



## Corporate Medical Policy

# Continuous Passive Motion in the Home Setting

**File Name:** continuous\_passive\_motion\_in\_the\_home\_setting  
**Policy Number:** DME0030  
**Origination:** 9/1993  
**Last CAP Review:** 5/2009  
**Next CAP Review:** 5/2011  
**Last Review:** 5/2009

### Description of Procedure or Service

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Physical therapy of joints following surgery focuses on both 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. Continuous passive motion is thought to improve recovery by stimulating the healing of articular tissues and circulation of synovial fluid, reduce local edema, and prevent adhesions; joint stiffness or contractures; or cartilage degeneration. CPM has been most thoroughly investigated in the knee, particularly after **total knee arthroplasty** or ligamentous repair, but its acceptance in the knee joint has created interest in extrapolating this experience to other weight-bearing joints (i.e., hip, ankle, metatarsals) and non-weight-bearing joints (i.e., shoulder, elbow, metacarpals, and interphalangeal joints). Use of CPM in stroke and burn patients is also being explored.

The device moves the joint (e.g., flexion/extension) without patient assistance continuously for extended periods of time, i.e., up to 24 hours/day. 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 assessed intra-operatively. The ROM is increased by 3-5 degrees per day, as tolerated. The speed and range of motion 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.

Note: this policy does not address the use of CPM in the hospital/inpatient setting.

### Policy

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**BCBSNC will provide coverage for Continuous Passive Motion in the Home Setting when it is determined to be medically necessary because the medical criteria and guidelines shown below have been met.**

### Benefits Application

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Please refer to plan certificate for eligibility of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

### When Continuous Passive Motion is Covered

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Use of CPM in the home setting may be considered medically necessary after knee joint surgery as an

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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 or 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 (e.g., microfracture, osteochondral grafting, autologous chondrocyte implantation, treatment of osteochondritis dissecans, repair of tibial plateau fractures).

### When Continuous Passive Motion is not covered

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The use of continuous passive motion devices in the home setting for any joint other than the knee and for any conditions not stated above is considered investigational.

### Policy Guidelines

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Following total knee arthroplasty, CPM in the home setting will be allowable for up to 17 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.

Current postoperative rehabilitation protocols are considerably different than when the largest body of evidence was collected, making it difficult to apply the available evidence to the present situation. Recent literature suggests that home use of CPM has minimal benefit when combined with standard physical therapy after total knee arthroplasty. However, studies conducted in a controlled hospital setting do suggest that CPM can improve rehabilitation when post-operative mobility is restricted.

Published literature is inadequate to permit scientific conclusions regarding CPM used as an adjunct to physical therapy following other joint surgeries. These would include procedures such as an Austin bunionectomy, flexor tendon healing, and other indications including CPM of the hips, shoulder (i.e., rotator cuff surgery), elbow, metacarpals, interphalangeal joints, or metatarsals either in the acute care or home setting.

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable code: E0935, E0936*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

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### Medical Term Definitions

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#### **Total knee arthroplasty**

surgical procedure that involves replacement of the joint surfaces with an artificial knee joint.

### Scientific Background and Reference Sources

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BCBSA Medical Policy Reference Manual

Consultant Review 2/95

BCBSA's Medical Advisory Panel 9/11/96

Medical Policy Advisory Group review 3/99

Consultant Review 4/21/99

Ring D, Siommons BP. Continuous passive motion following metacarpophalangeal joint surgery. *J Hand Surg Am.* 1998;23(3):505-11.

Specialty Matched Consultant Advisory Panel - 11/1999

Medical Policy Advisory Group 12/2/1999

Specialty Matched Consultant Advisory Panel - 9/00

Medical Policy Advisory Group - 12/2000

Specialty Matched Consultant Advisory Panel - 8/2002

BCBSA Medical Policy Reference Manual - 10/8/2002; 1.01.10

Specialty Matched Consultant Advisory Panel - 5/2003

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.10, 12/17/03

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.10, 4/2005

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.10, 3/7/06

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.10, 12/11/08

### Policy Implementation/Update Information

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| 9/93   | Evaluated: Eligible for coverage in post-operative rehabilitation of the anterior cruciate ligament reconstruction of the knee or total knee arthroplasty.   |
| 1/97   | Revised: Combined local and National policies. Added coverage for synovectomy and that CPM as an adjunct to conventional physical therapy is investigational.  |
| 2/7/97 | Revised: National Association reviewed and updated days from 7-10 days to 8-17 days immediately post-operative.  |
| 5/99   | Revised: Must be started within 48 hours of the surgery. Reviewed by consultant for other joints. Consultant states that at this time, there is no benefit for use with other joints. To MPAG on 3/99. Literature above supports this finding. |
| 6/99   | Reformatted, Medical Term Definitions added.   |
| 12/99  | Reaffirmed, Medical Policy Advisory Group  |

## Policy: Continuous Passive Motion in the Home Setting

- 10/00 System coding changes.
- 11/00 Specialty Matched Consultant Advisory Panel. Added patients who have undergone Autologous Chondrocyte Transplantation and patients who have undergone manipulation of the knee or surgical lysis of adhesions after a total knee replacement.
- 12/00 Medical Policy Advisory Group review. No changes to criteria. Approve.
- 9/02 Specialty Matched Consultant Advisory Panel meeting 8/2002. Revised under when it is covered to include the indication, "For patients who have undergone lysis of adhesions for knee arthrofibrosis." System coding changes.
- 5/03 Specialty Matched Consultant Advisory Panel review. No changes.
- 3/04 Benefits Application and Billing/Coding sections updated for consistency.
- 6/2/2005 Specialty Matched Consultant Advisory Panel review on 5/23/2005. DME0030 added to key words. References added. Title changed from "Continuous Passive Motion for Rehabilitation following Joint Surgery" to "Continuous Passive Motion in the Home Setting". Policy statement changed to indicate that CPM is no longer covered outside of the acute hospital setting. Policy Guidelines section updated to include rationale for noncoverage. There is lacking published literature to support the coverage of CPM of the knee in the home setting or coverage of ACL repair or other joints in either the acute hospital or home setting. Coverage and Noncoverage sections changed to reflect changed policy statement. Reviewed and discussed at MPOC meeting 04/11/2005 and 6/13/2005. Notification given 6/2/2005. Policy effective date 10/6/2005.
- 10/8/2005 Policy effective on 10/08/2005 due to slight change in update schedule.
- 2/2/2006 Policy statement clarified to indicate CPM is not covered in the physician office or outpatient setting.
- 2/12/07 Revised the statement in the Covered section to read: "Continuous Passive Motion is covered only in the hospital inpatient setting in the immediate post-operative period *following knee surgery.*" Added the following statement to the Not Covered section: "The use of Continuous Passive Motion devices for any joint other than the knee is considered investigational. BCBSNC does not provide coverage for investigational services or procedures." CPT Code E0936 added to Billing/Coding section.
- 6/18/07 Specialty Matched Consultant Advisory Panel review 5/18/07. No change to policy coverage criteria. (adn)
- 3/30/09 Policy statement changed to read, "BCBSNC will provide coverage for Continuous Passive Motion in the Home Setting when it is determined to be medically necessary because the medical criteria and guidelines shown below have been met." Statement in the When CPM is Covered section changed to read, "Use of CPM in the home setting may be considered medically necessary after knee joint surgery 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 or 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 OR during the non-weight bearing rehabilitation period following intra-articular cartilage repair procedures of the knee (e.g., microfracture, osteochondral grafting, autologous chondrocyte implantation, treatment of osteochondritis dissecans, repair of tibial plateau fractures)." Statements in the When Not Covered section deleted and replaced with the following: "The use of continuous passive motion devices in the home setting for any joint other than the knee and for any conditions not stated above is considered not medically necessary." Added the following to the Policy Guidelines: "Following total knee arthroplasty, CPM in the home setting will be allowable for up to 17 days after surgery while patients are immobile or unable to bear weight. Following intra-articular cartilage repair procedures of the knee, CPM in the

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home setting will be allowable for up to 6 weeks during non-weight bearing rehabilitation." Also added rationale for coverage. (adn)

7/6/09 Statement in the When CPM is Not Covered section revised to read: "The use of continuous passive motion devices in the home setting for any joint other than the knee and for any conditions not stated above is considered investigational." Specialty Matched Consultant Advisory Panel review meeting 5/21/09. No change to policy statement. (adn)

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.