

Payment Policy | Home Apnea Monitors



EFFECTIVE DATE: 03/18/2008
POLICY LAST UPDATED: 03/18/2008

OVERVIEW

This payment policy documents the coverage for Home Apnea Monitors. Home apnea monitors monitor respiratory and heart rates. An alarm will sound if there is respiratory cessation (apnea) beyond a predetermined time limit (e.g., 20 seconds) or if the heart rate falls below a preset rate (bradycardia).

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

Blue CHiP for Medicare and Commercial Products

Home apnea monitors are covered. This item requires a prescription and must be provided by a Durable Medical Equipment (DME) vendor. Movement sensors purchased at retail establishments do not meet the definition of durable medical equipment.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

Apnea is defined as "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."¹ The term "apnea of prematurity" is used for infants less than 37 weeks' gestational age; "apnea of infancy" is used for infants with gestational age of 37 weeks or greater at the onset of apnea. Continued use is until the infant is past a post-conceptual age of 43 weeks and are event free for 6 weeks. Post-conceptual age is defined as gestational age at birth plus age in weeks from birth.

Home apnea monitors monitor respiratory and heart rates. An alarm will sound if there is respiratory cessation (apnea) beyond a predetermined time limit (e.g., 20 seconds) or if the heart rate falls below a preset rate (bradycardia).

Home apnea monitoring is typically covered for the following:

- Infants who have experienced an apparent life-threatening event (ALTE), defined as an episode that is characterized by some combination of apnea (central or obstructive), color change (usually cyanotic or pallid), marked change in muscle tone (usually limpness), choking, or gagging.
- Infants with tracheostomies or anatomic abnormalities that make them vulnerable to airway compromise.
- Infants with neurologic or metabolic disorders affecting respiratory control.

Infants with chronic lung disease (i.e., bronchopulmonary dysplasia), particularly those requiring supplemental oxygen; continuous positive airway pressure; or mechanical ventilation.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Medical Equipment, Medical Supplies, and Prosthetic Devices benefits/coverage.

Reimbursement is not provided for:

- a backup electrical system;
- parental training sessions, including cardiopulmonary resuscitation (CPR), or instructions in the use of the monitor when identified as a separate charge.

CODING

Blue CHiP for Medicare and Commercial

The following CPT codes are covered:

94774 94775 94776 94777

The following HCPCS codes are covered:

E0618 E0619

RELATED POLICIES

None

PUBLISHED

Provider Update Nov 2013

Provider Update May 2012

REFERENCES

Centers for Medicare & MedicaidTech Assessment; *Effectiveness of Portable Monitoring Devices for Diagnosing Obstructive Sleep Apnea: Update of a Systematic Review*, Final Report, Sept. 1, 2004

<http://www.cms.hhs.gov/determinationprocess/downloads/id110e.pdf>

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