18.2.1 Respiratory Supplies and Equipment

18.2.1.1 Apnea Monitors

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.

Medical Criteria for Authorization of Payment for Apnea Monitor

Home apnea monitors may be approved for rental or purchase when any of the criteria 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.