Apnea Monitor for Infants

I. Policy

University Health Alliance (UHA) will reimburse for apnea monitors for infants when they are determined to be medically necessary and when they meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

A. A home apnea monitor is covered for the following conditions (subject to Limitations/Exclusions and Administrative Guidelines):

   1. Infants who have experienced an apparent life-threatening event; defined as an episode that is frightening to observe and is characterized by some combination of apnea, color change, marked change in muscle tone, choking or gagging.
   2. Infants with tracheostomies or anatomic abnormalities making them vulnerable to airway compromises.
   3. Infants with neurologic or metabolic disorders affecting respiratory control.
   4. Infants with chronic lung disease (e.g., bronchopulmonary dysplasia), particularly those requiring supplemental oxygen, continuous positive airway pressure, or mechanical ventilation.

B. NOTE:

   This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

   Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members’ individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

   UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

A. Siblings with a history of sudden infant death syndrome (SIDS) do not establish medical necessity for use of a home apnea monitor for infants.

IV. Administrative Guidelines

A. Prior authorization is not required.
B. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record and must be made available to UHA upon request. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.

V. Policy History

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