

Medical Policy



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Blue Cross and Blue Shield Association.

Title: Continuous Passive Motion for Home Use

Professional

Original Effective Date: June 10, 1986
Revision Date(s): June 21, 1990; May 16,
1991; July 16, 1996; December 4, 1996;
January 1, 2000; August 1, 2002; May 3,
2004; May 14, 2004; July 6, 2005;
December 28, 2006; April 19, 2007
Current Effective Date: July 1, 2007

DESCRIPTION

Continuous passive motion (CPM) devices are designed to provide continuous passive mobilization of the knee, shoulder, hand and elbow joints which have undergone surgery. This policy addresses the use of these devices in the out patient setting.

POLICY

Continuous passive motion (CPM) is considered medically necessary for the following surgeries:

1. Total knee arthroplasty (TKA) or TKA revision
2. Anterior cruciate ligament (ACL) repair
3. Autologous chondrocyte implantation (ACI)
4. Microfracture of the knee

Continuous passive motion (CPM) is denied not medically necessary for the following surgeries:

1. Shoulder
2. Interphalangeal joints of lower extremities to include the great toe

Continuous passive motion (CPM) will be reviewed for medical necessity for the following surgeries:

1. Ankle
2. Elbow
3. Wrist
4. Hand

CPM is approved without review for a rental period no longer than 21 days from date of first application.

The use of a CPM device for any primary or adjunct therapeutic application other than those listed above is considered investigational/not medically necessary.

CODING

HCPCS

E0935 Passive motion exercise device for use on knee only
E1399 Durable medical equipment, miscellaneous

DIAGNOSIS

These diagnoses are otherwise subject to medical policy as stated above

715.16	Osteoarthritis, localized, primary; lower leg
715.36	Localized osteoarthritis not specified whether primary or secondary, lower leg
715.96	Osteoarthritis, unspecified whether generalized or localized lower leg
716.16	Traumatic arthropathy, lower leg
716.86	Other specified arthropathy, lower leg
717.83	Old disruption anterior cruciate ligament
V43.65	Organ or tissue replaced by other means, Knee

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12. Orthopedic Liaison Committee January 5, 2007 and Medical Advisory Committee April 19, 2007.

Government Agency; Medical Society; and Other Authoritative Publications

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2. Blue Cross and Blue Shield of Kansas Orthopedic Liaison Committee, January 10, 2007 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-01-07).
3. Blue Cross and Blue Shield of Kansas Medical Advisory Committee meeting, April 19, 2007 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-01-07).
4. Winifred Hayes, Inc. Hayes Medical Technology Directory; Mechanical Stretching Devices and Continuous Passive Motion for Joints of the Extremities. July 2005.