



CPM Reimbursement Guide

Continuous Passive Motion (CPM) is used during the first phase of rehabilitation following a soft tissue surgical procedure or trauma. The postoperative treatment method has been practiced for more than 30 years. It is designed to aid recovery after joint surgery.

It has been proven to:

- Reduce post-operative pain and swelling
- Prevent joint stiffness
- Maintain and increase Range of Motion (ROM)
- Prevent intra-articular adhesions (scar tissue) and extra-articular contractures (shortening of a muscle or tendon)

The CPM device constantly moves the patient's joint through a controlled range of motion. The movement is a slow and rhythmic pattern for an extended period of time. This is done passively so as not to engage the patient's muscles around the repaired site. The continuous motion aids joint flexibility and increases the patient's range of motion, reducing the risk of complications.

HCPCS Code	Category	Common Diagnosis
E0935—Exercise Device Passive Motion	Rental—Daily Approx. \$22 /day	V43.65 Joint Replacement Knee 274.86 or 274.87 Revision of a Total Knee Replacement/Arthroplasty





[DME PROVIDER HANDOUT]

CPM Coverage Information

Requires a detailed written order.

Covered if the following criteria are met:

- Patient has had a total knee replacement surgery or a total knee revision surgery. A revision surgery repairs a malfunctioning mechanical part and is not for knee manipulation purposes.
- Usage began within 48 hours from the date of surgery.

Note 1: When billing for a CPM device, the “from” and “to” dates on the claim line should reflect the actual days the CPM device was used in the home. The units of service should be the number of days in the date span, including the first home use date and the last home use date.

The following should be entered into the HA0 (narrative) record of an electronic claim:

- DOS—Date of Surgery
- OD—Onset Date (date CPM was initiated in the hospital)
- DOD—Date of Discharge (from a facility to the home)

If this information is missing, the claim will be denied as not medically necessary.

The maximum number of dates for CPM device rental is twenty-one (21). Medicare does not pay for CPM use while the beneficiary is in the hospital. Medicare will deny any days in excess of the allowed 21 days, even if the device was ordered by the physician.

Note 2: Delivery, set-up, pickup and softgoods charges are already included in the rental reimbursement rate.

Documentation Requirements:

In addition to the basic Medicare documentation (proof of delivery, AOB –assignment of benefits, detailed written order, etc.):

- There must be documentation of a qualifying diagnosis.
- The detailed written order form must contain the patient's name, the start date of the order, a description of the item, and a length of need if the product provided is a rental item.