



## Continuous Passive Motion (CPM) Devices

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P&P # C.11.15

### A. Documentation Required:

To facilitate the authorization process referral requests must include the following:

1. Documentation of planned surgery for total knee arthroplasty or replacement; **OR**
2. Surgical release or manipulation under anesthesia of adhesive capsulitis of the shoulder, knee, hip or elbow; **OR**
3. ACL repair and inability to participate in PT; **OR**
4. Patient is NWB post-operatively after **ONE** of the following procedures:
  - a. Autologous chondrocyte transplantation (OATs procedure) or microfracture procedures; **OR**
  - b. Knee surgery on focal cartilage defects or intraarticular cartilage fractures; **OR**
  - c. Osteochondritis dissecans; **OR**
  - d. Intraarticular knee fracture surgical repair (e.g. tibial plateau fracture).

### B. Criteria for Medical Necessity:

**Continuous passive motion devices** are considered medically necessary post-operatively if **BOTH** of the following criteria are met:

1. Continuous passive motion (CPM) devices are medically necessary for **ONE** of the following indications:
  - a. Total knee arthroplasty (TKA, a.k.a., replacement) and TKA revision in patients who, because of medical or surgical complications, cannot fully participate in early mobilization after surgery, (i.e., participation is limited or contraindicated); **OR**
  - b. Treatment of arthrofibrosis/adhesive capsulitis after surgical release or operative manipulation under anesthesia for any joint (e.g., knee, shoulder, hip, elbow) until patient is actively participating in physical therapy; **OR**
  - c. Anterior cruciate ligament (ACL) repair until able to participate actively in a physical therapy program; **OR**
  - d. While patient is non-weight bearing post-operatively for **ONE** of the following procedures,
    - i. Autologous chondrocyte transplantation (OATs procedure) or microfracture procedures; **OR**
    - ii. Knee surgery on focal cartilage defects or intraarticular cartilage fractures; **OR**
    - iii. Osteochondritis dissecans; **OR**
    - iv. Intraarticular knee fracture surgical repair (e.g. tibial plateau fracture); **AND**
2. Home CPM therapy must start within 3 days following surgery and will be covered for a maximum of 21 days.

### C. Indications Considered Experimental, Investigational or Not Medically Necessary:

1. Use of CPM devices for:
  - a. Treatment of breast cancer related lymphedema;
  - b. Rehabilitation following total hip replacement;
  - c. Rehabilitation following shoulder surgery for rotator cuff repair or shoulder arthroplasty;
  - d. Rehabilitation following quadriceps tear;
  - e. Rehabilitation following back surgery;
  - f. Rehabilitation following burns;
  - g. Rehabilitation following distal radial fractures;
  - h. Treatment of contractures related to paralysis.
2. Combined cold compression therapy devices (e.g., Kinex ThermoComp™)
3. Mechanical compression devices.

**CPT/HCPCS CODES**

E0935	Continuous Passive Motion Exercise Device for use on knee only
E0936	Continuous Passive Motion Exercise Device for use other than knee.

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