

BENEFIT COVERAGE POLICY

Title: BCP-82 Continuous Passive Motion (CPM) Machine

Effective Date: 10/01/2024

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

The Health Plan covers Continuous Passive Motion (CPM) machines when clinical criteria as described in InterQual® are met.

CPM machines require prior approval for the health service being provided.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to the member's benefit coverage document for specific benefit descriptions, guidelines, coverage, and exclusions.

2.0 Background:

Continuous passive motion (CPM) devices are designed to aid recovery following surgery or injury to joints or associated tissues. Movement of the joint is provided by a motorized device, which makes it passive rather than active motion. While some CPM devices attach to a bed frame and must be used with the individual lying down, other CPM devices are portable, and battery-operated for home use. CPM is proposed for use initially following surgery or injury along with standard physical therapy (PT).

3.0 Clinical Determination Guidelines:

- A. Continuous Passive Motion (CM) machines are considered medically necessary and appropriate when InterQual® criteria are met.
- B. Non-covered services
 1. Exclusion due to being experimental/investigational/unproven and excluded by benefit plan language is:
 - a. Use of the CPM machine for other joints or joint conditions, not covered by InterQual® criteria sets, including the hip, ankles, toes, fingers, etc.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6 = ASO group L0002011; 7 = ASO group L0001269 Union Only; 8 = ASO group L0002184; 9 = ASO group L0002237, 10 = ASO group L0002193.

COVERED CODES			
Code	Description	Prior Approval	COC Reference
E0935	Continuous passive motion exercise device for use on knee only	Y	Durable Medical Equipment
E0936	Continuous passive motion exercise device for use other than knee	Y	Durable Medical Equipment

5.0 Unique Configuration/Prior Approval/Coverage Details:

None

6.0 Terms & Definitions:

None

7.0 References, Citations & Resources:

InterQual® - Continuous Passive Motion Device (CPM), Knee

InterQual® - Continuous Passive Motion Device (CPM), Upper Extremity

8.0 Associated Documents [For internal use only]:

Policy and Procedure (P&P) – [MMP-02 Transition and Continuity of Care](#) , [MMP-09 Benefit Determinations](#), [UMP-02 Peer to Peer Conversations](#)

Standard Operating Procedure (SOP) – [MMS-03 Algorithm for Use of Criteria for Benefit Determinations](#), MMS-45 UM Nurse Review, [MMS-52 Inpatient Case Process in CCA](#), [MMS-53 Outpatient Case Process in CCA](#)

Sample Letters –TCS Approval Letter; Clinically Reviewed Exclusion Letter; Partial Coverage, Partial Non-Coverage Letter; Specific Exclusion Denial Letter; Lack of Information Letter

Request Form – Out of Network/ Prior Authorization

9.0 Revision History

Next Review Date: 10/01/2025

Revision Date	Reason for Revision
8/24	Annual review, updated InterQual reference, reformatted associated documents section.