

5160-10-09

DMEPOS: apnea monitors.

(A) Provider requirements. A provider of apnea monitors for use in the home must be capable of performing all of the following services:

- (1) Arranging to have certified individuals provide infant cardiopulmonary resuscitation (CPR) training to caregivers;
- (2) Providing education and instruction on the mechanical aspects of monitors; and
- (3) Providing a technician twenty-four hours a day to service monitoring equipment.

(B) Coverage.

- (1) Payment may be made for an apnea monitor on a rental/purchase basis.
- (2) The monitoring unit must meet current United States food and drug administration guidelines.
- (3) The default certificate of medical necessity (CMN) form is the ODM 02900, "Certificate of Medical Necessity: Apnea Monitors" (rev. 7/2018).
- (4) Payment for the initial rental of an apnea monitor is limited to four months. For this initial rental period, the CMN must include the following elements:
 - (a) At least one clinical indication from the following list:
 - (i) The occurrence of at least one apparent life-threatening event (ALTE) requiring mouth-to-mouth resuscitation or vigorous stimulation;
 - (ii) A need for active medical management of apnea of prematurity;
 - (iii) The occurrence of sudden infant death syndrome (SIDS) in a sibling;
 - (iv) A need for home oxygen therapy or ventilatory support (either invasive or non-invasive) and associated technology-dependence;
 - (v) Tracheotomy and associated technology-dependence;
 - (vi) An abnormal pneumogram at discharge from a medical facility;
 - (vii) Severe gastroesophageal reflux and associated apnea;
 - (viii) Severe upper airway abnormality (e.g., achondroplasia, Pierre Robin syndrome); or

- (b) Uncomplicated hydrocephalus;
 - (c) Mental retardation or other 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 must be ordered by a qualified licensed prescriber and must be 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.

Replaces: 5160-10-09

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5164.02
Rule Amplifies: 5164.02
Prior Effective Dates: 03/01/1984, 05/01/1990, 07/01/1997, 10/02/1997,
12/05/2002, 10/15/2006