

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.024.MH
Last Review Date: 11/03/2016
Effective Date: 01/01/2017

MP.024.MH – Continuous Passive Motion Devices

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers Continuous Passive Motion (CPM) Devices medically necessary for the following indications:

CPM is covered and considered medically necessary in the early post-operative period following total knee replacements (TKRs) or revisions of TKR when all of the following criteria are met:

1. Must be initiated within two days post operatively for a period of no longer than 21 days (three weeks).
2. Can be used alone or in coordination with other forms of physical therapy (PT).
3. 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.

Limitations

1. 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.
2. Not prescribed for members with low back pain.
3. Coverage is only for rental equipment.
4. Use of CPM anywhere else other than the knee is considered experimental and investigational.

Background

In instances where knee arthritis is severe, total knee replacement surgery may be considered. The Agency for Healthcare Research and Quality (AHRQ) estimates that more than 600,000 knee replacements are performed annually in the United States.

CPM devices are 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. CPMs are used early in the healing process as passive motion can provide movement

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of the synovial fluid and thus promote lubrication of the joint, stimulate the healing of articular tissues, prevent adhesions and joint stiffness, and reduce edema, without interfering with the healing of incisions or wounds over the moving joint. CPM devices allow increased duration of therapy and can be performed in a controlled, defined way.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
E0935	Continuous passive motion device for use on the knee only
ICD-9 codes covered if selection criteria are met:	
00.80	Revision of knee replacement, total (all components)
00.81	Revision of knee replacement, tibial component
00.82	Revision of knee replacement, femoral component
00.83	Revision of knee replacement, patella component
00.84	Revision of knee replacement, patella component
81.54	Total knee replacement
81.55	Total knee replacement
V43.65	Knee Joint Replacement
ICD-10 codes covered if selection criteria are met:	
Z96.651-Z96.659	Presence of artificial knee joint

References

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MP.024.MH – Continuous Passive Motion Devices

Policy Number: MP.024.MH

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3. Hayes Medical Technology Directory. Continuous Passive Motion for the Treatment of Joint Contractures of the Extremities. Annual Review February 11, 2015.
4. He ML, Xiao ZM, Lei M, et al. Continuous passive motion for preventing venous thromboembolism after total knee arthroplasty. *Cochrane Database Syst Rev*. 2014 Jul 29;7:CD008207. doi: 10.1002/14651858.CD008207.pub3. [update of 2012 review]. <https://www.ncbi.nlm.nih.gov/pubmed/22258981>
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8. NHIC, Corp. DME MAC Jurisdiction A; Billing Reminder – Continuous Passive Motion (CPM) Device. Posted: 07/20/2007 <http://www.medicarenhic.com/viewdoc.aspx?id=249>
9. NHIC, Corp. DME MAC Jurisdiction A; Payment Rules- Continuous Passive Motion Machines. Posted: 01/24/2014. Revised: 01/2/2014. www.medicarenhic.com/viewdoc.aspx?id=2546
10. Wright, RW, Preston, E, Fleming, BC et al. ACL Reconstruction Rehabilitation: A Systemic Review Part I. *Knee Surgery*. July 2008; 21(3): 217-224. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3692363/#R8>

Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary,

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shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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