

Infant Home Apnea Monitor

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Acquisition by purchase only, NO rentals.

Purpose:

This policy addresses Infant Home Apnea Monitor.

Description & Definitions:

Pediatric Home Apnea Monitor is a device that detects the cessation of breathing in addition to monitoring respiratory and heart rates, patterns and blood oxygen concentration with visual and audible alarms. Monitors used for individuals up to 12 months of age.

Criteria:

Pediatric home apnea monitor is considered medically necessary for **1 of more of the following:**

- A brief unexplained event (BRUE) (until event free for 2 to 3 months). BRUE is defined as an event occurring in an infant < one (1) year of age when the observer reports a sudden, brief, and now resolved episode of **1 or more of** the following:
 - Apnea (absent, decreased or irregular)
 - Color change (Cyanotic, pallid, or erythematous)
 - Marked change in muscle tone (usually limpness- hyper or hypotonia)
 - Altered level of responsiveness
- Tracheostomy
- Congenital anomalies, at risk of airway obstruction
- Neurologic or metabolic disorders affecting respiratory control (e.g. congenital hypoventilation, obstructive sleep apnea, central apnea, obstructive airway disease)
- Bronchopulmonary dysplasia/chronic lung disease of infancy with oxygen dependency
- Infant with apnea of prematurity up to 43 weeks postconceptual age OR event free for two weeks (whichever comes first) with **ALL of the following:**
 - Infant with early home discharge prior to term (38 weeks)
 - Symptoms including **1 or more of the following:**
 - Sudden cessation of breathing that lasts at least 20 seconds

- Sudden cessation of breathing accompanied by bradycardia (heart rate less than 80 beats per minute)
- Oxygen desaturation (less than 90% or cyanosis)
- Discharge home on a weaning schedule from narcotics
- Apnea/Bradycardia on caffeine, theophylline, or similar agents until event free for 2 weeks off medication
- Those with a diagnosis of pertussis with positive cultures. If monitored for pertussis, use of monitor is considered medically necessary for up to one (1) month post diagnosis
- Diagnosis of gastroesophageal reflux disease (until event free for 6 weeks) with **1 or more of the following:**
 - Apnea lasting at least 20 seconds
 - Bradycardia (heart rate less than 80 beats per minute)
 - Oxygen desaturation (less than 90%, or cyanosis)
- Later sibling of infant who died of sudden infant death syndrome (SIDS) until 1 month older than the age at which the earlier sibling died and they remain event free

The following Infant Home Apnea Monitor supplies do not meet the definition of medical necessity, to include but not limited to:

- Apnea mattresses
- Displacement pads

Coding:

Medically necessary with criteria:

Coding	Description
E0618	Apnea monitor, without recording feature
E0619	Apnea monitor, with recording feature

Considered Not Medically Necessary:

Coding	Description
	None

Document History:

Revised Dates:

- 2022: August
- 2021: November
- 2019: November
- 2015: March
- 2012: March
- 2011: March
- 2010: March

Reviewed Dates:

- 2023: August
- 2020: November
- 2019: December
- 2018: May
- 2017: September
- 2016: March

- 2014: April
- 2013: March
- 2009: February

Effective Date:

- March 2008

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Monitor, Apnea, Home Use. (2023, Jul 31). Retrieved Jul 31, 2023, from Food and Drug Administration

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Pediatric Home Apnea Monitor, SHP Durable Medical Equipment 22, apparent life-threatening event, ALTE, apnea, Tracheostomy, Neurologic or metabolic disorders, sudden infant death syndrome, SIDS, gastroesophageal reflux disease, Cyanosis, pallor, Oxygen desaturation, chronic lung disease, prematurity, brief unexplained event, BRUE, Congenital anomalies, congenital hypoventilation, obstructive sleep apnea, central apnea, obstructive airway disease, Bronchopulmonary dysplasia, chronic lung disease of infancy