

POLICY & PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Medical Necessity for Infant Apnea Monitors
PAGE: 1 of 4	REPLACES DOCUMENT: N/A
APPROVED DATE: 11/18/2015	RETIRED: N/A
EFFECTIVE DATE: 11/18/2015	REVIEWED/REVISED: 10/4/2016; 10/2/2017; 9/2018
PRODUCT TYPE: All	REFERENCE NUMBER: GA.MP.06

SCOPE:

Peach State Health Plan (PSHP) of Georgia Medical Management department

PURPOSE:

To provide medical guidelines for authorization of Infant Apnea Monitors.

POLICY:

PSHP follows the Georgia Department of Community Health Durable Medical Equipment Services, Infant Apnea Monitors authorization guidelines.

Infant apnea monitors with recording feature HCPCS-E0619 are devices that are designed to detect the cessation of breathing either directly through measurement of respiration and /or indirectly through monitoring of physiological signs such as heart rate, pulse, or blood oxygen concentration. These devices typically feature both video and audio alarm systems. Some devices may differentiate between the detection of obstructive apnea (often caused by mucous or oropharyngeal membrane) and central apnea (often caused by organ system failure). The device must be capable of recording in real-time, and have downloading capabilities to be considered for coverage.

I. Covered HCPCS®* Code

- A. E0619-Apnea Monitor, with recording feature.
- B. Apnea monitors are only reimbursed as a monthly rental (RR).

II. Coverage Guidelines:

A. Initiation of the Apnea Monitor

Infant apnea monitors are covered for infants whose medical record documents episode(s) of apnea and/or bradycardia that are considered to be apparent life-threatening events with at least one of the following indications:

1. Infants at high risk of recurrent episodes of prolonged apnea such as ex-premature infants with duration greater than 20 seconds, bradycardia (heart rate of less than 80 beats per minute) and hypoxemia (oxygen saturation below 90 percent) to start after hospital discharge, until the infant is event-free for six (6) weeks
2. Gastrointestinal reflux resulting in apnea, bradycardia, or oxygen desaturation

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3. Apnea accompanied by marked hypotonia
 4. Respiratory Syncytial Virus (RSV)
 5. Whooping cough (includes Pertussis)
 6. Infants with tracheostomies or anatomic abnormalities that compromise the airway
 7. Infants with chronic lung disease (i.e., Bronchopulmonary dysplasia), especially those requiring the use of oxygen, CPAP, or mechanical ventilation
 8. Sibling of an infant that died as a result of Sudden Infant Death Syndrome (SIDS)
- B. PSHP will reimburse the initial request for the infant apnea monitor for a maximum duration of four (4) rental months for an infant up to one (1) year of age.
- C. Children with tracheotomies will be eligible for an extended coverage period for rentals of the apnea monitor for up to twenty (20) additional months (two (2) years total) if it is still considered medically necessary by the treating physician at three (3) month intervals at which time the prior authorization must be renewed.

D. Continuation of the Apnea Monitor

Prior authorization requests for an extended rental period must include the following attachments:

1. A certificate of medical necessity (CMN) indicating the extended time period requested (no more than three (3) months permitted) with specific medical documentation that supports the continuation of medical necessity, AND
 2. A one (1) page download summary from the physician indicating the continued apnea or bradycardia events. The summary must be signed and dated by the physician.
 3. Requests for extension of coverage will be approved at a maximum of three (3) month intervals.
 4. Additional information may be requested e.g., (sleep study for members over one (1) year age, etc.) in order to make a determination that the device is still medically necessary.
- E. PSHP will only reimburse monitors that record and document in real time.
- F. The provider must download the apnea monitor results and send the report

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to the ordering physician who prescribed use of the monitor for review and signature before the device can be recertified for an extended rental period.
 G. The provider must check for member compliance through necessary home visits and the use of telephone modem.

If above criteria are met, the infant apnea monitor can be approved as medically necessary.

If above criteria are not met the Prior-Authorization Nurse will send the request for secondary Medical Director Review.

REFERENCES:

1. Part II Policies and Procedures for Durable Medical Equipment Services. Georgia Department of Community Health, Division of Medicaid. Apnea Monitors (Infant) Policy 1112.1. (Rev. 04/13, 07/13, 11/13, 10/14, 04/15). October 1, 2016; July 1, 2017; July 1, 2018.
<https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/HANDBOOKS/Durable%20Medical%20Equipment%20Services%2020180618131216.pdf>. Accessed on 8/24/18.

REVISIONS	DATE
Annual Review: Updated References	10/4/16
Added All next to PRODUCT TYPE: All Minor reformatting throughout the document. I. Annual Review: Added Coding Guidelines: E0619-Apnea Monitor, with recording feature. Apnea monitors are only reimbursed as a monthly rental (RR). Under II.A. g added “to start” after hospital discharge to clarify the sentence. Updated References	10/2/17
Updated References Minor reformatting throughout the document. Added “The electronic approval retained in Sharepoint, Centene’ Policy and Procedure Management software, is considered equivalent to a physical signature” after the Revisions table	9/12/18

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