Apnea Monitoring

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4001

Recent review date:~~3/2021~~ **5/2024**

Next review date: ~~3/2023~~ **9/2025**

Policy contains: Apnea Monitoring.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered, on a case by case basis, by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Apnea monitors are cardio-respiratory monitoring devices capable of providing continuous or periodic two-channel monitoring of the heart rate and respiratory rate. Apnea monitors must meet current Food and Drug Administration (FDA) guidelines for products in this class. Apnea monitors must have alarm mechanisms to alert care givers of cardio-respiratory distress or other events, which require immediate intervention, and must also record and store events and provide event recording downloads or printouts of such data.

Home apnea monitoring is clinically proven and, therefore, **may be** medically necessary for rental or purchase when **any of** the following criteria ~~is~~ **are** met:

Apnea of Prematurity

Apnea of prematurity is the sudden cessation of breathing that lasts for at least 20 seconds or is accompanied by bradycardia or oxygen desaturation cyanosis in an infant younger than 37 weeks gestational age.

Apnea of Infancy

Apnea of infancy is an unexplained episode of cessation of breathing for 20 seconds or longer or a shorter respiratory pause associated with bradycardia, cyanosis, pallor, and/or marked hypotonia. The term apnea of infancy generally refers to infants with gestational age of 37 weeks or more at the onset of apnea. The Medicaid Program defines bradycardia for infants as a resting heartbeat of less than 80 beats per minute at one month of age, less than 70 beats per minute at 2-3 months of age, and less than 60 beats per minute at three months of age or older.

Monitoring for subsequent siblings of Sudden Infant Death Syndrome (SIDS) victims less than eight months of age may be approved for a maximum of eight months.

Following an Apparent Life-Threatening Event

An Apparent Life-Threatening Event (ALTE) is characterized by some combination of central apnea or occasionally obstructive apnea, color change (usually cyanotic or pallid but occasionally erythematous or plethoric), and a marked change in muscle tone (usually marked limpness), choking, or gagging, which required vigorous intervention or cardiopulmonary resuscitation (CPR).

Children requiring home oxygen therapy, central hypo-ventilator, tracheotomy, and/or home ventilator support will be considered on a case-by-case basis.

Approval following apneic episodes resistant to treatment, such as Ondine's Curse, shall be considered on a case-by-case basis.

Apnea Monitor Initial Authorization Period for Rentals

Authorization of payment for rental of an apnea monitor may be approved for the initial three months without download reports or download summary information with download report, based on clinical data supporting medical necessity. The initial three-month rental includes all apnea monitor initial set up supplies – belt, leads and electrodes.

Apnea Monitor Extensions after Initial Three Months

Any request for extensions after the initial three-month period must be accompanied by documented evidence obtained in the home environment of recurrence of apneic episodes (e.g., cyanosis, resuscitative measures, etc.).

Apnea monitors will not be approved beyond the initial three months without download reports or download summary information with a download report. Family non-compliance and/or physician's refusal to remove the child from the apnea monitor are not acceptable reasons for further approval of payment for rental of the apnea monitor.

Apnea Monitor Emergency Requests

An oral request may be approved in an emergency for a one-month period to avoid prolonged hospitalization. Once documentation has been received indicating medical criteria have been met, the request may be approved for an additional two months.

References

Louisiana Department of Health. 2010. Durable Medical Equipment Provider Manual. Apnea Monitoring. Chapter 18, Section 18.2. Issued **02/28/2023**.

Policy updates

Initial review date: 3/1/2021

6/2024: Policy updated.