

## Medical Necessity Guidelines: Continuous Passive Motion (CPM) Machine – Upper Extremity

Effective: June 17, 2020

<b>Prior Authorization Required</b>	<b>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	
<p><b>Applies to:</b>  <b>COMMERCIAL Products</b>  <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409  <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409            • CareLink<sup>SM</sup> – Refer to <a href="#">CareLink Procedures, Services and Items Requiring Prior Authorization</a></p> <p><b>TUFTS HEALTH PUBLIC PLANS Products</b>  <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055  <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055  <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404  <input checked="" type="checkbox"/> 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.</p> <p><b>SENIOR Products</b>            • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the <a href="#">Tufts Health Plan SCO Prior Authorization List</a>            • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the <a href="#">Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</a></p>	
<p><b>To obtain InterQual® SmartSheets™:</b></p> <ul style="list-style-type: none"> <li>• <b>Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products:</b> If you are a registered Tufts Health Plan provider <a href="#">click here</a> to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404.</li> <li>• <b>Tufts Health Public Plans products:</b> InterQual SmartSheet(s) available as part of the prior authorization process.</li> </ul>	

**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.

Tufts Health Plan requires the use of an InterQual® SmartSheet™ to obtain prior authorization for Continuous Passive Motion (CPM) Machine – Upper Extremity. Use Continuous Passive Motion (CPM) Machine – Extension Beyond 21 Days for all other diagnoses.

The appropriate InterQual SmartSheet “Continuous Passive Motion (CPM) Device, Upper Extremity: Continuous Passive Motion Exercise Device for Use Other Than Knee”, must be completed and faxed to the appropriate fax number listed above according to Plan.

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

### CODES

The following HCPCS code requires prior authorization

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

### APPROVAL HISTORY

October 10, 2012: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC) for a January 1, 2013 effective date

Subsequent endorsement date(s) and changes made:

- November 25, 2013: Reviewed by IMPAC, renewed without changes
- October 8, 2014: Reviewed by IMPAC, renewed without changes
- November 19, 2014: Reviewed by IMPAC. Effective February 1, 2015, name of new InterQual® SmartSheet™ clarified and a Note added: Initial use of a CPM device is covered without prior authorization for twenty-one (21) days for each upper extremity within a 365 day period.
- January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.
- 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.
- September 9, 2015: Reviewed by IMPAC, renewed without changes
- 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
- December 3, 2018: 2018.2 Interqual upgrade for Tufts Health Commercial products including Tufts Health Freedom Plan. Effective December 17, 2018, Interqual upgrade is effective for Tufts Health Direct and Tufts Health Together. Effective January 14, 2019, Interqual upgrade effective for Tufts Health RITogether.
- 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.

[Provider Services](#)