



MO HealthNet Pre-certification Criteria

Medical Procedure Class:	APNEA MONITOR, WITH RECORDING FEATURE – E0619 (RR)
Implementation Date:	September 11, 2008

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a consistent and streamlined authorization process for apnea monitor, with recording feature.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
Procedures subject to Pre-Certification	E0619RR: Apnea monitor, with recording feature	
Setting & Population:	All MO HealthNet fee-for-service participants under the age of 1.	
Data Sources:	<input type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> MHN Policy

Setting & Population

All MO HealthNet fee-for-service patients under the age of 1.

Approval Criteria

Prescriber criteria:

- Attending physician can attest to caregiver's proper use of monitor.

In addition, any one of the following criteria:

- Infant who has experienced an apparent life threatening event requiring CPR or vigorous stimulation.
- Symptomatic preterm infant undergoing medical management of apnea.
- Infant who requires home oxygen therapy.
- Infant who requires less than 24 hours of continuous ventilatory support.
- Infant with a tracheotomy. (Technology dependent)
- Infant is a sibling of one or more sudden infant death syndrome victims.
- Infant has an anatomic abnormality which causes a compromise to airway.
- Infant has gastroesophageal reflux, neurologic, or metabolic disorder that affects respiratory control.
- Infant has a chronic lung disease which requires supplemental oxygen.

Supplier criteria:

All criteria must be met:

- Caregivers have education regarding mechanical aspect of monitor.
- 24 hour monitor service staff is available.

Denial Criteria

Will be denied if any of the approval criteria is not met.

Quantity Limitation

E0619 RR – Rental for months 1-4

Approval Period

4 months.

Appendix A : Possible Step 1 and Step 2 Questions

****The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient and may not be encountered in the exact order below.**

1. Can attending physician attest to caregivers capability of proper use of monitor?
2. Does patient record document an infant who has experienced an apparent life threatening event requiring CPR or vigorous stimulation?
3. Does patient record document a symptomatic preterm infant with medical management of apnea?
4. Does patient require invasive ventilatory support?
5. Is use less than 24 hours per day?
6. Does patient record document an infant who requires home oxygen therapy?
7. What is the duration of need? _____

8. Is this a tracheotomized infant?
9. Does patient record document the patient is a sibling of one or more sudden infant death syndrome victims?
10. Does patient record document anatomic abnormality which causes a compromise to airway?
11. Does patient record document gastroesophageal reflux, neurologic, or metabolic disorder that affects respiratory control?
12. Does patient record document a chronic lung disease which requires supplemental O2?
13. Have caregivers had education regarding the mechanical aspect of the monitor?
14. Is there 24 hour monitor service staff?