

CHAPTER 7
SECTION 3.8

INFANTILE APNEA (FORMERLY IN-HOUSE CARDIORESPIRATORY MONITOR)

Issue Date: December 4, 1987

Authority: [32 CFR 199.4\(d\)\(3\)\(ii\)](#), 10 U.S.C. Section 1079(a)(15)

I. PROCEDURE CODE

HCCPS Level II Code E0608

II. DEFINITION

Apnea refers to abnormal cessation of air exchange. Infantile apnea is thought to be one of the pediatric disorders of respiratory control. Abnormalities that have been identified in infants with idiopathic apnea include prolonged episodes of apnea during sleep, often associated with bradycardia; an increased incidence of upper airway obstruction; a high density of short apneic episodes during sleep; excessive periodic breathing during sleep and diminished arousal and ventilatory responses to induced hypercapnia and hypoxemia.

III. POLICY

A. A cardiorespiratory monitor, with or without a trend-event recorder, may be cost-shared for in-home diagnostic data-collection or in-home clinical management of a condition or suspected condition which places the beneficiary at extraordinary risk of life threatening cardiorespiratory complications for which 24-hour per day observation would otherwise be clinically indicated.

B. Assumed compliance conditions. The following conditions are assumed to meet the clinical requirements of this policy for purposes of claims adjudication:

1. An infant who has had an Apparent Life-threatening Event (ALTE) characterized by some combination of apnea, color change, marked change in muscle tone, choking, or gagging which required mouth-to-mouth resuscitation or vigorous stimulation.

2. An infant who is a biological sibling of Sudden Infant Death Syndrome (SIDS) victim.

3. An infant whose birth weight was 1,500 grams (53 oz./3.31 lbs) or less.

4. A pre-term or other infant with pathologic apnea characterized by a prolonged pause of 20 seconds or a pause associated with cyanosis, abrupt, marked pallor or hypotonia, or bradycardia.

C. Other conditions. For other than assumed compliance conditions, the medical necessity of the equipment must be confirmed by contractor Level II medical review.

D. Associated services and items. The following services and items may be cost-shared in conjunction with an otherwise authorized cost-share of a cardiorespiratory monitor:

1. Hard copy analysis of physiological alarms.
2. Professional visits by or to a TRICARE authorized individual professional provider.
3. Diagnostic testing, including pneumograms (CPT code 94772) or pneumocardiograms accomplished other than as a screening test to predict SIDS or life-threatening apnea.

NOTE: Pneumocardiograms are to be reimbursed using CPT Codes 94772 and 93224.

4. Family training on how to respond to an Apparent Life-threatening Event (ALTE) provided by a TRICARE authorized individual professional provider.
5. Assistance necessary for proper use of the cardiorespiratory monitor or trend-event recorder.

E. Prescription required. The equipment must be prescribed by a TRICARE authorized or Uniformed Services physician. The initial prescription must include a medical history, a plan-of-care established by the prescribing physician which includes an element of prescribing physician supervision, and the rationale for the prescription. Subsequent prescriptions must include the rationale for the prescription renewal.

F. Other applicable policy. Equipment cost-share is subject to the provisions of the policy DURABLE MEDICAL EQUIPMENT/BASIC PROGRAM. Professional services cost-share is subject to area prevailing charge limitations.

IV. EXCLUSIONS

A. Screening Pneumogram. Cost-share of a 12- to 24-hour pneumogram (recordings of heart rate and thoracic impedance) accomplished solely as a predictive test for Sudden Infant Death Syndrome (SIDS) risk or life-threatening apnea risk is excluded.

B. Cost-share of a back-up electrical system or any alteration to the beneficiary's living space is excluded.

C. Any separate charge for the availability of medical, technical, or counseling assistance is excluded.

D. Equipment which monitors only respiration or cardiac function is excluded.

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