



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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DURABLE MEDICAL EQUIPMENT BULLETIN

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APNEA MONITORS

"Apnea monitors" are defined as cardiorespiratory monitoring devices capable of providing continuous or periodic two-channel monitoring of heart rate and respiratory rate and must meet current Food and Drug Administration (FDA) guidelines for products in this class. Apnea monitors must have alarming mechanisms to alert care givers of cardiorespiratory distress or other events which require immediate intervention and must be capable of recording and storing events and of providing event recording downloads or printouts of such data.

CHANGE IN REQUIREMENTS FOR REIMBURSEMENT OF APNEA MONITORS

Apnea monitors are reimbursed on a rental basis. Effective June 1, 2006 prior authorization will be required for reimbursement of rental requests beyond the initial four (4) months. The medical necessity of the initial four months rental must be documented in the client's file; however, the medical necessity form does not need to be submitted for claim reimbursement. The initial four months rental may be billed utilizing the existing procedure code E0619.

Procedure code E0619 KJ should be utilized when requesting prior authorization and billing for months five through twelve. The prior authorization request must indicate the date on which the prior authorization should begin (the first day of the fifth month of rental).

The maximum months of rental which may be reimbursed for an Apnea monitor is limited to twelve (12) months total. The monthly Medicaid fee includes payment for professional time, all maintenance, pneumograms, downloads and supplies.

COVERAGE FOR APNEA MONITOR BEYOND INITIAL FOUR MONTHS

After the initial four (4) months of rental, additional months of rental may be authorized for patients who meet the following criteria:

- 1) One or more apparent life-threatening events requiring mouth-to-mouth resuscitation or vigorous stimulation; or
- 2) Symptomatic preterm infant (active medical management of apnea of prematurity); or
- 3) Sibling of one or more sudden infant death syndrome (SIDS) victims; or
- 4) Infant requires home oxygen therapy or invasive or non-invasive ventilatory support (technology dependent); or
- 5) Tracheotomized infant (technology dependent); or
- 6) Infants with severe gastroesophageal reflux with associated apneas; or
- 7) Infants with severe upper airway abnormalities (e.g., achondroplasia, Pierre-Robin syndrome, etc.); or
- 8) Infants with other disorders, specified on the Prior Authorization Request, that demonstrate a need for close cardiorespiratory monitoring to facilitate a more timely discharge to home.

Requirements for use of home monitoring include but are not limited to:

- 1) Infant cardiopulmonary resuscitation (CPR) training of care givers by certified trainers;
- 2) Education of caregiver regarding mechanical aspects in operation of monitors;
- 3) Twenty-four hour availability of monitor service staff; and
- 4) Attestation by the attending physician that the care givers are capable of being trained to use the monitor properly.

The following diagnoses or conditions alone are not indications for monitoring, and are **not** covered.

- 1) Seizure disorders (without life threatening events);

- 2) Hydrocephalus, uncomplicated;
- 3) Mental retardation;
- 4) Irreversible terminal conditions;
- 5) Congenital heart defects, with or without associated arrhythmias;
- 6) Distant family history of apnea or SIDS (other than an immediate sibling);
- 7) History of apnea monitor use with other siblings;
- 8) History of apnea with other sibling(s);
- 9) Parental anxiety or family request for a monitor;
- 10) Monitoring of blood oxygen saturation.

Apnea monitors should be discontinued as soon as there is no medical indication to support the need for continued home monitoring. If the attending physician recommends continued monitoring beyond the initial four (4) months of rental, evidence to support the medical need must be submitted with the Prior Authorization Request. Prior authorization requests must include the following:

1) Nontechnology dependent infants:

- a) Evidence that there has been clinically significant apnea or bradycardia within two (2) months prior to the date of the prior authorization request. Supportive evidence may include a copy of a recent download noting apneas or bradycardias; documentation of a recent pneumogram noting apneas or bradycardias; documentation of a recent emergency room visit or hospital admission for an apparent life threatening event; and
- b) Download report or download summary information with download report.

2) Technology dependent child:

- a) Evidence that the patient is still in need of the monitor. Supportive evidence may include copies of recent clinician follow-up reports noting equipment and services still in use, copies of home nursing agency visits reports noting equipment and services still in use, etc.; and
- b) Download report or download summary information with download report.

3) SIDS sibling:

- a) Evidence that there has been clinically significant apnea or bradycardia within two (2) months prior to the date of the prior authorization request. Supportive evidence may include a copy of a recent download noting apneas or bradycardias; documentation of a recent pneumogram noting apneas or bradycardias; documentation of a recent emergency room visit or hospital admission for an apparent life threatening event; and
- b) Patient is not beyond age of the death of the sibling who died of SIDS; and
- c) Download report or download summary information with download report.

APNEA MONITORS CURRENTLY BEING RENTED

Effective June 1, 2006, an Apnea monitor that has been reimbursed by Missouri Medicaid twelve months or more will no longer be reimbursed. Claims that have a from date of service prior to June 1, 2006 may be reimbursed if all other program requirements are met.

For individuals whom Medicaid has reimbursed four or more months but less than twelve months as of June 1, 2006, a prior authorization request must be submitted for the remaining months' rental. The from date of service on the prior authorization request must indicate the date on or after June 1, 2006 for which prior authorization is required. The prior authorization request must indicate, in the units field, the number of months for which prior authorization is requested.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletins page.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896