

<b>MEDICAL POLICY</b>	<b>Continuous Passive Motion Device (CPM) in the Home Setting (Medicare Only)</b>
<b>Effective Date: 3/1/2021</b>	Medical Policy Number: 83
 3/1/2021	Medical Policy Committee Approved Date: 2/2020; 2/2021
Medical Officer	Date

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Medicare Only

**MEDICARE POLICY CRITERIA**

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Continuous Passive Motion Device for patients who have received a total knee replacement</i>	National Coverage Determination (NCD): Durable Medical Equipment Reference List ( <a href="#">280.1</a> ) <sup>1</sup>

*Per the [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Continuous Passive Motion (CPM) Device in the Home Setting (All Lines of Business Except Medicare)**, applies to the following services:*

- Continuous passive motion devices for uses other than rehabilitation after total knee replacement

<b>MEDICAL POLICY</b>	<b>Continuous Passive Motion Device (CPM) in the Home Setting (Medicare Only)</b>
-----------------------	-------------------------------------------------------------------------------------------

**CPT/HCPCS CODES**

<b>Medicare Only</b>	
No Prior Authorization Required	
E0935	Continuous passive motion exercise device for use on knee only
Not Covered	
E0936	Continuous passive motion exercise device for use other than knee

**INSTRUCTIONS FOR USE**

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days’ notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

**REGULATORY STATUS**

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

**REFERENCES**

- Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190>. Published 2005. Accessed 12/21/2020.