplasty. Technol Health Care. 2018;26(3):499-506.

ECRI Institute. Hotline Response. Continuous Passive Motion Devices for Aiding Recovery Following Cartilage Repair Surgery. 2018

Hayes, Inc. Medical Technology Directory. (last update search June 2020). Continuous passive motion for knee indications

Hayes, Inc. Medical Technology Directory. (last update search September 2020). Continuous passive motion devices for shoulder indications

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

Devised: 10/05

Revised: 11/08 (wording), 2/18 (add intra-articular cartilage repair procedures of the knee)

Reviewed: 10/06; 11/07, 12/09, 1/11, 2/12, 2/13, 2/14, 2/15, 2/16, 2/17, 2/19, 2/20, 2/22, 2/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at https://www.geisinger.org/health-plan/providers/ghp-clinical-policies

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.