

SmartMonitor Helpful for Filing

Apnea Monitor HCPCS E0618 or E0619

Overview

The following information describes coverage and payment information regarding the use of the Circadiance SmartMonitor: Coding, coverage, payment, and documentation guidelines are listed below. This is to be used as a guide. For an item to be covered by Medicaid, the following conditions apply: the item must be eligible for a defined Medicaid benefit category; the item must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member; the item must meet all applicable Medicaid statutory and regulatory requirements. For specific instructions, please reference your supplier manual or contact your State Medicaid Provider Helpline. Medicaid will typically pay on a rental basis for continuous use for up to six months, after which additional documentation may be required.

Definition

The SmartMonitor is an apnea monitor designed to monitor and record the baby's breathing (respiration) and heart (cardiac) activity. It alerts the caregiver if either of these activities exceeds the limits prescribed by the physician. SmartMonitor receives signals via electrodes attached to the patient and directly connected to the monitor, or from devices connected to the auxiliary inputs of the monitor. The monitor records and stores waveforms from patient events and logs equipment events in memory for review and analysis by a healthcare professional.



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Clinical Coverage Guidelines

The SmartMonitor is commonly prescribed for patients with one of the following conditions:

- A sibling who died with a diagnosis of SIDS.
 - Infants born at 35 weeks gestational age or less
 - Documented episodes of oxygen desaturation below 90%
 - Infant has symptomatic apnea
 - Documented gastro-esophageal reflux (GERD) which results in apnea, bradycardia, or oxygen desaturation
 - Observation of apparent life-threatening events (BRUE)
 - Infant is on oxygen
 - Symptomatic apnea due to neurological impairment
 - Infants with certain diseases or conditions such as central hyperventilation, bronchopulmonary dysplasia, tracheostomies, or substance-abusing mothers
 - The monitor is typically covered for an initial three to six month period and requires recertification (i.e., CMN) and/or prior authorization for use beyond initial period. Please note that the appearance of a diagnosis code does not guarantee coverage or payment. Suppliers should maintain supporting documentation in their files for each patient.
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Coding Guidelines

Payment methodologies for private payers and state Medicaid programs will vary. Typically, these payers reimburse for DME either through rental payments similar to the Medicare payment system or for a device in one lump-sum payment. While some private payers and Medicaid programs have established specific coverage policies for apnea monitors, many plans continue to conduct coverage review on a case-by-case basis. It is recommended that claims should be submitted with patient-specific documentation to support medical necessity.

HCPCS Codes for an Apnea Monitor are:

- E0618 – Apnea Monitor
- E0619 – Apnea Monitoring with Recording

While the SmartMonitor will record patient events, the code required by Medicaid to bill for the device varies from state to state. It is important to determine whether your state uses E0618 or E0619.

Some states will allow for the separate billing of supplies. Supplies associated with the monitor include batteries, a patient cable, one set of carbon or one box of sticky electrodes, one belt, one set of lead wires and one set of emergency replacement supplies.

- A4556 – Electrodes
- A4557 – Lead Wires

Provider Responsibilities

- Varying by state, provider responsibilities may include the following:
- Maintain and update documentation that proves the recipient’s family or current caregiver successfully completed infant Cardio Pulmonary Resuscitation (CPR) training
- Ensure that the type of apnea monitor prescribed and provided is a cardiorespiratory monitor
- Provide maintenance coverage 24 hours a day, seven days a week, which may include the aftermath of a national or natural disaster
- Respond to emergency repair requests within six hours, or set up a loaner monitor within two hours
- Ensure that a home visit to provide training is completed by a qualified registered nurse (RN), certified respiratory therapist (CRT), or a registered respiratory therapist (RRT) within five days following a hospital discharge or significant change in recipient’s caregiver
- Ensure and maintain documentation that a home visit is completed by a qualified RN, CRT, or RRT every 30 days after the initial visit
- Maintain documentation of all training provided and visits made by qualified staff and therapists
- Maintain documentation on file of loaner monitors provided, the testing of those monitors, and the repairs and maintenance of the equipment

2016 CMS (Medicare) Coding/Payment Update

Apnea monitoring and Event Recording Codes

CPT Code	CPT Description	2016 Facility Payment	2016 Non-Facility	Billing Frequency	APC	2016 APC Payment	2016 Status Indicator
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern heart rate per 30-day period of time; includes monitor attachment, download of data, physician review, interpretation, and preparation of a report	Carrier Priced Code Professional Only	Carrier Priced Code Professional Only	One per day	No Associated APC		Status Indicator B Code Not Recognized by OPPS when submitted on OH Part B Bill type (12x/13x)
94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)	Carrier Priced Code Technical Only	Carrier Priced Code Technical Only	One Per Day	5721	\$127.16	Status Indicator S Significant Procedure, Not Discounted when Multiple
94776	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only	Carrier Priced Code Technical Only	Carrier Priced Code Technical Only	One Per Day	5721	\$127.16	Status Indicator S Significant Procedure, Not Discounted when Multiple
94777	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; physician review, interpretation and preparation of report only	Carrier Priced Code Professional Only	Carrier Priced Code Professional Only	One Per Day	No Associated APC		Status Indicator B Code Not Recognized by OPPS when submitted on OH Part B Bill type (12x/13x)

HCPCS Code	HCPCS Description	Facility/Non-Facility	DME	Frequency	APC	APC Status Indicator
E0618	Apnea monitor, without recording feature	Facility/Non-Facility \$309.95	Varies by DMERC	One per Month	No Associated APC	Status Indicator Y Non-Implantable Durable Medical Equipment All institutional providers other than home health agencies bill to DMERC
E0619	Apnea monitor, with recording feature	\$0	Varies by DMERC	One per Month	No Associated APC	Status Indicator Y Non-Implantable Durable Medical Equipment All institutional providers other than home health agencies bill to DMERC
A4556	Electrodes, (e.g., apnea monitor), per pair	\$13.43	Varies by DMERC		No Associated APC	Status Indicator N Items and Services Packaged into APC
A4557	Lead wires, (e.g., apnea monitor), per pair	\$0	Varies by DMERC		No Associated APC	Status Indicator N Items and Services Packaged into APC

ICD-10 Code	Description
A37.00	Whooping Cough due to Bordatella pertussis without pneumonia
A37.01	Whooping Cough due to Bordatella pertussis with pneumonia
A37.10	Whooping Cough due to Bordatella parapertussis without pneumonia
A37.11	Whooping Cough due to Bordatella parapertussis with pneumonia
A37.80	Whooping Cough due to Bordatella species without pneumonia
A37.81	Whooping Cough due to Bordatella species with pneumonia
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
G93.1	Anoxic brain damage, not elsewhere classified
K21.9	Gastro-esophageal reflux disease without esophagitis
P07.0-P07.18	Disorders of newborn related to short gestation and low birthweight, not elsewhere classified

P22.0-P28.89	Respiratory disorders specific to the perinatal period
P27.1	Bronchopulmonary dysplasia originating in perinatal period
P28.2	Cyanotic attacks of newborn
P28.3	Primary Sleep Apnea
P28.4	Other, apnea of newborn
P29.12	Neonatal bradycardia
Q30.0-34.9	Congenital malformations of esophagus
Q31.0	Web of larynx
Q31.1	Congenital subglottic stenosis
Q31.5	Congenital laryngomalacia
Q31.8	Other congenital malformations of larynx
Q31.9	Congenital malformation of larynx, unspecified
Q32.0	Congenital tracheomalacia
Q32.1	Other congenital malformations of trachea
Q32.2	Congenital bronchomalacia
Q33.4	Congenital bronchiectasis
Q34.8	Other specified congenital malformations of respiratory system
Q34.9	Congenital malformation of respiratory system, unspecified
Q39.0	Atresia of esophagus without fistula
Q39.1	Atresia of esophagus with trachea-esophageal fistula
Q39.2	Congenital trachea-esophageal fistula without atresia
Q39.4	Esophageal web
Q39.5	Congenital dilatation of esophagus
Q39.6	Congenital diverticulum of esophagus
Q39.8	Other congenital malformations of esophagus
Q39.9	Congenital malformation of esophagus, unspecified
R00.1	Brachycardia, unspecified
R00.81	Apnea, not otherwise classified

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R23.0	Cyanosis
R23.1	Pallor
Z93.0	Tracheostomy status
Z99.1	Dependence on respirator
Z99.81	Dependence on supplemental oxygen

**2016 CMS (Medicare) Coding/Payment Update
Apnea Monitoring and Event Recording Codes**

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