Medical Necessity Guidelines: Continuous Passive Motion (CPM) Device – Extension Beyond 21 Days

Effective: June 17, 2020

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request.	**Yes ☒ No ☐**

Applies to:
COMMERCIAL Products
☒Tufts Health Plan Commercial products; Fax: 617.972.9409
☒Tufts Health Freedom Plan products; Fax: 617.972.9409
- CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

TUFTS HEALTH PUBLIC PLANS Products
☒Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax:888.415.9055
☒Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055
☒Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404
☒Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304
*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

SENIOR Products
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List
- Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW

Continuous passive motion (CPM) device is a treatment modality in which joint motion is provided by a device, without causing contraction of muscle groups.

CLINICAL COVERAGE CRITERIA

Initial use of a CPM device is covered without prior authorization for twenty-one days for each lower extremity within a 365-day period.

For upper extremity coverage, refer to the Medical Necessity Guidelines for Continuous Passive Motion (CPM) Machine-Upper Extremity.

The use of a CPM device beyond the initial twenty-one days requires prior authorization.
Tufts Health Plan may authorize coverage of CPM device beyond the initial coverage period when all of the following criteria are met:
- The Member has undergone one of the following surgical procedures: total joint arthroplasty, revision total joint arthroplasty, joint manipulation under anesthesia or surgical release arthrofibrosis; OR the Member is in the non-weight bearing stage following intra-articular cartilage repair (including microfracture, autologous chondrocyte implantation, chondroplasty of focal cartilage deficit, intra-articular fracture, abrasion arthroplasty and osteochondritis dessicans)
- Progressive improvement in the Member's active and passive range of motion (ROM)
- The Member is using the device for at least 4 hours per day
- Concomitant therapy involvement, such as a concurrent home exercise plan (HEP) or skilled physical therapy
- The CPM Request for Coverage Extension is completed by the treating physical therapist or Physician and submitted for review. The status report is to include the following information:
  - Member's active and passive ROM, including initial and most current measurements
  - Member's current functional level
  - Clear documentation as to why standard physical therapy is either contraindicated or not likely to be as effective as continued CPM therapy

- Documentation of non-weight bearing status, including timeframe, if applicable.

LIMITATIONS

Tufts Health Plan does not cover the use of CAMO®ped[1]. CAMO®ped is a device that may be used as a substitute for traditional CPM. It is considered experimental and investigative.

CODES

Code	Description
E0935	Continuous passive motion exercise device for use on knee only
E0936	Continuous passive motion exercise device for use other than knee

REFERENCES

1. Genzyme. Carticel® (Autologous Cultured Chondrocytes): Steps to success: a guide to knee rehabilitation. 2003.
2. Centers for Medicare & Medicaid Services (CMS) [website]. Medicare Coverage Database. NCD for Durable Medical Equipment (DME) reference list (280.1). Retrieved on July 30, 2009 from: cms.hhs.gov/mcd/viewncd.asp?ncd_id=280.1&ncd_version=2&basket=ncd%3A280%2E1%3A2%3ADurable+Medical+Equipment+Reference+List
3. Hayes, Inc. CAMO®ped controlled active motion device for postoperative rehabilitation of the lower extremity. Search and Summary. May 30, 2006.
4. Hayes, Inc. Mechanical stretching devices and continuous passive motion for joints of the extremities. Hayes Directory. July 7, 2005.
5. Hayes, Inc. Mechanical stretching devices and continuous passive motion for joints of the extremities. Hayes Directory. Update Search. August 7, 2008.
6. Baloch N, Zubairi AJ, Rashid RH, Hashmi PM, Lakdawala RH. Effect of continuous passive motion on knee flexion range of motion after total knee arthroplasty. *J Pak Med Assoc.* 2015;65(11 Suppl 3):S32-34.
7. Gatewood CT, Tran AA, Dragoo JL. The efficacy of post-operative devices following knee arthroscopic surgery: a systematic review. *Knee Surg Sports Traumatol Arthrosc.* 2017;25(2):501-516.
8. Karnes JM, Harris JD, Griesser MJ, Flanigan DC. Continuous passive motion following cartilage surgery: does a common protocol exist? *Phys Sportsmed.* 2013;41(4):53-63.

APPROVAL HISTORY

October 1999: Reviewed by the Medical Technology Assessment Committee

Subsequent endorsement date(s) and changes made:

- May 2000: Renewed
- October 2001: Renewed
- July 2002: Revised: Additional covered diagnosis added: flexor tendon repair of finger
- October 3, 2003: Revised: Initial authorization period for autologous chondrocyte transplant increased to four weeks.
- February 6, 2004: Requirements for continued authorization clarified
- March 30, 2004: Additional covered diagnosis added: post-tibial plateau fracture.
- March 30, 2005: Reviewed and renewed. Form added November 1, 2005.
- June 15, 2006: Added coverage for the following diagnoses: Patello-femoral arthroplasty, abrasion arthoplasty, microfracture chondroplasty, and mosaicplasty/osteochondral autograft transfer system (OATS)
- February 28, 2007: Reviewed and renewed, 'Authorization Periods' clarified.
- November 13, 2007: Specific criteria for extension of coverage added.
- February 27, 2008: Reviewed and renewed without changes.
- March 16, 2009: Reviewed and renewed without changes.
- August 31, 2009: Coverage of continuous passive motion machine for the treatment of the knee changed to covered without Prior Authorization for a 21-day benefit period.
- January 21, 2010: Wording of "21 day auth period" (per year) clarified.
- May 2010: Reviewed by Medical Affairs and Medical Policy. Administrative changes made Precertification Dept. will now review, specifically a Physical Therapist; all diagnoses will be

[1] CAMO®ped is a trademark or registered trademark of OPED, Inc.

covered for 21 days per year without prior authorization; treatment beyond 21 days for all diagnoses will require prior authorization. Effective date October 1, 2010.
- April 2011: Reviewed by MSPAC. No changes.
- September 12, 2012: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), and renewed without changes.
- December 28, 2012: For a January 1, 2013 effective date, reviewed by IMPAC, Continuous Passive Motion Machine (CPM) for the Upper Extremity has a separate medical necessity guideline effective January 1, 2013.
- November 25, 2013: Reviewed by IMPAC, renewed without changes
- May 14, 2014: Reviewed by IMPAC: Documentation of passive ROM is now required. CPM device extension request form can now also be completed by a Physician. Medical Director review is not required.
- October 8, 2014: Reviewed by IMPAC, renewed without changes
- November 26, 2014: Adopted by Tufts Health Plan – Network Health Commercial Plans and Tufts Health Plan – Network Health Medicaid Plans.
- September 9, 2015: Reviewed by IMPAC, renewed without changes
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- August 10, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- September 13, 2017: Reviewed by IMPAC, renewed without changes
- July 25, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- June 19, 2019: Reviewed by IMPAC, renewed without changes
- June 17, 2020: Reviewed by IMPAC, renewed without changes
- June 24, 2020: Fax number for Unify updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.