Subject: Continuous Passive Motion Devices*

Effective Date: March 27, 2007

Department: Utilization Management

Policy: Continuous Passive Motion Devices are reimbursable under plans administered by QualCare, Inc. when eligible member benefit is in place and medical necessity exists.

Objective: To assure proper and consistent reimbursement for a medically necessary use of continuous passive motion devices and to delineate criteria that provides evidence of that medical necessity.

Procedure: Continuous passive motion devices (commonly referred to as CPM machines) are used for the maintenance or restoration of joint range of motion (ROM). During CPM therapy, the joint area is secured to the CPM device, which then moves the affected joint through a prescribed arc of motion for an extended period of time.

QualCare members with a DME benefit are eligible for home CPM coverage for any of the following Indications in the early phase of rehabilitation:

CPM Therapy may be approved for the following:

2. Post total knee arthroplasty or revision as an adjunct to on-going physical therapy.
3. Post release of arthrofibrosis/adhesive capsulitis of the knee requiring manipulation under anesthesia.
CPM Therapy will not be covered or limited by the following:

1. CPM must be initiated within 72 hours of surgery (usually within 24-48) and is typically utilized for a period of 7-10 days (not to exceed 21 days [3 weeks]). Continued use beyond 21 days has not been shown to be effective and is therefore not considered to be medically necessary.
2. CPM is not considered medically necessary for the treatment of degenerative joint diseases and/or chronic contractures.
4. CPM is not covered for any of the following:
   - As prophylaxis for thromboembolism.
   - Temporomandibular joint disorder.
   - Vertebral use.
5. No consideration will be given to any request for CPM use post 72 hours of a procedure.
6. Coverage will not be provided for any joint other than those listed above.

References:


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Approved By/Date: Quality Management Committee/March 27, 2007
Revised By/Date: M McNeil, MD 08/27/12
Approved By/Date: QM Committee 09/11/2012
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Approved By/Date: QM Committee 12/9/14

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.