

5160-10-09

DMEPOS: apnea monitors.

(A) Coverage.

(1) Initial payment may be made for rental of an apnea monitor for a period not to exceed four months, and after the first four months payment may be made either for additional rental or for purchase, only if the following conditions are satisfied:

(a) The monitoring unit meets current United States food and drug administration guidelines.

(b) The provider is capable of performing all of the following services:

(i) (i) Arranging to have certified individuals provide infant cardiopulmonary resuscitation (CPR) training to caregivers;

(ii) (ii) Providing education and instruction on the mechanical aspects of monitors; and

(iii) (iii) Providing a technician twenty-four hours a day to service monitoring equipment;

(c) For this initial rental period, the following information is recorded:

(i) At least one clinical indication from the following list:

(a) The occurrence of at least one apparent life-threatening event (ALTE) requiring mouth-to-mouth resuscitation or vigorous stimulation;

(b) A need for active medical management of apnea of prematurity;

(c) The occurrence of sudden infant death syndrome (SIDS) in a sibling;

(d) A need for home oxygen therapy or ventilatory support (either invasive or non-invasive) and associated technology-dependence;

(e) Tracheotomy and associated technology-dependence;

(f) An abnormal pneumogram at discharge from a medical facility;

(g) Severe gastroesophageal reflux and associated apnea;

(B) Constraints and limitations.

- (1) The following diagnoses, conditions, or circumstances are not by themselves indications for monitoring:
- (a) Seizures or seizure disorders in the absence of ALTEs;
 - (b) Uncomplicated hydrocephalus;
 - (c) Developmental disability;
 - (d) Terminal illness;
 - (e) Congenital heart defect, with or without associated arrhythmia;
 - (f) History of apnea in immediate siblings;
 - (g) History of monitor use with immediate siblings;
 - (h) History of apnea or SIDS in family members other than immediate siblings;
 - (i) Parental anxiety or family request for a monitor; and
 - (j) Need to monitor blood oxygen saturation.
- (2) Apnea monitoring in the home does not include pneumograms. A medically necessary pneumogram is ordered by a qualified prescriber and is based on the presence of appropriate symptoms or conditions. No payment will be made for a pneumogram that is used as a screening test in the absence of appropriate symptoms or conditions.

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CERTIFIED ELECTRONICALLY

Certification

12/22/2023

Date

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