

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 12.4
TITLE: INFANTILE APNEA

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(d)(3)(ii)

I. EFFECTIVE DATE

December 4, 1987

II. PROCEDURE CODE(S)

93224-93227, and 94772

III. DESCRIPTION

Apnea refers to abnormal cessation of air exchange. Infantile apnea is **considered to be** one of the pediatric disorders of respiratory control. Abnormalities 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, diminished arousal and ventilatory responses to induced hypercapnia and hypoxemia.

IV. 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 that puts 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 and only one criteria must be met:

1. infant who 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;

2. **infant that has** a biological sibling who was a Sudden Infant Death Syndrome (SIDS) victim;

3. infant whose birth weight was 1,500 grams (53 oz./3.31 lb.) or less; and
4. a pre-term or other infant with pathologic apnea marked by a prolonged pause of 20 seconds, or pause associated with cyanosis, abrupt, marked pallor or hypotonia or bradycardia.

C. Any other condition not listed above requires medical review to determine the medical necessity of the equipment.

D. Once a cardiorespiratory monitor is authorized, the following services and items may be cost shared in conjunction with the monitor:

1. hard copy analysis of physiological alarms;
2. visits by or to a CHAMPVA authorized individual professional provider;
3. diagnostic testing, including pneumocardiograms (CPT 93224) or pneumograms (CPT 94772) except as a screening test to predict SIDS or life-threatening apnea;
4. pneumocardiograms are reimbursed using CPT 93224 and 94772;
5. family training on how to respond to an Apparent Life-threatening Event (ALTE) provided by a CHAMPVA-authorized individual professional provider; and

6. training on use of the cardiorespiratory monitor or trend-event recorder.

E. Prescription required. The equipment must be prescribed by a physician and medical documentation must include a medical history, a plan-of-care established by the prescribing physician, supervision, and the rationale for the prescription. Additional prescriptions must include the reason for prescription renewal.

F. Cost share for equipment is subject to CHAMPVA policy at [Chapter 2, Section 17.1, Durable Medical Equipment And Supplies](#). The cost share for professional services is subject to area prevailing charge limitations.

V. EXCLUSIONS

A. Screening Pneumograms. Cost share of a 12 to 24 hour screening 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.

B. A back-up electrical system or any alteration to the beneficiary's living space.

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

TRANSMITTAL #: 75
DATE: 06/30/2004
TRICARE CHANGE #: N/A

D. Equipment which monitors only respiration or cardiac function.

END OF POLICY