

Medical Policy:

Continuous Passive Motion Devices

POLICY NUMBER	LAST REVIEW
MG.MM.DM.11bC12	June 14, 2024

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication.

EmblemHealth may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. EmblemHealth Services Company, LLC, has adopted this policy in providing management, administrative and other services to EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) related to health benefit plans offered by these entities. ConnectiCare, an EmblemHealth company, has also adopted this policy. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Arthrofibrosis: A condition characterized by the abnormal proliferation of fibrous tissue in and around a joint, which impedes proper motion and function.

Continuous passive motion (CPM) devices (commonly referred to as CPM machines) are used for the maintenance or restoration of joint range of motion (ROM). During CPM therapy, the joint area is secured to the CPM device, which then moves the affected joint through a prescribed arc of motion for an extended period of time. CPM devices are available for numerous joints such as the knee, ankle, jaw, hip, elbow, shoulder and finger.

Intra-articular fracture: A fracture involving the portion of bone that is enclosed by cartilage and a portion of a joint.

Guideline

Members with the Durable Medical Equipment (DME) benefit are eligible for home CPM coverage, until active physical therapy (PT) participation is achieved, for any of the following indications:

1. Post anterior cruciate ligament (or multi-ligament) reconstruction (i.e., ACL/MCL, ACL/PCL, ACL/LCL).
2. Post total knee arthroplasty or revision as an adjunct to on-going physical therapy.

3. Post release of arthrofibrosis/adhesive capsulitis of the knee requiring manipulation under anesthesia.
4. Infant clubfoot (active PT not applicable for this indication).

Limitations and Exclusions

1. CPM must be initiated within 72 hours of surgery (usually within 24-48) and is typically utilized for a period of 7-10 days (not to exceed 21 days [3 weeks]). Continued use beyond 21 days has not been shown to be effective and is therefore not considered to be medically necessary.
2. Continued use of CPM is not medically necessary after 95 degrees of knee flexion (measured by goniometry) is achieved.
3. CPM is not considered medically necessary in individuals who are able to participate in an active physical therapy program unless specifically indicated above.
4. CPM not considered medically necessary for the treatment of non-operatively treated degenerative joint diseases and/or chronic contractures.
5. CPM is not considered medically necessary for any indications other than those listed above, including but not limited to:
 - a. As prophylaxis for thromboembolism.
 - b. Temporomandibular joint disorder.
 - c. Vertebral use.
6. No consideration will be given to any request for CPM use post 72 hours of a procedure.

Procedure Codes

E0935	Continuous passive motion exercise device for use on knee only
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ICD-10 Diagnoses

M23.50	Chronic instability of knee, unspecified knee
M23.51	Chronic instability of knee, right knee
M23.52	Chronic instability of knee, left knee
M24.561	Contracture, right knee
M24.562	Contracture, left knee
M24.569	Contracture, unspecified knee
M24.69	Ankylosis, other specified joint
M24.661	Ankylosis, right knee
M24.662	Ankylosis, left knee
M24.669	Ankylosis, unspecified knee
Q66.00	Congenital talipes equinovarus, unspecified foot
Q66.01	Congenital talipes equinovarus, right foot
Q66.02	Congenital talipes equinovarus, left foot

Q66.10	Congenital talipes calcaneovarus, unspecified foot
Q66.11	Congenital talipes calcaneovarus, right foot
Q66.12	Congenital talipes calcaneovarus, left foot
Q66.30	Other congenital varus deformities of feet, unspecified foot
Q66.31	Other congenital varus deformities of feet, right foot
Q66.32	Other congenital varus deformities of feet, left foot
Q66.40	Congenital talipes calcaneovalgus, unspecified foot
Q66.41	Congenital talipes calcaneovalgus, right foot
Q66.42	Congenital talipes calcaneovalgus, left foot
Q66.6	Other congenital valgus deformities of feet
Q66.70	Congenital pes cavus, unspecified foot
Q66.71	Congenital pes cavus, right foot
Q66.72	Congenital pes cavus, left foot
Q66.89	Other specified congenital deformities of feet
Q66.90	Congenital deformity of feet, unspecified, unspecified foot
Q66.91	Congenital deformity of feet, unspecified, right foot
Q66.92	Congenital deformity of feet, unspecified, left foot
S83.501A	Sprain of unspecified cruciate ligament of right knee, initial encounter
S83.501D	Sprain of unspecified cruciate ligament of right knee, subsequent encounter
S83.501S	Sprain of unspecified cruciate ligament of right knee, sequela
S83.502A	Sprain of unspecified cruciate ligament of left knee, initial encounter
S83.502D	Sprain of unspecified cruciate ligament of left knee, subsequent encounter
S83.502S	Sprain of unspecified cruciate ligament of left knee, sequela
S83.509A	Sprain of unspecified cruciate ligament of unspecified knee, initial encounter
S83.509D	Sprain of unspecified cruciate ligament of unspecified knee, subsequent encounter
S83.509S	Sprain of unspecified cruciate ligament of unspecified knee, sequela
S83.511A	Sprain of anterior cruciate ligament of right knee, initial encounter
S83.511D	Sprain of anterior cruciate ligament of right knee, subsequent encounter
S83.511S	Sprain of anterior cruciate ligament of right knee, sequela
S83.512A	Sprain of anterior cruciate ligament of left knee, initial encounter
S83.512D	Sprain of anterior cruciate ligament of left knee, subsequent encounter
S83.512S	Sprain of anterior cruciate ligament of left knee, sequela
S83.519A	Sprain of anterior cruciate ligament of unspecified knee, initial encounter
S83.519D	Sprain of anterior cruciate ligament of unspecified knee, subsequent encounter
S83.519S	Sprain of anterior cruciate ligament of unspecified knee, sequela

S83.521A	Sprain of posterior cruciate ligament of right knee, initial encounter
S83.521D	Sprain of posterior cruciate ligament of right knee, subsequent encounter
S83.521S	Sprain of posterior cruciate ligament of right knee, sequela
S83.522A	Sprain of posterior cruciate ligament of left knee, initial encounter
S83.522D	Sprain of posterior cruciate ligament of left knee, subsequent encounter
S83.522S	Sprain of posterior cruciate ligament of left knee, sequela
S83.529A	Sprain of posterior cruciate ligament of unspecified knee, initial encounter
S83.529D	Sprain of posterior cruciate ligament of unspecified knee, subsequent encounter
S83.529S	Sprain of posterior cruciate ligament of unspecified knee, sequela
Z96.651	Presence of right artificial knee joint
Z96.652	Presence of left artificial knee joint
Z96.653	Presence of artificial knee joint, bilateral
Z96.659	Presence of unspecified artificial knee joint

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Specialty matched clinical peer review.

Revision History

Jan. 14, 2022	ConnectiCare adopts clinical criteria of its parent corporation EmblemHealth
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