OHCA Guideline

Medical Procedure Class:	Home Apnea Monitor for Children
Initial Implementation Date:	3/1/2018
Last Review Date:	12/2/2019
Effective Date:	12/3/2019
Next Review/Revision Date:	12/1/2022

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☐ New Criteria ☒ Revision of Existing Criteria

Summary

Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions

Home Apnea Monitor – a portable machine that can monitor the heart beat and breathing in an infant after discharge from the hospital. This may also be called a cardio-respiratory monitor. An alarm will sound if the infants breathing or heart rate fall below the pre-determined limits set on the monitor.

Post Menstrual Age (PMA) – gestational age plus the weeks since birth

Medical Necessity - Services provided within the scope of the Oklahoma Medicaid Program shall meet medical necessity criteria. Requests by medical services providers for services in and of itself shall not constitute medical necessity. The Oklahoma Health Care Authority shall serve as the final authority pertaining to all determination of medical necessity. Medical necessity is established through consideration of the standards cited in OAC 317: 30-3-1 (f).

HCPCS Code Covered Requiring Prior Authorization (PA)

E0619 (see HCPCS manual for definition of code)

Approval Criteria

I. **INDICATIONS – <u>Both</u> of the following: (A and B)**

A. **<u>Either</u>** of the following: (1 or 2)
1. Premature infants who are at risk for recurrent apnea, bradycardia and hypoxemia after hospital discharge; **<u>OR</u>**
2. Infants who are technology dependent (tracheostomy or continuous positive airway pressure), have unstable airways, have rare medical conditions affecting regulation of breathing, or have symptomatic chronic lung disease.

A. **<u>Either</u>** of the following: (1 or 2)
1. Covered up to 43 weeks postmenstrual age (PMA); **<u>OR</u>**
2. Infants less than 24 months of age, after cessation of extreme episodes of **<u>ONE</u>** of the following: (a or b)
   a. Apnea longer than 20 seconds; **<u>OR</u>**
   b. **<u>One</u>** of the following: (1) or 2))
      1) Bradycardia < 44 weeks PMA; heart rate less than 60 beats/min and lasting longer than 10 seconds; **<u>OR</u>**

2) Bradycardia > 44 weeks PMA; heart rate less than 50 beats/min and lasting longer than 10 seconds.

***Note: Monitor will be covered until 43 weeks PMA **OR** cessation of extreme episodes of apnea or bradycardia for infant less than 24 months of age, whichever comes last.

II. **DOCUMENTATION – All of the following: (A – E)**

A. An order from a contracted qualified health professional (M.D., D.O., P.A., C.N.P., A.P.R.N.) requesting the apnea monitor; **AND**

B. Documentation of gestational age of the child and a copy of the discharge summary from the NICU or nursery; **AND**

C. Initial, specific plan for periodic review and termination of the monitor, submitted at 43 weeks postmenstrual age and monthly thereafter by the current primary provider as long as the infant has the monitor. Monthly requirement may be waived in certain circumstances and will be reviewed on a case by case basis; **AND**

D. Monthly review should include reassessment of the patient's history and physical exam, developmental and laboratory data, as well as the need for ongoing monitoring or other intervention; **AND**

E. Download of data from the previous month demonstrating continued apnea and/or bradycardia, as well as compliance report for usage of the monitor (if less than 70% compliance, refer to physician for further review); **AND**

F. Documentation that parents/caregivers have been: **ALL** of the following (1 - 3)

1. Trained in observation techniques, operation of the monitor and infant CPR; **AND**
2. Advised that home monitoring has not been proven to prevent sudden, unexpected death in children; **AND**
3. Instructed on proven practices that decrease risk of SIDS, such as supine sleeping positions, safe sleeping environments and elimination of exposure to tobacco smoke.

Additional Information

The following items are not considered medically indicated:

1. Apnea monitors without an event recorder;
2. Backup electrical systems;
3. Alteration to the member's living quarters to accommodate the monitor;
4. Parental training sessions, including CPR or instructions in the use of the monitor, when identified as a separate charge (these charges are considered as part of the rental fee;
5. Standby medical, technological, or counseling measures.

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1
2. American Academy of Pediatrics Policy Statement, Committee on Fetus and Newborn. Pediatrics Vol. 111, No. 4, April 2003