Health Plans

Manual: IU Health Plans
Department: Utilization Management
Policy # MP019
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**Medicare Advantage** **X Commercial**

# Continuous Passive Motion Devices Policy

## I. Purpose

Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Continuous Passive Motion (CPM) Devices.

## II. Scope

This policy applies to all Utilization Management staff having decision- making responsibilities where authorization is required for Fully insured commercial plan.

## I. Exceptions

IU Health Plans does not consider **any of the following** to be medically necessary:

1. Not prescribed for members with low back pain.
2. Use of CPM anywhere else other than the knee is considered experimental and Investigational.
3. Use of device must commence within two days following surgery and is limited to the three-week period following surgery because there is insufficient evidence to justify coverage of these devices for longer periods of time or for other applications.
4. Coverage is only for rental equipment.

## II. Definitions

Continuous Passive Motion (CPM)- Durable medical equipment (DME) devices used as a treatment modality in which joint motion is provided without causing active contraction of muscle groups and with the goal of maintaining or restoring range of motion (ROM) to the joint.

## III. Policy Statements

IU Health Plans considers Continuous Passive Motion (CPM) Devices medically necessary for the early post-operative period following Total knee replacements (TKR) or revisions of TKR when **ALL of the following** are met:

a. Must be initiated within two days post operatively for a period of no longer than 21 days (three weeks).
b. Can be used alone or in coordination with other forms of physical therapy (PT).
c. Must be recommended by an orthopedic specialist following surgery. The orthopedic specialist determines the speed, duration of usage, amount of

motion, and the rate of increase of motion.

**Codes:**

| **CPT Codes / HCPCS Codes / ICD-10 Codes** | |
|---|---|
| Code | Description |
| E0935 | Continuous passive motion device for use on the knee only |
| E0936 | Continuous passive motion exercise device for use other than knee |
| **ICD-10 codes covered if selection criteria are met**: | |
| Z96.651-Z96.659 | Presence of artificial knee joint |
| S46.0 | Injury of tendon of the rotator cuff of shoulder |

## IV. Procedures

None

## V. References/Citations


1. Center for Medicare and Medicaid Services (CMS). National Coverage Determination(NCD) Durable Medical Equipment Reference List (280.1). Effective Date 5/16/2023. NCD - Durable Medical Equipment Reference List (280.1) (cms.gov)
2. Harvey, L. A., Brosseau, L., & Herbert, R. D. (2014). Continuous passive motion following total knee arthroplasty in people with arthritis. *The Cochrane database of systematic reviews*, (2), CD004260. https://doi.org/10.1002/14651858.CD004260.pub3
3. He, M. L., Xiao, Z. M., Lei, M., Li, T. S., Wu, H., & Liao, J. (2014). Continuous passive motion for preventing venous thromboembolism after total knee arthroplasty. *The Cochrane database of systematic reviews*, (7), CD008207. https://doi.org/10.1002/14651858.CD008207.pub3


## VI. Forms/Appendices

None

## VII. Responsibility

Medical Director