

09-E0000-15

Original Effective Date: 12/15/02

Reviewed: 01/22/26

Revised: 02/15/26

Subject: Continuous Passive Motion Device

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Physical therapy of joints following surgery focuses both on passive motion to restore mobility and on active exercises to restore strength. While passive motion can be administered by a therapist, continuous passive motion (CPM) devices have also been used. CPM is thought to improve recovery by stimulating the healing of articular tissues and the circulation of synovial fluid; reducing local edema; and preventing adhesions, joint stiffness or contractures, or cartilage degeneration. CPM has been investigated primarily in the knee, particularly after total knee arthroplasty or ligamentous or cartilage repair. Acceptance of its use in the knee joint has created interest in CPM use for other weight-bearing joints (ie, hip, ankle, metatarsals) as well as non-weight-bearing joints (ie, shoulder, elbow, metacarpals, interphalangeal joints). Use of CPM in stroke and burn patients is also being explored.

The device used for the knee moves the joint (eg, flexion and extension) without patient assistance, continuously for extended periods of time (ie, up to 24 h/d). 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 patient's level of comfort and other factors assessed intraoperatively. The ROM is increased by three to five per day, as tolerated. The speed and ROM 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.

POSITION STATEMENT:

Use of a continuous passive motion (CPM) device in the home setting **meets the definition of medical necessity** as an adjunct to physical therapy for **ONE** the following situations:

- Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty (TKA) or TKA revision. This may include members 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.

- During the non-weight-bearing rehabilitation period following articular cartilage repair procedures of the knee (eg, microfracture, osteochondral grafting, autologous chondrocyte implantation, treatment of osteochondritis dissecans, repair of tibial plateau fractures, or anterior cruciate ligament (ACL) tear).

The use of a continuous passive motion (CPM) device is considered **experimental or investigational** for all other indications. The evidence is insufficient to determine the effects of the technology on health outcomes.

BILLING/CODING INFORMATION:

HCPCS Coding:

E0935	Continuous passive motion exercise device for use on knee only
E0936	Continuous passive motion exercise device for use other than knee (Investigational)

REIMBURSEMENT INFORMATION:

Reimbursement for the rental of a CPM device is limited to a 14-day post-operative period (beginning immediately after surgery, i.e. within 48 hours). The use of a CPM device beyond 14-days post-operatively is subject to medical review for medical necessity. The following information may be required documentation to support medical necessity: physician operative reports and physician progress notes.

LOINC Codes:

DOCUMENTATION TABLE	LOINC CODES	LOINC TIME FRAME MODIFIER CODE	LOINC TIME FRAME MODIFIER CODES NARRATIVE
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Physician operative note	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

In situations where bilateral total knee arthroplasty or anterior cruciate ligament reconstruction has occurred, rental for only one (1) CPM device is allowed.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Durable Medical Equipment Reference List (280.1) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

[Durable Medical Equipment \(DME\), 09-E0000-01](#)

[Mechanical Stretching Devices for Treatment of Joint Stiffness and Contractures, 09-E0000-47](#)

OTHER:

None applicable.

REFERENCES:

1. American Academy of Orthopaedic Surgeons. Surgical management of osteoarthritis of the knee. Evidence-based clinical practice guideline. 2015; accessed at aaos.org.
2. Blue Cross Blue Shield Association Evidence Positioning System®;1.01.10 Continuous Passive Motion in the Home Setting, 06/25.
3. Blue Cross Blue Shield Association Technology Evaluation Center (TEC). Continuous Passive Motion as an Adjunct to Physical Therapy for Joint Rehabilitation. TEC Assessments. 1997; Volume 12:Tab 20.
4. Bram JT, Gambone AJ, et al. Use of Continuous Passive Motion Reduces Rates of Arthrofibrosis After Anterior Cruciate Ligament Reconstruction in a Pediatric Population. Orthopedics. 2019 Jan 1;42(1):e81-e85. Doi: 10.3928/01477447-20181120-04. Epub 2018 Nov 28. PMID: 30484849.
5. Centers for Medicare & Medicaid Services, National Coverage Determination (NCD) for Durable Medical Equipment Reference List (280.1); accessed at cms.gov.
6. Harvey LA, Brosseau L, Herbert RD. Continuous passive motion following total knee arthroplasty in people with arthritis. Cochrane Database Syst Rev. Mar 17 2010(3):CD004260.
7. Jaspers T, Taeymans J, et al. Continuous Passive Motion Does Improve Range of Motion, Pain and Swelling After ACL Reconstruction: A Systematic Review and Meta-Analysis. Z Orthop Unfall. 2019 Jun;157(3):279-291. Doi: 10.1055/a-0710-5127. Epub 2018 Oct 15. PMID: 30321902.
8. Liao CD, Tsauo JY, et al. Preoperative range of motion and applications of continuous passive motion predict outcomes after knee arthroplasty in patients with arthritis. Knee Surg Sports Traumatol Arthrosc. 2019 Apr;27(4):1259-1269. Doi: 10.1007/s00167-018-5257-z. Epub 2018 Dec 7. PMID: 30523369.
9. Milne S, Brosseau L, Robinson V, et al, Continuous Passive Motion Following Total Knee Arthroplasty, Cochrane Database Syst Rev. Jun 2003(2):CD004260.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 01/22/26.

GUIDELINE UPDATE INFORMATION:

12/15/02	Medical Coverage Guideline Reformatted; limitations revised.
10/15/04	Scheduled review; no change in coverage statement.
01/01/06	Annual HCPCS coding update: revise E0935.
01/01/07	Annual HCPCS coding update: add E0936.
09/15/07	Review, coverage statements maintained, guideline reformatted, references updated.
07/01/11	Revision; formatting changes.
05/11/14	Revision: Program Exceptions section updated.
09/15/16	Revision; description, position statements, and references updated; formatting changes.
07/15/18	Revision; coverage maintained; description, position statements, and references updated; formatting changes.
09/15/19	Review; Position statements maintained and references updated.
10/15/20	Review; Position statement and references updated.
06/15/22	Review: Position statements maintained; references updated.
06/15/24	Review: Position statements maintained; description and references updated.
021/15/26	Position statements maintained.