

## Continuous Passive Motion

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<a href="#">Effective Date</a>	11/2010
<a href="#">Next Review Date</a>	7/2024
<a href="#">Coverage Policy</a>	DME 27
<a href="#">Version</a>	6

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details \*.**

### Purpose:

This policy addresses Continuous Passive Motion devices and accessories.

### 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).

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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: \*

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

### **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