Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:
Traditionally, physical therapy to restore strength and range of motion following joint surgery or injury, is often a long and painful process. After extensive surgery, patient attempts to move the joint may cause pain and the ensuing pain may prevent the patient from moving the joint. Tissue near the joint may become stiff, and as scar tissue forms, the patient is left with limited range of motion in the joint and months of physical therapy to recover their range of motion.

Passive range of motion is defined as movement of the joint without the patient’s muscles being moved. While physical therapists can administer passive motion post-operatively, continuous passive motion (CPM) devices are used under the direction of a physician.

CPM units are motorized devices which gradually move the joint through a defined range of motion for an extended period of time without patient effort. Patient use may range from several hours/day to up to 24 hours/day. The device has an electrical power unit attached to set the range of motion and speed. The initial setting is based on the patient's comfort with an average increase of three to five degrees per day in the range of motion. When used as an adjunct to physical therapy, CPM devices are thought to speed recovery.

Medical Criteria:
The continuous passive motion device is used as an adjunct to conventional physical or occupational therapy. Use of the continuous passive motion device may begin prior to treatment with a physical therapist. Objective assessments of motion are made at a minimum of once every four days by the physical therapist.

No prior authorization required:
Continuous passive motion is covered with no preauthorization for the following procedures:
- Total knee arthroplasty
- Knee ligament reconstruction
- Periarticular fracture of the knee
- Periarticular osteotomy of the knee
- Knee autologous chondrocyte implantation (ACI)
- Manipulation of the knee under anesthesia

Prior authorization is required for BlueCHiP for Medicare and recommended for all other lines of business.
When used as an adjunct to conventional physical therapy, continuous passive motion devices are considered medically necessary for up to two months postoperatively for the following procedures:
- Total elbow arthroplasty
- Open or arthroscopic release of elbow contracture
- Severe burns.

Continuous passive motion is considered not medically necessary for any condition not listed above as there is insufficient peer reviewed evidence to support the effectiveness.

Medical Policy:
Continuous passive motion is considered medically necessary when the medical criteria listed above is met.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable speech coverage/benefits.

Prior authorization is required for BlueCHiP for Medicare and recommended for all other lines of business, except for use on the knee which is covered.

Coding:
Covered with no prior authorization required:
E0935

Prior authorization is required for BlueCHiP for Medicare and recommended for all other lines of business.
E0936

Physician oversight is coded using evaluation and management (E&M) or is inclusive in the global surgical package, as applicable. CPM is a daily rental and must be filed using the RR modifier.

Also known as:
CPM

Published:
Professionals' Bulletin, June 1990
Policy Update, April 2003
Policy Update, June 2005
Policy Update, September 2006
Policy Update, July 2007
Provider Update, September 2008
Provider Update, August 2009
Provider Update, December 2009
Provider Update, September 2010
Provider Update, August 2011
Provider Update, July 2012

Public Policy Description

References:


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