Apnea Monitors
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Overview
Apnea monitors are used to monitor breathing and cardiac status for children at risk of apnea or sudden infant death syndrome (SIDS).

Eligible Providers
- Federally qualified health centers
- Hospitals
- Indian Health Services
- Medical suppliers
- Pharmacies
- Rural health clinics

TPL and Medicare
Providers must meet any provider criteria, including accreditation, for third party insurance or for Medicare to assist members for whom Minnesota Health Care Programs (MHCP) is not the primary payer.

MHCP quantity limits and thresholds apply to all members unless only Medicare coinsurance or deductible is requested.

Refer to the Medicare and Other Insurance section of the MHCP Provider Manual for more information.

Eligible Members
Apnea monitors are covered for eligible Medical Assistance and MinnesotaCare members who meet criteria described under the Covered Services heading.

Covered Services
Codes: A4556, A4557, E0618, E0619
MHCP covers the following equipment:
- Apnea monitor (E0618)
- Apnea monitor with recording feature (E0619)
- Electrodes (A4556)
- Lead wires (A4557)

Apnea monitors (E0618) are considered medically necessary for members under age 2 with any of the following risk factors or similar indications:
- Apnea (central or obstructive)

- Apnea of prematurity
- Apparent life-threatening events
- Choking or gagging
- Chronic lung disease, especially those requiring mechanical ventilation, positive airway pressure, or supplemental oxygen
- Marked change in muscle tone
- Metabolic or neurologic disorders affecting respiratory control
- Premature infants with delayed maturation of respiratory control
- Preterm infant with bradycardia or desaturation
- Pertussis
- Skin color change (that is, cyanosis, pallor, erythematous, or plethoric)
- Tracheotomies or anatomical abnormalities that make the infant vulnerable to airway compromise

Apnea monitors with recording features (E0619) are considered medically necessary when monitors without recording features will not meet the member's medical needs. Documentation must illustrate unusual symptoms or reporting of alarms that cause the physician to request recording feature and additional information.

Apnea monitors are covered for infants with siblings who died of sudden infant death syndrome (SIDS).

Apparent life-threatening events are frightening episodes for the member's caregiver that are usually characterized by one or more symptoms including central or obstructive apnea, choking or gagging, marked change in muscle tone, skin color change, and others.

Included with initial dispensing:

- Batteries
- Battery charger
- Carrying case
- Connecting cable
- Data collection transfer media and supplies
- Electrical cords
- Instructions

Separately billable at initial dispensing:

- Belt
- Electrodes
- Lead wires

Noncovered Services

MHCP does not cover the following:

- Apnea monitors as an alternative to polysomnography for diagnosis of obstructive sleep apnea or other conditions.
- Apnea monitors for indications not listed in this policy.
- Remote infrared sensor for detection of infant sleep apnea.

Authorization

Authorization is required for the following:

- Maintenance service.

- Repairs to member-owned equipment, regardless of submitted charge.

Refer to Non-Mobility Equipment Repairs for authorization requirements for repairs and maintenance service.

Billing

Providers are responsible to coordinate services. Refer to the Billing Policy Overview section of the MHCP Provider Manual for general billing information.

Bill apnea monitors using MN–ITS 837P Professional. Refer to the Billing for Durable Medical Equipment, Medical Supplies, Prosthetics, Orthotics, and Augmentative Devices MN–ITS user manual for general billing requirements and guidance when submitting claims.

- Use modifier NU for purchases.
- Use modifiers KH, KI, KJ, and RR for rentals.

Documentation must include:

- Member's diagnosis, including risk factors; and
- Order; and
- Anticipated duration of need.

Apnea monitors are capped rental items only. Documentation must clearly articulate the expected length of need. Providers must verify ongoing medical necessity at least every three months. Documentation must illustrate that the member has responded to treatment and continues to require treatment with the device.