Sentara® Health Plans

Medicaid

Infant Home Apnea Monitor, DME 22

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Effective Date	03/2008
Next Review Date	09/2025
Coverage Policy	DME 22
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Reimbursement for apnea monitors will be discontinued when a clinical evaluation (including neurological, developmental and physical examinations) shows that the initial problems or conditions requiring the monitor have been resolved or stabilized. Reimbursement will be discontinued when one of the following scenarios occurs:

- **The individual has been free of events requiring stimulation or resuscitation for 2-4 months.**
- **The individual has experienced significant stressors such as respiratory illness or immunizations without apnea.**
- **There is normalization of a previously abnormal respiratory pattern or no prolonged apnea episodes for 2-4 months.**

Description & Definitions:

This policy addresses Infant 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:

Virginia Department of Medical Assistance Services. Provider Manual Title: Durable Medical Equipment
Revision Date: 1/4/2024 Chapter IV: Covered Services and Limitations. Pages 39-40.

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

- Those who have experienced a brief unexplained event (BRUE) and are NOT characterized as low risk* (see below for low risk factors). If monitored due to BRUE, use of an apnea monitor is considered medically necessary until event free **for 2-3 months** with **ALL or more of** the following:
  - BRUE 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 > **one (1) of the following:**
    - Cyanosis or pallor
    - Absent, decreased or irregular breathing
    - Marked change in tone (hyper or hyptonia)
    - Altered level of responsiveness
  - Are **NOT** being requested for **one or more of the following** Low Risk BRUE Factors

- Age> 60 days
- Prematurity with gestational age of > 32 weeks and postconceptional age of > 45 weeks.
- First BRUE (no previous BRUE ever and not occurring in clusters)
- Duration of event < one (1) minute
- No CPR required by trained medical provider
- No concerning historical features
- No concerning physical examination findings

- Apnea of prematurity, defined as sudden cessation of breathing that lasts for at least 20 seconds, or is accompanied by bradycardia (heart rate less than 80 beats per minute), or oxygen desaturation less than 90 % or cyanosis in an infant with early home discharge prior to term (38 weeks). Continued use is considered medically necessary **up to 43 weeks postmenstrual age or event free for two (2) weeks, whichever comes later**;
- Bronchopulmonary dysplasia/chronic lung disease of infancy with oxygen dependency; Respiratory control disorder such as: congenital hypoventilation, obstructive sleep apnea, central apnea, obstructive airway disease;
- Infant or child with tracheostomy;
- Those discharged home on a schedule of weaning narcotics;
- Congenital anomalies, at risk of airway obstruction;
- Those with a diagnosis of pertussis and are < six (6) months old, with positive cultures. If monitored for pertussis, use of monitor is considered medically necessary for **up to one (1) month post diagnosis**;
- Those with bradycardia on caffeine, theophylline, or similar agents, **until event free for two (2) weeks off medication;**
- Those with diagnosis of gastroesophageal reflux disease (GERD) that results in apnea (at least 20 seconds), bradycardia (heart rate less than 80 beats per minute), or oxygen desaturation (O2 saturation less than 90%, or cyanosis), **until event free for six (6) weeks**.
- Congenital anomalies, at risk of airway obstruction
- If the individual does not have any of the above diagnoses, the request will be reviewed in accordance with the following criteria below with at least **one of the following**:
    - Observed or recorded episode of prolonged apnea with no identifiable and/or treatable cause, or an inadequate response to treatment;
    - Documented apnea associated with bradycardia, cyanosis, pallor;
    - History of apnea described by parent or caretaker and documented in the medical records;
    - Evidence of abnormal respiratory control.

Guidelines for **Discontinuation** Of Monitor Reimbursement

- Unless timeframe is specified in the above criteria, initial approval for reimbursement will be for a period up to four months (120 days).
- If continued use is indicated by medical necessity, supporting and verifiable medical documentation must be submitted to DMAS or its contractor for review and service authorization.

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:

- 2024: August – no changes
- 2024: February
- 2023: August
- 2020: November
- 2019: December
- 2018: May
- 2017: September
- 2016: March
- 2014: April
- 2013: March
- 2009: February

Effective Date: March 2008

References:

Virginia Department of Medical Assistance Services. Provider Manual Title: Durable Medical Equipment Revision Date: 1/4/2024 Chapter IV: Covered Services and Limitations. Pages 39-40.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Medicaid products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - 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.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same

service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

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