IEHP UM Subcommittee Approved Authorization Guidelines

Apnea Monitors and Home Pneumograms

Policy:

A. We recommend apnea monitors for approximately 3 months for infants under 12 months of age, for the following indications when documented by a letter from the prescribing physician:

1. Infants with one or more episode of clinically significant apnea (lasting over 20 seconds or accompanied by cyanosis or bradycardia);
2. Premature infants with symptoms of apnea;
3. Siblings of sudden infant death syndrome (SIDS) victims;
4. First cousin of three or more sudden infant death syndrome (SIDS) victims;
5. Infants with central hypoventilation;
6. Infants with tracheostomies;
7. Infants of cocaine- or heroin-abusing mothers;
8. Infants with an abnormal pneumogram (documentation of pneumogram results are required).

B. Infant apnea monitors are usually considered medically necessary for approximately 3 months except for specific conditions listed above. Continued use of an apnea monitor is considered medically necessary, even when infants become 1 year old during the course of specified medically necessary duration of use.

The later siblings of infants who died of SIDS present a unique emotional and clinical dilemma. Many clinicians suggest monitoring such infants until they are one month older than the age at which the sibling died, and remain event free, although such use is not directly supported by specific evidence in the peer reviewed medical literature. IEHP considers apnea monitors medically necessary in such circumstances.

Concurrent Utilization of Apnea Monitors:

Newer “smart” apnea monitors record both breathing and bradycardic events. Because smart monitors have the ability to provide a record of events, asking for a sleep study or pneumogram when a smart monitor is in use would generally not be medically necessary.
Background:

Apnea is absence of breathing. For reasons, which are poorly understood, some infants stop breathing for short periods of time during sleep. When breathing stops, a bluish discoloration to the lips and skin (cyanosis) may occur. The heart may slow down (bradycardia) during the event. Clinically significant apnea is considered stopping of breath for more than 20 seconds, (or less than 20 seconds if cyanosis or bradycardia also occurs). Such clinically significant episodes often require CPR or vigorous shaking to revive the infant. Central hypoventilation is a rare disorder wherein the brain does not signal the lungs to breathe. Sudden Infant Death Syndrome (SIDS) is a poorly understood condition resulting in death of infants for no known reason.

Apnea Monitors are devices that monitor the breathing rate (respiration) and heart rate (pulse). An alarm will sound when respiration and/or heart rate drops below a certain rate. Most devices consist of two electrodes placed on the infant’s chest. Caregivers must be trained in CPR so they will be able to respond to the alarm.

Home Pneumograms are devices that continuously record the breathing pattern and heartbeat of an infant, usually for 12-24 hours in a row. It may be used to follow patients who are already diagnosed with apnea, or to check breathing and heartbeat when medications are changed which may affect apnea.

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