

**DURABLE MEDICAL EQUIPMENT MANUAL**

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2025

**Continuous Passive Motion Exercise (CPM)**

**Indications and limitations of coverage and medical appropriateness:**

Use on the **knee only** (E0935).

Coverage allowed if **all** criteria below are met:

- Total knee replacement.
- Use of the device must start within two days following surgery.
- Allowance of three weeks maximum from the date of surgery.

**Documentation Requirements:**

- Type of knee surgery performed,
- Date of the surgery,
- Date of application of the CPM,
- Date of discharge from the hospital
- A prescription from a prescribing physician/practitioner.
- Physician/practitioner exam within 90 days of the service authorization start date
- Physician/practitioner’s documentation needs to address medical necessity.
- Supplemental documentation from other disciplines may be submitted as additional supporting documentation.

**Non-covered:**

- CPM treatment started during hospitalization is non-covered through DME as covered in the member’s hospital stay.

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Service Authorization Required: Yes

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<b>Date Revised</b>	<b>Revisions</b>
February 2017	Reviewed and revised.
January 3, 2020	Reviewed. Added new Department logo. Added clarification to Docs. Requirements - A prescription from prescribing physician/practitioner, Physician/practitioner exam within 90 days of the service authorization start date, Physician/practitioner's documentation needs to address medical necessity.
December 22, 2022	Reviewed and reformatted. Updated with a new logo.
November 29, 2023	Reviewed and reformatted. No changes made.
December 17, 2025	Reviewed and reformatted. Removed the "CMN Required" from the header section.