Medicare Medical Policy

Continuous Passive Motion Device in the Home Setting

MEDICARE MEDICAL POLICY NUMBER: 83

Effective Date: 3/1/2025

Last Review Date: 2/2025

Next Annual Review: 2/2026

INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. 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. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

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

PRODUCT AND BENEFIT APPLICATION

☒ Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Service	Medicare Guidelines
Continuous Passive Motion (CPM) Devices (all indications)	National Coverage Determination (NCD): Durable Medical Equipment Reference List (280.1) See "*Policy Guidelines*" below for notes regarding utilization and for members who have a knee replacement procedure on both knees within the same year. Use of the -LT/RT modifiers to identify laterality is strongly recommended (see *"Billing Guidelines"* below for more information).

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A).* If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. *(Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021)*

POLICY CROSS REFERENCES

None

The full Company portfolio of Medicare Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

BACKGROUND

"Continuous Passive Motion devices are used to exercise joints following injury or surgery."[1] The purpose of CPM is to restore the range of motion of a joint to its pre-treatment level and prevent scarring that can result in a loss of joint mobility. The therapy is called "passive" because the intention is for the machine to do the physical movement of the limb to move the joint, rather than the patient move the joint on their own body power.

According to Noridian:[1]

> "… the equipment must be capable of continuous passive motion of the affected limb. These characteristics mean that the device must have inherent within itself the ability to move the affected limb:
>
> - in an appropriate plane of motion
> - in a continuous fashion
> - at the same rate of speed
> - for a prescribed length of time
> - with adjustable limits of range of motion
> - with an identical range of motion in each cycle
> - without any input from the patient by the contralateral or other limbs
> - with easily accessible safety or cutoff switches
>
> "These characteristics require that the device be electrically powered, either by AC current or battery. Battery powered models must have an AC adapter for long term use."

Based on the above requirements, stationary bikes and similar items would not meet the requirements to be classified as a CPM device as they require "input" or assistance by the contralateral limb.

According to NCD 280.1, coverage of CPM devices is **only** allowed for:

1. Up to 3 weeks (21 days) (per knee); and,
2. Following a total knee replacement ***or*** following the revision of a major component of a previous total knee replacement.[2]

Based on NCD 280.1, the use of a CPM device any other indication (e.g., shoulder), or for longer periods of time, would be considered **not medically reasonable or necessary** for Medicare under *Social Security Act, §1862(a)(1)(A)*.

If a claim is denied due to an individual having a prior knee replacement surgery, and the denied CPM device claim is for a knee replacement for the *opposite* knee ***or*** it is for a revision of a prior knee replacement procedure (see above bullets), the denial may be reviewed and overturned on appeal.

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

GENERAL

CPM machines must meet all the above characteristics (see Policy Guidelines) in order to be coded as E0935 or E0936.[1]

Since under NCD 280.1, coverage of CPM devices is **not** allowed for any indication *other than* post-knee replacement surgical procedures, then HCPCS code E0936 is considered **not medically necessary**.

According to communication received from the Medicare Pricing, Data Analysis and Coding (PDAC) Contractor, the PortableConnect® device by ROMTech would be appropriately reported using HCPCS code(s) A9300 *(Exercise equipment)* and/or A9279 *(Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified)*. Therefore, neither E0935 nor E1399 should be used to report for this equipment/device.

RT AND LT MODIFIERS

The use of modifiers to identify laterality (RT and LT) is strongly recommended. While the use of RT or LT modifier doesn't affect reimbursement, and may not guarantee avoidance of a denial entirely, including these modifiers may allow for a more expedited provider reconsideration review, and ultimately, more timely claim adjustments when needed.

CODES*		
CPT	None	
HCPCS	E0935	Continuous passive motion exercise device for use on knee only
	E0936	Continuous passive motion exercise device for use other than knee

***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, "presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare." The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. *(Medicare Claims Processing Manual, Chapter 23 – Fee Schedule Administration and Coding Requirements, §30 – Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services)*

- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Noridian Healthcare Solutions, Inc. Continuous Passive Motion Machine Coding Guidelines. Last Updated: November 21, 2023. https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/continuous-passive-motion-machine-coding-guidelines. Last accessed: 12/27/2024.
2. Noridian Healthcare Solutions, Inc. Payment Rules – Continuous Passive Motion Machines – Revised. 2022. https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/payment-rules-continuous-passive-motion-machines. Last accessed 12/27/2024.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Annual review, no changes. Converted to new policy template.
3/2024	Annual review, no change to criteria.
3/2025	Annual review, no change to criteria. Add notes regarding intent for members with knee replacements on both knees within the same year.