Clinical Policy: Home Cardiorespiratory Monitors

Reference Number: TX.CP.MP.501 Coding Implications
Last Review Date: 01/22 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

The purpose of this policy is to provide guidelines for authorization of home cardiorespiratory monitors (apnea monitors) for the following products: STAR, STAR+PLUS, STAR Health, STAR Kids, and CHIP.

Policy/Criteria

I. It is the policy of Superior HealthPlan that home cardiorespiratory monitors are **medically necessary** for the following indications:

A. Rental of a home cardiorespiratory monitor does not require prior authorization for infants from **birth through four (4) months of age.**

B. Home cardiorespiratory monitors require prior authorization for infants from **five (5) months through one (1) year and zero (0) months of age** and will be considered medically necessary when the following criteria are met:

1. Had a documented Brief Resolved Unexplained Event (BRUE see definition) within the previous eight (8) weeks; **or**
2. Had one or more documented episodes of apnea, accompanied by cyanosis, hypotonia, hypoxemia, or bradycardia (age-defined) within the previous eight (8) weeks; **and** has **one** of the following documented conditions:
   a. Diagnosis of prematurity; or
   b. Diagnosis of central hypoventilation; or
   c. Tracheostomy or otherwise technology-dependent (e.g., mechanical ventilation); or
   d. Documented abnormal pneumocardiogram or polysomnogram; or
   e. Diagnosis of bronchopulmonary dysplasia or other chronic lung disease; or
   f. Documented episodes of prolonged bradycardia (age-defined).

➢ *NOTE: Use of a cardiorespiratory monitor without the recording feature (E0618) for this age group is only allowed for technology-dependent patients and will require review by the Medical Director. Use of cardiorespiratory monitoring with the recording feature for most other conditions is considered medically necessary.*

C. Home cardiorespiratory monitors require prior authorization for members greater than **one (1) year of age** and will be considered medically appropriate when member has one of the following conditions:

1. Tracheostomy; or
2. Chronic respiratory insufficiency; or
3. Chronic lung disease requiring ventilator support

- *NOTE: Use of cardiorespiratory monitor with recording feature (E0619) for this age group is generally considered not medically necessary and will require review by the Medical Director.*

- *NOTE: Use of a Home Cardiorespiratory Monitor solely for the prevention of SIDS, e.g., with a family history of SIDS or other sudden, unexpected death in infancy, except when the above-mentioned criteria are met, is not considered medically necessary and will require review by the Medical Director.*

Background

Definitions:

Durable Medical Equipment (DME): is defined as equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose and is generally not useful to a person in the absence of an illness or injury. DME items have the following characteristics:

1. The equipment is prescribed by a physician;
2. The equipment meets the definition of DME;
3. The equipment is necessary and reasonable for the treatment of a patient's illness or injury.
4. The equipment is manufactured primarily for use in the home environment but is not limited to use in the home.

Brief Resolved Unexplained Event (BRUE): is defined as an event occurring in an infant younger than one (1) year when the observer reports a sudden, brief, and now-resolved episode of ≥1 of the following: (1) cyanosis or pallor; (2) absent, decreased, or irregular breathing; (3) marked change in tone (hyper- or hypotonia); and (4) altered level of responsiveness. A BRUE is diagnosed only when there is no explanation for a qualifying event after conducting an appropriate history and physical examination.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2021, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
N/A	

HCPCS Codes	Description
E0618	Apnea monitor, without recording feature

HCPCS Codes	Description
E0619	Apnea monitor, with recording feature

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
N/A	

Reviews, Revisions, and Approvals	Date	Approval Date
Added home cardiorespiratory monitor medical necessity criteria for 1 year through 20 years of age. Added replacement and repair criteria. Updated authorization protocol and work process. Updated references and signatories.	06/14	06/14
Removed work process and imbedded in attachment section. Added policy to reference list.	02/15	02/15
Updated References. Removed work process attachment.	06/15	06/15
Updated References. Updated ICD9 to ICD10 Codes. Removed maternal drug use during pregnancy as a qualifying condition. Updated signatories.	06/16	06/16
Removed MRSA and CHIP RSA from Products due to regional reference and added STAR Kids. Updated references and signatories. Grammatical edits.	04/17	04/17
Updated review date, signatories, and references. Deleted revision history prior to 2014 and work process.	04/18	04/18
Removed ICD10 codes from policy. Removed rental, purchase, and discontinuation of monitor information and repair and replacement information. Updated references and signatories. BRUE definition moved to definition section.	01/19	01/19
Updated to new template from TX.UM.10.01 (TX.CP.MP.501 nomenclature implementation). Added HCPCS codes to chart. Updated references.	01/20	01/20
Annual review. Updated references.	01/21	01/21
Annual review. Updated references. Modified Section I C to allow 1 year of age and older. Removed Section I, C, #2 *Severe, unstable anatomic abnormality of the airway* and replaced it with *chronic respiratory insufficiency.* Removed oxygen support from Section I C #3 and replaced with *chronic respiratory insufficiency or chronic lung disease requiring ventilator support.* Added defining HCPCS codes to notes for clarification purposes.	01/22	1/22

References

1. American Academy of Pediatrics (AAP) Policy Statement: Apnea, Sudden Infant Death, and Home Monitoring. April 2003. Available from: http://pediatrics.aappublications.org/content/111/4/914.full. Accessed September 2007.
2. American Academy of Pediatrics (AAP). Apnea Monitors. November 20, 2012. Available at www.healthychildren.org/English/ages-stages/baby/preemie/pages. Accessed June 4, 2013.
3. Texas Medicaid Provider and Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, 2.2.23.13 Cardiorespiratory Monitor (CRM), December 2021.
4. TX.UM.01 Utilization Management Program Description

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible

for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.