Continuous Passive Motion in the Home Setting
Corporate Medical Policy

File Name: Continuous Passive Motion in the Home Setting
File Code: UM. DME.11
Last Review: 06/2018
Next Review: 06/2019
Effective Date: 10/01/2018

Description/Summary

Physical therapy (PT) of joints following surgery focuses both on passive motion to restore mobility and active exercises to restore strength. While passive motion can be 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 the 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 acceptance of its use in the knee joint has created interest in extrapolating this experience to other weight-bearing joints (ie, hip, ankle, metatarsals) and non-weight-bearing joints (ie, shoulder, elbow, metacarpals, interphalangeal joints). Use of CPM in stroke and burn patients is also being explored.

The device used for the knee moves the joint (eg, flexion/extension), without patient assistance, continuously for extended periods of time (ie, up to 24 h/d). 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 speed and ROM can be varied, depending on joint stability. The use of the device may be initiated in the immediate postoperative period and then continued at home for a variable period of time.

Policy

Coding Information
Click the links below for attachments, coding tables & instructions.
Attachment I- HCPCS Code Table & Instructions

When a service may be considered medically necessary

Use of continuous passive motion (CPM) in the home setting may be considered medically necessary as an adjunct to physical therapy in the following situations:
• Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty (TKA) or TKA revision. This may include patients with complex regional pain syndrome (reflex sympathetic dystrophy); extensive arthrofibrosis or tendon fibrosis; or physical, mental, or behavioral inability to participate in active physical therapy.

• During the non-weight-bearing rehabilitation period following intra-articular cartilage repair procedures of the knee (e.g., microfracture, osteochondral grafting, autologous chondrocyte implantation, treatment of osteochondritis dissecans, repair of tibial plateau fractures).

• During the non-weight-bearing rehabilitation period following anterior cruciate ligament (ACL) repair.

When a service is considered not medically necessary

Use of continuous passive motion (CPM) in the home setting may be considered not medically necessary as an adjunct to physical therapy for all other conditions.

Policy Guidelines

This policy only addresses CPM in the home setting (i.e., not the hospital setting). Following total knee arthroplasty (TKA), continuous passive motion (CPM) in the home setting will be allowable for up to 17 days after surgery while patients are immobile or unable to bear weight.

Following intra-articular cartilage repair procedures of the knee, CPM in the home setting will be allowable for up to 6 weeks during non-weight-bearing rehabilitation.

Reference Resources

1. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Continuous Passive Motion as an Adjunct to Physical Therapy for Joint Rehabilitation. TEC Assessments. 1997; Volume 12 (Tab 20).


23. Rosenberger RE, Gomoll AH, Bryant T, et al. Repair of large chondral defects of the knee with autologous chondrocyte implantation in patients 45 years or older. Am J
39. Schwartz DA, Chafetz R. Continuous passive motion after tenolysis in hand therapy
45. Blue Cross Blue Shield Association (BCBSA) MPRM 1.01.10, reviewed 03/2018.

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer’s benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member’s contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.
An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member’s health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member’s benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit.

Coverage varies according to the member’s group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member’s employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

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<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tr>
<td>11/2005</td>
<td>Reviewed and updated with additional clinical criteria.</td>
</tr>
<tr>
<td>01/2007</td>
<td>Reviewed and updated with change in description and clarification of criteria. Reviewed and approved by the BCBSVT Clinical Advisory Committee March 2007.</td>
</tr>
<tr>
<td>11/2007</td>
<td>Updated with minor wording changes.</td>
</tr>
<tr>
<td>04/2010</td>
<td>Updated to mirror BCBSA Medical Policy, but preserving individual consideration for rehabilitation failure requiring repeat surgery.</td>
</tr>
<tr>
<td>01/2011</td>
<td>Reviewed and updated with additional clinical criteria, clarification of existing criteria. Minor wording changes.</td>
</tr>
<tr>
<td>02/2014</td>
<td>ICD-10 remediation only. RLJ</td>
</tr>
<tr>
<td>02/2015</td>
<td>Adopted BCBSA medical policy for CPM (#1.01.10). Added previous ACL repair as medically appropriate use of CPM. Diagnosis code table removed. No longer diagnosis driven. PA still required. RLG.</td>
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<tr>
<td>05/2016</td>
<td>Reviewed and updated references; minor wording changes.</td>
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<tr>
<td>05/2017</td>
<td>Reviewed policy updated with literature review, added reference #36. Policy statements remain unchanged.</td>
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<tr>
<td>06/2018</td>
<td>Reviewed policy statement remains unchanged. Updated references.</td>
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Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Director(s)  

Joshua Plavin, MD, MPH, MBA  
Chief Medical Officer

Attachment I  

HCPCS Coding Table & Instructions

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Number</th>
<th>Description</th>
<th>Policy Instructions</th>
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<td>HCPCS</td>
<td>E0935</td>
<td>Continuous passive motion exercise device for use on knee only</td>
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<td>HCPCS</td>
<td>E0936</td>
<td>Continuous passive motion exercise device for use other than knee</td>
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