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The Department of Vermont Health Access Medical Policy

Subject: Apnea Monitor
Last Review: October 3, 2019*
Past Revisions: June 14, 2017, August 26, 2015, January 2, 2015, November 1, 2013, October 25, 2011, March 29, 2010, March 31, 2009 and September 10, 2008

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

An apnea monitor is a device which monitors abnormal cessation of breathing and abnormal cardiac status for high risk children. It contains an alarm function which is triggered when the measured rate (respiratory rate, slow heart rate, and/or fast heart rate) differs from the pre-determined respiratory or cardiac parameters set by the treating provider. It is important that parents complete cardiopulmonary resuscitation (CPR) and apnea response training. Caregivers should have access to technical support for equipment issues and professional support to answer questions about the member's health status.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid Rules can be found at http://humanservices.vermont.gov/on-line-rules/dvha
7102.2 Prior Authorization Determination 7103 Medical Necessity

Health Care Administrative Rules can be found at http://humanservices.vermont.gov/on-line-rules/health-care-administrative-rules-hcar/health-care-administrative-rules
4.209.2 Covered Services

Coverage Position

An apnea monitor may be covered for beneficiaries:

- When this device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act,

who is knowledgeable in the use of apnea monitors and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.

Coverage Criteria

An apnea monitor may be covered for beneficiaries (infants under the age of 1 year) who have one of the following diagnoses or high risk conditions:

Examples of diagnoses:

- Infants who have experienced some combination of the following Apparent Life-Threatening Episode(s) (ALTE):
  - apnea (central or occasional obstructive),
  - choking or gagging,
  - skin color change (usually cyanotic or pallid but occasionally erythematous or plethoric),
  - marked changes in muscle tone,
  - Continued use is considered medically necessary until the infant remain event-free for six weeks.
- Infants with tracheotomies that make them vulnerable to airway compromise.
- Infants with anatomical abnormalities that make them vulnerable to airway compromise.
- Infants with metabolic disorder affecting respiratory control.
- Infants with neurologic disorder affecting respiratory control.
- Infants with chronic lung disease (i.e. bronchopulmonary dysplasia) especially those requiring mechanical ventilation, positive airway pressure, or supplemental oxygen.
- Apnea unresponsive to treatment.
- Apnea of prematurity, defined as sudden cessation of breathing that lasts for at least 20 seconds or is accompanied by bradycardia or hypoxemia, or cyanosis in infants younger than 37 weeks' gestational age. Continued use is considered medically necessary until infants are past post-conception age of 43 weeks and are event-free for six weeks.
- Preterm infant with bradycardia and/or desaturation.
- Infants diagnosed with pertussis with positive cultures, upon discharge from acute care facility. If monitored for pertussis, use of an apnea monitor is considered medically necessary for **up to one-month** post-diagnosis.
- Infants with gastroesophageal reflux disease that results in apnea, bradycardia or oxygen desaturation, until the infants remain event-free for six weeks.
- Apnea accompanied by marked hypotonia; use of an apnea monitor until the infants remain event-free for six weeks.
- Infants discharged home on a schedule of weaning narcotics.
- Infants with bradycardia on caffeine, theophylline, or similar agents, until event free for 2 weeks off medication

Special Notations:

1. The term ALTE has been changed to Brief Resolved Unexplained Events (BRUE) by the American Academy of Pediatrics to better define the approach to member evaluations and risk level. It is diagnosed when there is not an explanation for the event and not necessarily life threatening.

2. Coverage should be discontinued when clinical evaluation shows that the condition(s) requiring a monitor have been resolved or stabilized as indicated by:
    a. The beneficiary has been free of events requiring stimulation or resuscitation as defined above. OR
    b. The beneficiary has experienced significant stressors such as respiratory illness or immunizations without apnea.
3. Prior authorization is required for age one year and older.
4. Home cardiorespiratory monitoring should not be prescribed to prevent sudden infant death syndrome (SIDS).
5. The monitor should be equipped with an event recorder.
6. The physician should establish a specific plan for periodic review and termination of the home monitor before initiating therapy. The end point of monitoring is determined by the physician. Usually, discontinuation may end when no clinical events have occurred for 6-8weeks. Parental readiness must also be determined.

Clinical guidelines for repeat service or procedure

If the beneficiary is still under one year of age and requires an apnea monitor for an additional time, the same criteria apply as for the initial approval.

Type of service or procedure covered

Apnea monitor and related supplies and services.

Type of service or procedure not covered (this list may not be all inclusive)

Apnea monitor is not covered for:

- Sibling of SIDS

References

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