MEDICAL POLICY

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	**10/18/01**
Committee Approval Date	**10/18/01, 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	**10/17/24**
Archived Date	**08/23/18**
Archive Review Date	**08/22/19, 08/20/20, 10/28/21, 10/20/22, 10/19/23, 10/17/24**
Product Disclaimer	• *Services are contract dependent; 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 **ANY** of 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;
   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. Based upon our criteria, 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. Based upon our criteria, 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. Based upon our criteria, 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 physical therapy restoration of joint range of motion (ROM) following surgery or trauma focuses both on passive motion to restore mobility and on active exercises to restore strength. Passive motion, a treatment component of joint rehabilitation, may be performed by a physical therapist or accomplished with a CPM device. A CPM device keeps a joint in motion (e.g., flexion, extension) without patient assistance and is thought to improve recovery by stimulation the healing of articular tissues and the circulation of synovial fluid; reducing local edema; and preventing adhesion, joint stiffness or contractures, or cartilage degeneration. The use of the device may be initiated in the immediate postoperative period and then continued at home for a variable period of time. A unit is used to set the variable ROM and speed. The initial settings are increased as tolerated and depending on joint stability.

A variety of CPM devices are available. CPM are considered class 1 devices by the U.S. Food and Drug Administration and are exempt from 510(k) requirements.

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.

RATIONALE

Although there is inconsistency in the published studies on the use of the CPM device, there is evidence 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 (Herbold et al., 2014, Lenssen et al., 2008). Studies of postoperative use of CPM for other procedures do not permit conclusions that the CPM device is effective (e.g., rotator cuff repair [Lastayo et al., 1998, Garofalo et al., 2010], metacarpophalangeal joint arthroplasty [Massy-Westropp et al., 2008; Ring et al., 1998]; stroke rehabilitation [Kuo et al., 2023]; femoral fracture [Olasinde et al., 2023]; adhesive capsulitis of the shoulder [Baradaran et al., 2023]); major foot surgery [Bina et al., 2020].

In 2022, the International Consensus Meeting (ICM) brought together over 600 experts spanning a range countries and medical professional to conduct a comprehensive review of the literature and to generate practical recommendations for venous thromboembolism (VTE) prophylaxis across all type of orthopedic procedures. The ICM-VTE delegates issued an evidence-based recommendation, with 95% agreement, that there is no conclusive evidence that continuous passive machine (CPM) reduces the risk of VTE following knee surgery.

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

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*Key Article

KEY WORDS

Continuous passive motion, CPM, knee.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD #280.1) Durable Medical Equipment Reference List for continuous passive motion devices. Please refer to the following NCD website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=190] accessed 09/03/24.