



**KAISER PERMANENTE**<sup>®</sup>  
Mid-Atlantic States

## **Continuous Passive Motion (CPM Machines) Medical Coverage Policy**

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### **UTILIZATION \* ALERT\***

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
  - For Medicare members, please refer to Medicare Coverage Database requirements.
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**I. Procedure / Service:** Continuous Passive Motion (CPM)

**II. Specialty:** Orthopedics, Physical Therapy

**III. Clinical Indications for Referral**

- A.** CPM may be indicated and covered for repeat or high-risk surgery, post manipulation of shoulder, knee, elbow, and other joints, in conjunction with physical therapy.
- B.** Use of CPM machine beyond 21 days post operatively is not supported by medical literature and therefore not covered.
- C.** CPM is considered investigational and experimental and not covered for treatment of low back pain or trauma, rotator cuff repair, Temporo-Mandibular Joint (TMJ) repair, or any indication other than those listed under section **A** above.



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**Approval History**

<b>Date approved by RUMC*</b>	<b>Date filed with the State of Maryland</b>	<b>Date of Implementation (Ten days after filing)</b>
11/18/2012	11/21/2012	12/02/2012
11/19/2013	11/21/2013	12/02/2013
11/24/2014	11/25/2014	12/05/2014
11/18/2012	11/21/2012	12/02/2012

**Approval History**

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

<b>Date approved by RUMC*</b>	<b>Date of Implementation</b>
11/23/2016	11/23/2016
11/21/2017	11/21/2017
10/15/2018	10/15/2018
10/29/2019	10/29/2019
10/15/2020	10/15/2020



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10/19/2021	10/19/2021
09/23/2022	09/23/2022
08/24/2023	08/24/2023
10/25/2023	10/25/2023
10/28/2024	10/28/2024

\*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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