

The Office of Vermont Health Access Medical Policy

Subject: Apnea Monitor

Last Review: 3/31/09

Revision 3:

Revision 2:

Revision 1: 3/31/09

Original Effective: 09/10/08

Technical Revision: 09/08/09

Description of Service or Procedure

An apnea monitor is a device which monitors abnormal cessation of breathing and abnormal cardiac status. It has an alarm function which is triggered when the measured rate differs from the pre-determined respiratory or cardiac parameters set by the physician.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the Beneficiary's Aid Category. Prior Authorization is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7103](#) Medical Necessity

[7505.2](#) Covered Services: "Items of durable medical equipment that have been pre-approved for coverage are limited to:...apnea monitors..."

Coverage Position

An apnea monitor may be appropriate for those individuals who:

- Are VT Medicaid beneficiaries on the date of service, AND
- When this device is prescribed by a medical provider active with the VT Medicaid program who is knowledgeable in the use of apnea monitors and who provides medical care to the beneficiary AND
- Who meet the clinical guidelines below.

Coverage guidelines

An apnea monitor is indicated for infants (under age 1 year) who have one of the diagnoses/high risk conditions listed below.

EXAMPLES OF DIAGNOSES:

- Infants who experienced some combination of the following Apparent Life Threatening Episode(s) (ALTE):
 - apnea (central or occasional obstructive),

- skin color change (usually cyanotic or pallid but occasionally erythematous or plethoric),
- marked changes in muscle tone,
- choking or gagging
- 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.
- Premature infants with delayed maturation of respiratory control
- Unresponsive apnea
- Apnea of prematurity
- Chronic respiratory failure on home ventilatory support
- Infants requiring home ventilation in case the airway becomes obstructed.
- Preterm infant with bradycardia, desaturation and/or bradycardia

SPECIAL NOTATIONS: Coverage is to be discontinued when a clinical evaluation shows that the condition(s) requiring the monitor have been resolved or stabilized as indicated by:

1. The beneficiary has been free of events requiring stimulation or resuscitation for 2-4 months, OR
2. The beneficiary has experienced significant stressors such as respiratory illness or immunizations without apne, OR
3. There is normalization of a previously abnormal respiratory pattern or no prolonged apnea episodes for 2-4 months.
4. Prior authorization is required for age one year and older.

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 use.

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 not covered for:

- Sibling of SIDS
- Diagnosis of gastroesophageal reflux,

References

American Academy of Pediatrics (AAP) Committee on Fetus and Newborn. Apnea, sudden infant death syndrome, and home monitoring. *Pediatrics*. 2003;111(4):914-7.

American Academy of Pediatrics (AAP) Committee on Fetus and Newborn. Hospital discharge of the high risk neonate-proposed guidelines. *Pediatrics*. 2008;122(5):1119-1126.

Silvesti JM, Lister G, Corwin MJ, Smok-Pearsall SH, Baird T, Crowell DH, Cantey-Kiser J, Hunt CE, et al, Factors that Influence Use of a Home Cardiorespiratory Monitor for Infants. *Archives of Pediatrics & Adolescent Medicine*. 2005; 159, 18-24

Pediatric GE Reflux Clinical Practice Guidelines. *Journal of Pediatric Gastroenterol Nutrition*, 2001; 32, supplement 2 S1 – S32

Di Fiore JM, Arko MK, Miller MJ, Krauss A, Betkerur A, Zadell, et al. Cardiorespiratory events in preterm infants referred for apnea monitoring studies. *Pediatrics*. 2001 Dec;108(6):1304-8.

Di Fiore JM, Arko MK, Whitehouse M, Kimball A, Martin RJ. Apnea Is Not Prolonged by Acid Gastroesophageal Reflux in Preterm Infants. *Pediatrics*. 2005;116(5):1059-1063.

The Medicaid Rule only lists coverage availability, it does not guarantee individual determinations of medical necessity. Please check with the appropriate department to determine if the service/item in question is a covered service/item under a particular benefit plan. Use of Medicaid rule is not intended to replace independent medical judgment for treatment of individuals.

This document has been classified as public information.

