

**Policy terminated because coverage is provided under
NCHC Durable Medical Equipment and Supplies**

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1.0 Description of the Procedure, Product, or Service

Physical therapy of joints following surgery focuses on both passive motion to restore mobility and active exercises to restore strength. While passive motion can be administered by a therapist, continuous passive motion (CPM) devices have also been used. Continuous passive motion is thought to improve recovery by stimulating the healing of articular tissues and circulation of synovial fluid, reduce local edema, and prevent adhesions; joint stiffness or contractures; or cartilage degeneration. CPM has been most thoroughly investigated in the knee, particularly after total knee arthroplasty or ligamentous repair, but its acceptance in the knee joint has created interest in extrapolating this experience to other weight-bearing joints (i.e., hip, ankle, metatarsals) and non-weight-bearing joints (i.e., shoulder, elbow, metacarpals, and interphalangeal joints). Use of CPM in stroke and burn recipients is also being explored.

The device moves the joint (e.g., flexion/extension) without recipient assistance continuously for extended periods of time, i.e., up to 24 hours/day. An electrical power unit is used to set the variable range of motion (ROM) and speed. The initial settings for ROM are based on a recipient's level of comfort and other factors that are assessed intra-operatively. The ROM is increased by 3-5 degrees per day, as tolerated. The speed and range of motion can be varied, depending on joint stability. The use of the device may be initiated in the immediate postoperative period, and then continued at home for a variable period of time.

Note: This policy does not address the use of CPM in the hospital/inpatient setting.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Continuous passive motion in the home setting may be covered under the NC Health Choice Program when it is determined to be medically necessary because the following medical criteria and guidelines below have been met.

Use of CPM in the home setting may be considered medically necessary after knee joint surgery as an adjunct to physical therapy in the following situations:

- a. Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. This may include recipients with complex regional pain syndrome (reflex sympathetic dystrophy), extensive arthrofibrosis or tendon fibrosis, or physical, mental, or behavioral inability to participate in active physical therapy.
- b. During the non-weight bearing rehabilitation period following intra-articular cartilage repair procedures of the knee (e.g., microfracture, osteochondral grafting, autologous chondrocyte implantation, treatment of osteochondritis dissecans, repair of tibial plateau fractures).

3.3 Policy Guidelines

Following total knee arthroplasty, under conditions of low postoperative mobility or inability to comply with rehabilitation exercises, CPM in the home setting will be allowable for up to 17 days after surgery while recipients are immobile or unable to bear weight.

Following intra-articular cartilage repair procedures of the knee, CPM in the home setting will be allowable for up to six (6) weeks during non-weight bearing rehabilitation.

Current postoperative rehabilitation protocols are considerably different than when the largest body of evidence was collected, making it difficult to apply the available evidence to the present situation. Recent literature suggests that home use of CPM has minimal benefit when combined with standard physical therapy after total knee arthroplasty. However, studies conducted in a controlled hospital setting do suggest that CPM can improve rehabilitation when post-operative mobility is restricted.

Published literature is inadequate to permit scientific conclusions regarding CPM used as an adjunct to physical therapy following other joint surgeries. These would include procedures such as an Austin bunionectomy, flexor tendon healing, and other indications including CPM of the hips, shoulder (i.e., rotator cuff surgery), elbow, metacarpals, interphalangeal joints, or metatarsals either in the acute care or home setting.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or

d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

The use of continuous passive motion devices in the home setting for any joint other than the knee and for any conditions not stated in **Subsection 3.2 and 3.3** is considered investigational.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for CPM in the home setting.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
<u>October 31, 2011</u>	<u>Throughout</u>	<u>Policy Termination. Coverage for this policy is provided by NCHC policy 2011.09, Medical Equipment and Supplies.</u>

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

HCPCS Code
E0935

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

Claims for CPM in the home setting will be allowable for equipment rental for dates of service of up to 17 days following total knee arthroplasty.

Claims for CPM in the home setting will be allowable for up to six (6) weeks following intra-articular cartilage repair procedures of the knee.

F. Place of Service

Home

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.