



PROVIDER POLICIES & PROCEDURES

APNEA MONITORS

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for an apnea monitor. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

An apnea monitor is a device that monitors respiratory effort and heart rate to detect episodes of apnea, the cessation of breathing. An apnea monitor is intended to detect central apnea in newly discharged, at-risk, or high-risk premature infants or in other infants at risk for apnea. The device will sound an alarm if there is respiratory cessation beyond a predetermined time limit (e.g., 20 seconds) or if the heart rate falls below a preset rate (bradycardia) to notify the caregiver(s) that an intervention (stimulation, mouth-to-mouth resuscitation, cardiac compressions) is required.

CLINICAL GUIDELINE

Coverage guidelines for an apnea monitor are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

An apnea monitor with a recording feature (E0619) may be considered medically necessary for an infant (12 months of age or younger) for any of the following indications:

- A. The infant has experienced a BRUE, a brief resolved unexplained event occurring in an infant 12 months of age or younger when the observer reports a sudden, brief, and resolved episode of \geq one of the following:
 1. Cyanosis or pallor;
 2. Absent, decreased, or irregular breathing;
 3. Marked change in tone (hyper or hypotonia);
 4. Altered level of responsiveness; **or**
- B. The infant is preterm with persistent symptoms related to apnea of prematurity, defined as the sudden cessation of breathing that lasts for at least 20 seconds, or is accompanied by bradycardia or a drop in oxygen saturation in an infant younger than 37 weeks; **or**
- C. The infant has chronic lung disease, also known as bronchopulmonary dysplasia, and is dependent on a tracheostomy, continuous positive airway pressure (CPAP), or mechanical ventilation; **or**
- D. The infant has an anatomical anomaly of the respiratory tract (e.g., a tracheoesophageal fistula, an intrinsic tracheal obstruction, congenital tracheal stenosis, tracheomalacia, bronchomalacia); **or**
- E. The infant has a neurologic or metabolic disorder affecting respiratory control (e.g., congenital

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- myasthenia gravis, infantile spinal muscular atrophy); **or**
- F. The infant has a culture confirmed diagnosis of pertussis; **or**
- G. The infant has a sibling who died of sudden infant death syndrome (SIDS)

Use of an apnea monitor for all other indications is considered investigational as their effectiveness for indications other than those listed above, has not been established.

Apnea monitors without a recording feature (E0618) are not covered because they do not provide documentation of the frequency of apneic events experienced by the infant for review by their provider.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization of an apnea monitor is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for an apnea monitor:

1. Fully completed authorization request via on-line web portal;
2. Signed prescription by a physician, advanced practice registered nurse (APRN), or physician assistant (PA) dated within the last twelve (12) months; and
3. Clinical documentation supporting medical necessity as outlined in the *Clinical Guideline* section of this policy dated within the last twelve (12) months; and
4. Documentation demonstrating caregiver(s) were provided with supportive care and education on home monitoring for apnea.

EFFECTIVE DATE

This policy for the prior authorization for an apnea monitor for individuals covered under the HUSKY Health Program is effective May 01, 2024.

LIMITATIONS

Not Applicable

CODES:

Code	Description
E0618	Apnea monitor, without recording feature
E0619	Apnea monitor, with recording feature

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DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **HUSKY Plus Physical Program (or HUSKY Plus Program):** A supplemental physical health program pursuant to Conn. Gen. Stat. § 17b-294, for medically eligible members of HUSKY B in Income Bands 1 and 2, whose intensive physical health needs cannot be accommodated within the HUSKY Plan, Part B.
8. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
9. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

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PUBLICATION HISTORY

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