

APNEA MONITORS

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Date Of Origin: January 19, 2005

Status: Current

I. 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. Bronchopulmonary dysplasia
- B. An acute respiratory illness in infants:
 - 1. Units are covered for a respiratory illness/diagnosis such as Pertussis, Respiratory Syncytial Virus (RSV), or pneumonia.
- C. 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.
- D. Monitors are covered 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 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. Family history of SIDS
 - 10. SIDS prevention

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

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); 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. 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, 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 covered as described in this policy.

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

- Apnea, Sudden Infant Death Syndrome, and Home Monitoring, American Academy of Pediatrics Policy Statement Committee on Fetus and Newborn, *Pediatrics* Vol. 111 No. 4 April 1, 2003, pp. 914 -917. Available at <http://pediatrics.aappublications.org/content/pediatrics/111/4/914.full.pdf>
- The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk, AMERICAN ACADEMY OF PEDIATRICS POLICY STATEMENT *Pediatrics* Vol. 116 No. 5 November 1, 2005 pp. 1245 -1255. Available at <http://pediatrics.aappublications.org/content/116/5/1245.long>
- SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment American Academy of Pediatrics: Policy Statement, Task Force on Sudden Infant Death Syndrome *Pediatrics* 2011; 128:5 1030-1039. Available at <http://pediatrics.aappublications.org/content/128/5/1030>
- 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). Available at <http://pediatrics.aappublications.org/content/pediatrics/early/2016/10/20/peds.2016-2940.full.pdf>

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