

**APNEA MONITORS****Effective Date:** February 26, 2015**Review Dates:** 1/05, 12/05, 12/06, 12/07, 12/08, 12/09, 12/10, 12/11, 12/12, 12/13, 2/15, 2/16, 2/17, 2/18, 2/19, 2/20, 2/21, 2/22, 2/23, 2/24**Date Of Origin:** January 19, 2005**Status:** Current**I. POLICY/CRITERIA**

Priority Health considers apnea monitors medically necessary 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. Bronchopulmonary dysplasia
- B. An acute respiratory illness in infants:
  - Units are covered for a respiratory illness/diagnosis such as Pertussis, Respiratory Syncytial Virus (RSV), or pneumonia.
- C. As a diagnostic tool:
  - 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.
- D. Monitors are considered medically necessary for infants with tracheostomy or those needing continuous positive airway pressure.
- E. 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 should be evaluated for case management.
- F. Apnea monitors are generally considered not medically necessary 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. Family history of SIDS
10. SIDS prevention

## **II. MEDICAL NECESSITY REVIEW**

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

## **III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **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) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

#### **IV. DESCRIPTION**

Apnea monitors for infants may be considered medically necessary as described in this policy.

A home apnea monitor is a machine used to monitor a baby's heart rate and breathing after coming home from the hospital. Apnea is breathing that slows down or stops from any cause. An alarm on the monitor goes off when the baby's heart rate or breathing slows or stops. The monitor is small and portable. A monitor may be needed when:

- A baby has ongoing apnea
- A baby has severe reflux
- A baby needs to be on oxygen or a breathing machine

How long a baby stays on the monitor depends on how often real alarms go off. Real alarms mean the baby does not have a steady heart rate or is having trouble breathing. Babies typically wear a home apnea monitor for 2 to 3 months.

#### **V. CODING INFORMATION**

**ICD-10 Codes that may support medical necessity:**

A37.00 – A37.91	Whooping cough
B77.81	Ascariasis pneumonia
B97.4	Respiratory syncytial virus as the cause of diseases classified elsewhere
J12.0 – J12.9	Viral pneumonia not elsewhere classified
J15.0-J15.9	Bacterial Pneumonia
J16.0-J16.8	Pneumonia due to other infectious organisms not elsewhere classified
J17	Pneumonia in diseases classified elsewhere
J18.0-J18.9	Bronchopneumonia
J20.5	Acute bronchitis due to respiratory syncytial virus
J21.0 – J21.9	Acute bronchiolitis
J80	Acute respiratory distress syndrome
J95.1	Acute pulmonary insufficiency following thoracic surgery
J95.2	Acute pulmonary insufficiency following nonthoracic surgery
J95.3	Chronic pulmonary insufficiency following surgery
J95.821	Acute post procedural respiratory failure
J95.822	Acute and chronic post procedural respiratory failure
J96.00 – J96.92	Respiratory failure, not elsewhere classified
J98.4	Other disorders of lung
P07.00 – P07.39	Disorders of newborn related to short gestation and low birth weight, not elsewhere classified

P22.0 – P22.9	Respiratory distress of newborn
P23.0 – P23.9	Congenital pneumonia
P24.01	Meconium aspiration with respiratory symptoms
P24.11	Neonatal aspiration of (clear) amniotic fluid and mucus with respiratory symptoms
P24.21	Neonatal aspiration of blood with respiratory symptoms
P24.81	Other neonatal aspiration with respiratory symptoms
P24.9	Neonatal aspiration, unspecified
P27.0 – P27.9	Chronic respiratory disease originating in the perinatal period
P28.0 – P28.9	Other respiratory conditions originating in the perinatal period
P84	Other problems with newborn
Q31.0 – Q31.9	Congenital malformations of larynx
Q32.0 – Q32.4	Congenital malformations of trachea and bronchus
R06.00	Dyspnea, unspecified
R06.09	Other forms of dyspnea
R06.3	Periodic breathing
R06.89	Other abnormalities of breathing
R68.13	Apparent life threatening event in infant (ALTE)
Z93.0	Tracheostomy status

**CPT/HCPCS Codes**

E0619 Apnea monitor, with recording feature

Not Covered:

E0618 Apnea monitor, without recording feature

**VI. REFERENCES**

- A.D.A.M. Medical Encyclopedia [Internet]. Johns Creek (GA): Ebix, Inc., A.D.A.M.; c1997-2020. Home apnea monitor use - infants; [reviewed 2017 Aug 22]. Available from:  
<https://medlineplus.gov/ency/patientinstructions/000755.htm>
- American Academy of Pediatrics Policy Statement Committee on Fetus and Newborn. Apnea, Sudden Infant Death Syndrome, and Home Monitoring, Pediatrics Vol. 111 No. 4 April 1, 2003, pp. 914 -917.
- American Academy of Pediatrics Policy Statement. [The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk](#), Pediatrics Vol. 116 No. 5 November 1, 2005 pp. 1245 -1255.
- American Academy of Pediatrics: Policy Statement. [SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment](#)., Task Force on Sudden Infant Death Syndrome Pediatrics 2011; 128:5 1030-1039.

Moon RY and AAP Task Force On Sudden Infant Death Syndrome. [SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment](#). *Pediatrics*. 2016; 138(5).

National Institute of Child Health and Human Development (NICHD). Safe to Sleep. n.d.; <https://www1.nichd.nih.gov/sts/Pages/default.aspx>

**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.*