Medical Policy

Northwood

Apnea Monitor

Description

A home apnea monitoring device is used to monitor respiratory and heart rates. The device responds with an audiovisual alarm if there is respiratory cessation beyond a predetermined time limit, usually 20 seconds, or if the heart rate falls below a present rate. A sensor is strapped on the patient's chest/abdomen, when the patient breathes a flash indicates the respiration. When an apnea period exceeds the preset value, an audio-visual alarm responds. Apnea monitors function on batteries or electric power, with and without event recording. Home cardio-respiratory monitoring after hospital discharge may be prescribed for some preterm infants with unusually prolonged courses of recurrent, extreme apnea and may be discontinued after 43 weeks gestational age.

Sudden Infant Death Syndrome (SIDS) is defined as the sudden death of an infant less than 1 year of age that remains unexplained after a thorough case investigation, including an autopsy, examination of the death scene and review of the clinical history.

Apnea of infancy is defined as an unexplained episode of cessation of breathing for 20 seconds or longer, or a shorter respiratory pause associated with bradycardia, cyanosis and pallor and or marked hypotonia. The term generally refers to infants with gestational age of 37 weeks or more at the onset of apnea.

Apnea of prematurity is defined as sudden cessation of breathing, lasting at least 20 seconds, or accompanied by bradycardia or a desaturation in an infant younger than 37 weeks gestational age. Extreme episodes usually cease at about 43 weeks gestational age.

An apparent life-threatening event (ALTE) is defined as an episode that is frightening to the observer and is characterized by some combination of apnea, color change, marked change in muscle tone, choking or gagging.

Policy

Home apnea monitors are considered **reasonable and necessary** when a member meets coverage criteria outlined below.

Policy Guidelines

Coverage Criteria:

Apnea Monitor

1. Must be ordered by the member's treating practitioner; **AND**
2. The member must be **12 months of age or younger**.
3. Members who have experienced an apparent life-threatening event; OR
4. Members with tracheostomies or anatomic abnormalities that are vulnerable to airway compromise; OR
5. Members with neurologic or metabolic disorders affecting respiratory control; OR
6. Members with chronic lung disease, in particular, members requiring supplemental oxygen or CPAP, OR
7. Breathing stops for 20 seconds or longer; OR
8. Breathing stops for less than 20 seconds and is associated with bradycardia or cyanosis; OR
9. Infants who are at high risk of recurrent episodes of apnea, bradycardia and hypoxia after hospital discharge; OR
10. Infant with a confirmed diagnosis of pertussis; OR
11. Later siblings of infants who died of SIDS until the siblings are 1 month older than the age at which the earlier sibling died, and they remain event free.
12. Home monitor should be equipped with an event recorder.

Limitations:

1. Payment of home apnea monitoring will be until the infant has been event free for at least 6 weeks and limited to 3 months. Coverage for monitoring over 3 months will be by individual consideration.

2. The use of the apnea monitor is not indicated for the sole purpose of prevention of SIDS without a history of sibling SIDS.

Exclusions:

1. Electrodes and lead wires are included in the rental of the machine and cannot be billed separately.
2. Pneumogram equipment billed with an apnea monitor is considered included in the allowance for the apnea monitor.
3. Use of remote infrared sensor for the detection of infant sleep apnea is considered experimental and investigational.
4. Apnea monitor without an event recorder (E0618).

HCPCS Level II Codes and Description

Equipment:

Apnea Monitor

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

The Apnea monitor, without recording feature (E0618) is considered experimental and investigational and listed as an exclusion.

Supplies:

A4556	Electrodes for use with apnea monitor, per pair
A4557	Lead wires for use with apnea monitor, per pair

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

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Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1. Aetna: Apnea Monitors for Infants http://www.aetna.com/cpb/medical/data/1_99/0003.html Last accessed 11-1-23.
2. American Academy of Pediatrics, Volume III No. 4, April 2003, *Apnea, Sudden Infant Death Syndrome, and Home Monitoring,* pp. *914-917*
3. *Evaluation and Management of Apparent Life-Threatening Events in Children*, American Family Physician, June 15/2005
4. *Apparent Life-threatening Events (ALTEs) and the Role of Home Monitors*, Pediatrics in Review, 2007:28:203-208
5. American Academy of Pediatrics Policy Statement; *The Changing Concept of SIDS: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk; 2005*
6. American Academy of Family Physicians*, Pertussis Activity Spiking in States, 07*/06/10
7. American Academy of Pediatrics, California District IX, *Pertussis in Young Infants*, 2008
8. BCBSM/Blue Care Network of Michigan, https://provider.bcbsm.com/therecord/bcn/documents/medpolicy/home-cardiorespiratory-monitoring-pediatrics.pdf Effective 2/1/2018.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-08	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008	

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02	12-04-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec.09	
03	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	07-19-11	Added Important notes to the policy	Susan Glomb	Dr. Almasri		
05	11-7-11	Annual Review. Added References to Policy	Susan Glomb	Dr. Almasri	Nov. 2011	
06	1-6-12	Added infrared sensor exclusion	Susan Glomb	Dr. Almasri	Jan. 2012	
07	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. Almasri		
08	12-3-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Dec 12	
09	12-11-13	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	Dec 13	
10	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	11-02-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015	
12	11-15-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
13	11-10-17	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
14	2-1-18	Policy updated to reflect current practice: E0618 is considered experimental and investigational.	Carol Dimech	Dr. C. Lerchin	February 2018	
15	11-09-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
16	11-05-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	November 2019
17	11-04-20	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-04-20	11-04-20

18	11-01-21	Annual Review. Changed physician to treating practitioner.	Carol Dimech	Dr. C. Lerchin	11-01-21	11-01-21
19	11-12-21	Added NCD, LCD verbiage to “Important Note”.	Carol Dimech	Dr. C. Lerchin	11-12-21	11-12-21
20	11-2-22	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	11-02-22	
21	11-1-23	Annual review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-01-23	11-01-23