This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Continuous Passive Motion

AUTH: SHP Durable Medical Equipment 27 v5 (AC)

MCG Health Ambulatory Care 25th Edition

Link to Codes

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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· Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Authorization is for daily rental only.

Optima Medical Director approval is required for any rental greater than 21 days.

Description of Item or Service

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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.

Exceptions and Limitations

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- 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.

Clinical Indications for Procedure

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- 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
 - o 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

Document History

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- · Revised Dates:
 - · 2022: February
 - 2019: September
 - 2015: January, August
 - 2014: August
 - 2013: September
 - 2012: August
- · Reviewed Dates:
 - · 2022: July
 - · 2021: October
 - 2020: October
 - 2019: November
 - · 2018: June
 - 2017: November
 - · 2016: July
 - 2013: August
 - 2011: October
- Effective Date: November 2010

Coding Information

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- · CPT/HCPCS codes covered if policy criteria is met:
 - · HCPCS E0935 Continuous passive motion exercise device for use on knee only
 - HCPCS E0936 Continuous passive motion exercise device for use other than knee
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - HCPCS A9900-Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
 - HCPCS E1399 Durable medical equipment, miscellaneous

References

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References used include but are not limited to the following:

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Codes

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HCPCS: A9900, E0935, E0936, E1399

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