(1) The medicaid agency covers, without prior authorization, the rental of an apnea monitor (cardiorespiratory monitor) with recording feature for a maximum of six months when:

(a) The client is less than one year of age and meets at least one of the following clinical criteria:
   (i) Born less than thirty-seven weeks gestation, and the infant is not more than forty-three weeks corrected gestational age;
   (ii) Had an apparent life-threatening apneic event (defined as requiring mouth-to-mouth resuscitation or vigorous stimulation);
   (iii) Has been diagnosed with bradycardia and is being treated with caffeine, theophylline, or other stimulating agents;
   (iv) Has documented gastro-esophageal reflux which results in apnea, bradycardia, or oxygen desaturation;
   (v) Has documented apnea greater than twenty seconds in duration;
   (vi) Has apnea for periods less than twenty seconds in duration and accompanied by bradycardia, cyanosis, or pallor;
   (vii) Has bradycardia (defined as heart rate less than one hundred beats per minute);
   (viii) Has oxygen desaturation below ninety percent;
   (ix) Has neurologic/anatomic/metabolic or respiratory diseases affecting respiratory drive; or
   (x) Is a subsequent sibling of an infant who died of sudden infant death syndrome (SIDS), until the client is one month older than the age at which the earlier sibling died and the client remains event-free; and

(b) The vendor has a licensed clinician with competency in pediatric respiratory care responsible for management of the client's apnea monitoring.

(2) For each subsequent rental period, the client must continue to meet the clinical criteria in subsection (1) of this section and the vendor must obtain prior authorization from the medicaid agency.

(3) Documentation of the result of the use of an apnea monitor must be kept in the client's record.

[Statutory Authority: RCW 41.05.021. WSR 12-14-022, § 182-552-0300, filed 6/25/12, effective 8/1/12.]