

Compression Stockings and Garments

Table of Content

Purpose
Description & Definitions
Criteria
Coding
Document History
References
Special Notes
Keywords

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Coverage Policy DME 27
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Purpose:

This policy addresses Continuous Passive Motion.

Description & Definitions:

Continuous Passive Motion is the use of a motorized device to move a joint continuously through a controlled range of motion without active muscle contractions needed.

The PortableConnect Bike is a stationary bike with video monitoring and software used as an adjunct to physical therapy to manage post-surgical knee rehabilitation from the comfort of home and is monitored through an online application by your physician using telehealth.

Criteria:

Continuous Passive Motion is considered medically necessary for **1 or more of the following**:

- Individual is in the post-operative period following anterior cruciate ligament repair and has not yet begun an active physical therapy program
- Individual is in the post-operative period following surgical release of arthrofibrosis/adhesive capsulitis
- Individual is post-manipulation of any joint under anesthesia and has not yet begun an active physical therapy program
- Individual requires support and improved cartilage growth healing for the non weight-bearing period after **1 or more of the following**:
 - Abrasion arthroplasty or microfracture procedure
 - Autologous chondrocyte transplantation
 - Chondroplasties of focal cartilage defects
 - Knee Intra-articular fracture treatment
 - Intra-articular cartilage fracture treatment
 - Osteochondritis dissecans surgical treatment

- Individual who is in the post-operative period of a total knee replacement with **1 or more of the following**:
 - Individual was not able to begin active physical therapy during an inpatient admission
 - Individual is not able to participate in active physical therapy program due to contra-indication per the submitted documentation

The following **do not meet** the definition of medical necessity, to include but not limited to:

- Continuous passive motion is considered not medically necessary if initiated greater than 72 hours after surgery as it is not shown to improve health outcomes.
- Continuous passive motion is generally considered not medically necessary for use longer than 21 days after application as it is not shown to improve health outcomes. Optima Medical Director can approve additional days on a case by case basis, depending on the individual's progress and proximity to goal completions.
- There is insufficient scientific evidence to support the medical necessity of the PortableConnect Bike as it is not shown to improve health outcomes upon technology review.
- There is insufficient scientific evidence to support the medical necessity of continuous passive motion for uses other than those listed in the clinical indications for procedure section.

Coding:

Medically necessary with criteria:

Coding	Description
E0935	Continuous passive motion exercise device for use on knee only
E0936	Continuous passive motion exercise device for use other than knee

Considered Not Medically Necessary:

Coding	Description
A9900	Miscellaneous DME supply, accessory, and/or service component of another code
E1399	Durable medical equipment, miscellaneous

Document History:

Revised Dates:

- 2022: February
- 2019: September
- 2015: January, August
- 2014: August
- 2013: September
- 2012: August

Reviewed Dates:

- 2023: July
- 2022: July
- 2021: October
- 2019 November
- 2018: June
- 2017: November
- 2016: July
- 2013: August

- 2011: October

Effective Date:

- November 2010

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved June 21, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

Continuous Passive Motion Devices for Shoulder Indications - ARCHIVED Jun 9, 2023. (n.d.). Retrieved June 21, 2023, from Hayes: <https://evidence.hayesinc.com/report/dir.cpmotionshoulder4341>

Continuous Passive Motion for Knee Indications: A Review of Reviews - ARCHIVED Apr 15, 2023. (n.d.). Retrieved June 21, 2023, from Hayes 2: <https://evidence.hayesinc.com/report/dir.continuous524>

DME Manual - Appendix B. (2023). Retrieved June 21, 2023, from DMAS DME: <https://www.dmas.virginia.gov/providers/long-term-care/services/durable-medical-equipment/>

National Coverage Determination (NCD) Durable Medical Equipment Reference List 280.1. (Longstanding). Retrieved June 21, 2023, from Centers for Medicare & Medicaid Services NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190&ncdver=2&keyword=Continuous%20Passive%20Motion&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

ROMTech/PortableConnect (ROM Technologies Inc.) for Telerehabilitation Following Total Knee Arthroplasty - Annual Review: May 19, 2023. (n.d.). Retrieved June 21, 2023, from Hayes 3: <https://evidence.hayesinc.com/report/eer.romtech5288>

Total Knee Arthroplasty (TKA). (2022, Apr 26). Retrieved June 21, 2023, from Medscape: <https://emedicine.medscape.com/article/1250275-overview>

Total Knee Replacement. (2023). Retrieved June 21, 2023, from American Academy of Orthopaedic Surgeons (AAOS): <https://orthoinfo.aaos.org/en/treatment/total-knee-replacement>

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination,

regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

Keywords:

CPM, continuous passive motion, range of motion, joint, Durable Medical Equipment 27, shp, post-operative, anterior cruciate ligament repair, arthrofibrosis, adhesive capsulitis, post-manipulation, cartilage growth, Abrasion arthroplasty or microfracture procedure, Autologous chondrocyte transplantation, Chondroplasties of focal cartilage defects, Knee Intra-articular fracture treatment, Intra-articular cartilage fracture treatment, Osteochondritis dissecans surgical treatment, total knee replacement, physical therapy, PortableConnect, Bike, ROM