

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: CONTINUOUS PASSIVE MOTION DEVICES

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for the medically necessary use of Continuous Passive Motion devices (CPM).

POLICY:

Appropriate use of CPMs is limited to:

1. Post operative use after total knee replacement surgery (knee arthroplasty) AND
 - a. Applied within 48 hours of surgery
 - b. Duration of use is limited to 21 days after surgery

For all other uses, CCHP considers the current role to be uncertain. Based on review of existing evidence, there are currently no other clinical indications for when this technology is proven beneficial.

Effective: 5/16

Revised: 2/2020

Reviewed: 10/2020

Q: \CCHP Leadership\Utilization Management Medical Policies\APPROVED MEDICAL UM POLICIES\Continuous Passive Motion Devices Medical UM Policy
Developed by: CCHP Medical Directors and Executive Director Health Plan Clinical Services

REFERENCES

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