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_42546_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_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 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
### CPT/HCPCS Codes

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<th>Code</th>
<th>Description</th>
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<tr>
<td>E0619</td>
<td>Apnea monitor, with recording feature</td>
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**Not Covered:**

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<tr>
<td>E0618</td>
<td>Apnea monitor, without recording feature</td>
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</table>
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

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


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