



APNEA MONITORS

Effective Date: July 1, 2008

Review Dates: 01/05, 12/05, 12/06, 12/07, 12/08,
12/09

Date Of Origin: January 19, 2005

Status: Current

I. DESCRIPTION

Apnea monitors for infants may be covered as described in this policy.

II. POLICY/CRITERIA

Priority Health covers apnea monitors for **any** of the following conditions:

- A. A newborn infant following hospital discharge with one or more of the following conditions:
 - 1. Apnea of newborn.
 - 2. Apnea of prematurity
 - 3. Apparent life threatening event (ALTE)
 - 4. Sibling of Sudden Infant Death Syndrome (SIDS)
 - 5. Bronchopulmonary Dysplasia
- B. A sibling of Sudden Infant Death Syndrome (SIDS) following hospital discharge.
- C. An acute respiratory illness:
 - 1. Units are covered for a respiratory illness/diagnosis such as Pertussis, Respiratory Syncytial Virus (RSV), or pneumonia.
- D. As a diagnostic tool:
 - 1. Units are covered as a diagnostic tool if the infant is under three months of age at set up, and the parent and/or guardian reports suspected events.
- E. Members with tracheostomy:
 - 1. Units are covered for members who have a tracheostomy.
- F. Medicaid members
Any member who is an adult and requiring an apnea monitor **must** be in active case management. Any child with a monitor **must** have an evaluation for Children's Special Health Care Services (CSHCS) referral and be in active case management.
- G. Apnea monitors are not covered for the following diagnoses/medical conditions unless documentation justifies medical necessity:



1. Chromosomal abnormalities
2. Congenital heart defects with or without arrhythmias
3. Cerebral palsy
4. Asymptomatic prematurity
5. Developmental delay/mental retardation
6. Seizure disorder
7. Hydrocephaly with or without Arnold Chiari Syndrome.
8. Irreversible terminal conditions
9. Distant family history of SIDS (other than immediate sibling)

III. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. CODING INFORMATION

ICD-9 Codes that may support medical necessity:

- 033.0 Whooping cough due to Bordetella pertussis (P. pertussis)
- 033.1 Whooping cough due to Bordetella parapertussis (B. parapertussis)
- 033.8 Whooping cough due to other specified organism
- 033.9 Whooping cough, unspecified organism
- 079.6 Respiratory syncytial virus (RSV)

- 466.11 Acute bronchiolitis due to respiratory syncytial virus (RSV)



- 466.19 Acute bronchiolitis due to other infectious organisms
- 480.0 Pneumonia due to adenovirus
- 480.1 Pneumonia due to respiratory syncytial virus
- 480.2 Pneumonia due to parainfluenza virus
- 480.3 Pneumonia due to SARS-associated coronavirus
- 480.8 Pneumonia due to other virus not elsewhere classified
- 480.9 Viral pneumonia, unspecified
- 484.3 Pneumonia in whooping cough
- 484.8 Pneumonia in other infectious diseases classified elsewhere

- 748.3 Other Congenital Anomalies of Larynx, Trachea, and Bronchus
- 765.00 – 765.09 Extreme immaturity
- 765.10 – 765.19 Other preterm Infants
- 769 Respiratory distress syndrome in newborn

- 770.10 Fetal and newborn aspiration, unspecified
- 770.18 Other fetal and newborn aspiration with respiratory symptoms
- 770.4 Primary atelectasis
- 770.5 Other and unspecified atelectasis
- 770.81 Primary apnea of newborn
- 770.82 Other apnea of newborn
- 770.84 Respiratory failure of newborn
- 770.89 Other respiratory problems of newborn after birth
- 770.7 Chronic respiratory disease arising in the perinatal period

- 786.09 Other Dyspnea and Respiratory Abnormality

- V19.8 Family history of other condition

CPT/HCPCS Codes

E0619 Apnea monitor, with recording feature

Not Covered:

E0618 Apnea monitor, without recording feature

VI. REFERENCES



AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.