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## Continuous Passive Motion in the Home Setting Corporate Medical Policy

File Name: Continuous Passive Motion in the Home Setting

File Code: 1.01.VT10

Last Review: 05/2023

Next Review: 05/2024

Effective Date: 06/01/2023

### Description/Summary

Physical therapy (PT) of joints following surgery focuses both on passive motion to restore mobility and active exercises to restore strength. While passive motion can be administered by a therapist, continuous passive motion (CPM) devices have also been used. CPM is thought to improve recovery by stimulating the healing of articular tissues and the circulation of synovial fluid; reducing local edema; and preventing adhesions, joint stiffness or contractures, or cartilage degeneration. CPM has been most thoroughly investigated in the knee, particularly after total knee arthroplasty (TKA) or ligamentous or cartilage repair, but acceptance of its use in the knee joint has created interest in extrapolating this experience to other weight-bearing joints (ie, hip, ankle, metatarsals) and non-weight-bearing joints (ie, shoulder, elbow, metacarpals, interphalangeal joints). Use of CPM in stroke and burn patients is also being explored.

The device moves the joint (eg, flexion/extension), without patient assistance, continuously for extended periods of time (ie, up to 24 h/d). An electrical power unit is used to set the variable range of motion (ROM) and speed. The initial settings for ROM are based on a patient's level of comfort and other factors that are speed and ROM can be varied, depending on joint stability. The use of the device may be initiated in the immediate postoperative period and then continued at home for a variable period of time.

### Policy

#### Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I- HCPCS Code Table & Instructions](#)

#### When a service may be considered medically necessary

Use of continuous passive motion (CPM) in the home setting may be considered **medically necessary** as an adjunct to physical therapy in the following situations:

- Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty (TKA) or TKA revision. This may include patients with complex regional pain syndrome (reflex sympathetic dystrophy); extensive arthrofibrosis or tendon fibrosis; or physical, mental, or behavioral inability to participate in active physical therapy.
- During the non-weight-bearing rehabilitation period following intra-articular cartilage repair procedures of the knee (eg, microfracture, osteochondral grafting, autologous chondrocyte implantation, treatment of osteochondritis dissecans, repair of tibial plateau fractures).
- During the non-weight-bearing rehabilitation period following anterior cruciate ligament (ACL) repair.

### When a service is considered investigational

Use of continuous passive motion in the home setting for all other conditions is considered **investigational**.

## Policy Guidelines

This policy only addresses CPM in the home setting (ie, not the hospital setting). Following total knee arthroplasty (TKA), continuous passive motion (CPM) in the home setting will be allowable for up to 21 days after surgery while patients are immobile or unable to bear weight.

Following intra-articular cartilage repair procedures of the knee, CPM in the home setting will be allowable for up to 6 weeks during non-weight-bearing rehabilitation.

### Reference Resources

1. Blue Cross Blue Shield Association (BCBSA) MPRM 1.01.10 - Continuous Passive Motion in the Home Setting. Review Date: 04/2023. Accessed 04/2023.

### Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict

between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

### Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

## Administrative and Contractual Guidance

### Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

### Policy Implementation/Update information

11/2005	Reviewed and updated with additional clinical criteria.
01/2007	Reviewed and updated with change in description and clarification of criteria. Reviewed and approved by the BCBSVT Clinical Advisory Committee March 2007.
11/2007	Updated with minor wording changes.

04/2010	Updated to mirror BCBSA Medical Policy but preserving individual consideration for rehabilitation failure requiring repeat surgery.
01/2011	Reviewed and updated with additional clinical criteria, clarification of existing criteria. Minor wording changes
02/2014	ICD-10 remediation only. RLJ
02/2015	Adopted BCBSA medical policy for CPM (#1.01.10). Added previous ACL repair as medically appropriate use of CPM. Diagnosis code table removed. No longer diagnosis driven. PA still required. RLG.
05/2016	Reviewed and updated references; minor wording changes.
05/2017	Reviewed policy updated with literature review, added reference #36. Policy statements remain unchanged.
06/2018	Reviewed policy statement remains unchanged. Updated references.
06/2019	Reviewed policy statement remains unchanged. References updated.
06/2020	Reviewed policy statement remains unchanged. Policy Guideline changed to allow coverage for 21 days following surgery; changed from 17 days (based on prior BCBSA MPRM 1.01.10 reference.) References updated to reflect BCBSA MPRM 1.01.10 policy.
05/2021	Reviewed Policy statement and changed not medically necessary to investigational for all other indications which is c/w reference policy. References updated.
05/2022	Policy Reviewed. No change to policy statement. Reference updated.
05/2023	Policy Reviewed. No change to policy statement. Reference updated.

### Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Director(s)

Date Approved

Tom Weigel, MD, MBA  
Vice President & Chief Medical Officer

Attachment I  
HCPCS Coding Table & Instructions

Code Type	Number	Description	Policy Instructions
<b>The following codes will be considered as medically necessary when applicable criteria have been met.</b>			
HCPCS	E0935	Continuous passive motion exercise device for use on knee only	Prior Approval Required
HCPCS	E0936	Continuous passive motion exercise device for use other than knee	Prior Approval Required