

## OHCA Guidelines

<b>Medical Procedure Class:</b>	<b>Continuous Passive Motion (CPM) Device for the Knee</b>
Initial Implementation Date:	8/1/2009
Last Review Date:	8/26/2019
Effective Date:	10/1/2019
Next Review/Revision Date:	September 2022
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <span style="float: right;"><input checked="" type="checkbox"/> Revision of Existing Criteria</span>	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Description</b>	
<p>Continuous Passive Motion (CPM) is a postoperative treatment method designed to aid recovery of joint range of motion after joint surgery. A motorized device gradually moves the joint without patient effort (passively) through a defined range of motion and rate of repetition. The theoretical basis for use of such devices is that recovery time will be accelerated by decreasing soft tissue stiffness, increasing range of motion, promoting healing of joint surfaces and soft tissues, and preventing the development of motion-limiting adhesions (scar tissue). CPM provides for early post-operative motion and is considered a substitute for active physical therapy (PT). Once the patient is participating in active PT, CPM is no longer medically necessary.</p>	
<b>CPT Code Covered requiring PA: E0935</b>	
<p><b>Note:</b> 1) Separate reimbursement will not made for use of device while member is hospitalized or in a long term care facility, as those costs are included in the payment made to the facility. It is acceptable to bill for the date of discharge to home if the member will be using the device at home on that date.</p> <p>2) Billing for dates of service when the patient is no longer actively using the CPM device is not appropriate and is therefore, not reimbursable.</p>	
<b>Approval Criteria:</b>	
I.	<p>A <b>knee</b> CPM device is covered as medically necessary for up to 21 days and <u>does not</u> require prior authorization for a patient in an early phase of rehabilitation when <b><u>ANY</u></b> of the following criteria are met:</p> <p>A. As an adjunct to active physical therapy following total knee arthroplasty (TKA) or TKA revision; <b><u>or</u></b></p> <p>B. As an adjunct to active physical therapy following anterior or posterior cruciate ligament (ACL, PCL) reconstruction; <b><u>or</u></b></p> <p>C. As an adjunct to conventional physical therapy during non-weight bearing rehabilitation period following intra-articular cartilage repair procedures of knee (e.g., micro fracture, treatment of osteochondritis dissecans, or repair of tibial plateau fractures).</p>
II.	<p>A <b>knee</b> CPM device required for more than 21 days <u>does</u> require prior authorization of the additional days. These cases will be individually reviewed for medical necessity.</p>

### Documentation Requirements:

Documentation on file in the member's record must include ***all*** of the following:

1. Type of surgery performed; ***and***
2. Date of surgery; ***and***
3. Date of application of CPM; ***and***
4. Date of discharge from the hospital; ***and***
5. Legible written prescription issued by a licensed prescriber that is signed and dated no more than 30 days prior to the first date of service and that defines the specific "from" and "to" dates that reflect the actual days the CPM device is to be utilized.

### References:

1. Oklahoma Health Care Authority; Policies and Rules, OAC 317:30-3-1 & 30-5-210 through 218.
2. CGS (a Celerian Group Company), Continuous Passive Motion (CPM) Devices – Coverage Reminder, 2/28/2013. <https://cgsmedicare.com/jc/pubs/news/2013/0213/cope21456.html>
3. CGS (a Celerian Group Company), Payment Rules – Continuous Passive Motion Machines, DME MAC Joint Publication, 1/23/2014. <https://cgsmedicare.com/jc/pubs/news/2014/0114/cope24461.html>
4. Aetna, Continuous Passive Motion (CPM) Machines; Medical Clinical Policy Bulletins, Number 0010; 5/22/2019. [http://www.aetna.com/cpb/medical/data/1\\_99/0010.html](http://www.aetna.com/cpb/medical/data/1_99/0010.html)