**MEDICAL POLICY**

**Policy:** 95020

**Initial Effective Date:** 07/07/1995

**Code(s):** HCPCS E0935 and E0936

**Annual Review Date:** 11/30/2011

**SUBJECT:** Continuous Passive Motion Exercise Device

**Last Revised Date:** 11/30/2011

**Definition:** Continuous passive motion (CPM) devices provide continuous passive mobilization of a joint in the immediate post-operative period. The intent is to maintain, restore or increase joint range of motion by mechanically inducing passive movement of the joint, thereby improving joint mobility as an adjunct to conventional physiotherapy.

**Medical Necessity:** The Company considers a continuous passive motion exercise device (HCPCS Code E0935) medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Device will be initiated within 48 hours of surgery and used for a maximum of three weeks for at least one of the following:
  1. Total knee arthroplasty or revision; or
  2. Anterior cruciate ligament reconstruction; or
  3. Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint; or
  4. Microfracture procedure of the knee; or
  5. Autologous chondrocyte implantation of the knee; or
  6. Manipulation of the knee under anesthesia following trauma or surgery;

**AND**

**At least one** of the following clinical conditions is present:

- Rheumatoid arthritis and other inflammatory polyarthropathies
- Osteoarthrosis and allied disorders
- Other and unspecified arthropathies
• Internal derangement of knee
• Other derangement of joint
• Unspecified disorder of synovium, tendon, and bursa
• Osteochondritis dissecans
• Other acquired deformities of knee
• Fracture of other and unspecified parts of femur, shaft
  • lower end, closed
  • lower end, open
• Fracture of patella
• Fracture of tibia and fibula, upper end, closed
  • upper end, open
  • shaft, closed
  • unspecified part, closed
• Tear of medial cartilage or meniscus of knee, current
• Other dislocation of knee, closed
• Other dislocation of knee, open
• Sprains and strains of cruciate ligament of knee
• Knee joint replaced by other means

Note: Continuous passive motion exercise device following autologous chondrocyte transplant, is addressed in Corporate Medical Policy 200106: Autologous Chondrocyte Transplantation.

The Company consider a continuous passive motion exercise device for any joint other than knee (HCPCS Code E0936) not medically necessary and not eligible for reimbursement.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.
Sources of Information: