Apnea Monitors for Infants

CPT Codes – E0618 - E0619, A4556 – A4557

There are 3 types of infant apnea: central, obstructive, and mixed. In central apnea, the infant makes no effort to breathe; the chest is still, and no air passes through the mouth or nose. In obstructive apnea, the chest is moving but no air passes through the mouth or nose (usually due to soft tissue such as the tongue blocking the upper airway). In mixed apnea, the infant has episodes of both central and obstructive apnea all within the same event. Most home infant apnea monitors (E0618 and E0619) measure chest movements and heart rate with use of electrodes (A4556 and A45576). Normally, the monitor’s alarm is set to go off if the infant has apnea defined as: breathing stops for 15 - 20 seconds; or, bradycardia defined as: heart rate less than 80 beats per minute. Oxygen desaturation as used herein is defined as: oxygen saturation level of less than 90%.

Apnea monitors are medically necessary for infants with documented apnea or who have risk factors according to any of the following indications for a rental period continuing up to when the infant has remained event free for 6 weeks unless otherwise specified below:

1. Prematurity (younger than 37 weeks gestational age) with apnea or accompanied by bradycardia or oxygen desaturation.
   - Continue until 43 weeks post-conceptional age (gestational age plus age in weeks) and event free for 6 weeks.

2. Apparent life-threatening event (ALTE) - an episode characterized by combination of apnea, bradycardia, color change (usually cyanotic or pallid), marked change in muscle tone (limpness or hypotonic), choking or gagging.

3. Pertussis (whooping cough) with positive cultures, upon discharge from acute care facility.
   - Continue for up to 1 month post diagnosis.

4. Gastroesophageal reflux disease (GERD) that results in apnea, bradycardia, or oxygen desaturation.

5. Tracheostomies or anatomic abnormalities in infants vulnerable to airway compromise.
   - Continuation based on individual case medical necessity review.

6. Neurologic or metabolic disorders affecting respiratory control
   - Continuation based on individual case medical necessity review.

7. Chronic lung disease (bronchopulmonary dysplasia), especially those requiring supplemental oxygen, CPAP, or mechanical ventilation.
   - Continuation based on individual case medical necessity review.

8. Siblings born after an infant who died of sudden infant death syndrome (SIDS)
   - Continuation until 1 month older than the age at which sibling died.
■ **Apnea monitors** are considered experimental and investigational for all other indications.

■ The following items/services are **not** considered medically necessary:

1. A back-up electrical system or any alteration to the living quarters required for the monitor.

2. Parental training sessions, including cardiopulmonary resuscitation or instruction in use of the monitor.

3. Any charges for standby medical, technical, or counseling assistance.

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