


# MEDICAL POLICY – 1.01.534

## Home Apnea Monitoring

Ref. Policy: MP-008	
Effective Date: April 1, 2024	RELATED MEDICAL POLICIES:
Last Revised: Mar. 25, 2024	1.01.529 Durable Medical Equipment
Replaces: N/A	

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### Introduction

Infant apnea is a condition where a baby’s breathing unexpectedly slows or stops for 20 seconds or longer. Infant apnea can be caused by the brain not sending proper signals to the muscles that control breathing (central apnea), a narrowed airway due to throat muscle relaxation (obstructive apnea), or a combination of the two (mixed apnea). Home monitoring of infant apnea tracks the breathing and heart rate of sleeping infants. This policy describes when home apnea monitoring may be considered medically necessary.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

### Policy Coverage Criteria

Device	Medical Necessity
Home apnea monitors	Home apnea monitors may be considered medically necessary when they are equipped with an event recorder and are

Device	Medical Necessity
	<p data-bbox="586 247 1446 327"><b>indicated for a limited period of time for infants 12 months of age or younger with any of the following indications:</b></p> <ul data-bbox="586 338 1406 417" style="list-style-type: none"> <li data-bbox="586 338 1406 417">• An infant who has experienced an apparent life-threatening event (ALTE)</li> </ul> <p data-bbox="586 428 634 457"><b>OR</b></p> <ul data-bbox="586 474 1455 554" style="list-style-type: none"> <li data-bbox="586 474 1455 554">• Premature infants who are at high risk for recurrent episodes of apnea</li> </ul> <p data-bbox="586 564 634 594"><b>OR</b></p> <ul data-bbox="586 611 1455 690" style="list-style-type: none"> <li data-bbox="586 611 1455 690">• Bradycardia to less than 80 beats per minute and hypoxia, oxygen saturation below 90%, after discharge from the hospital</li> </ul> <p data-bbox="586 701 634 730"><b>OR</b></p> <ul data-bbox="586 747 1386 865" style="list-style-type: none"> <li data-bbox="586 747 1386 865">• Infants who are technology dependent: tracheostomy, continuous positive airway pressure (CPAP), or mechanical ventilation</li> </ul> <p data-bbox="586 875 634 905"><b>OR</b></p> <ul data-bbox="586 921 1008 951" style="list-style-type: none"> <li data-bbox="586 921 1008 951">• Infants with unstable airways</li> </ul> <p data-bbox="586 961 634 991"><b>OR</b></p> <ul data-bbox="586 1008 1360 1125" style="list-style-type: none"> <li data-bbox="586 1008 1360 1125">• Infants with neurologic or metabolic disorders affecting respiratory control or rare medical conditions that affect regulation of breathing</li> </ul> <p data-bbox="586 1136 634 1165"><b>OR</b></p> <ul data-bbox="586 1182 1057 1211" style="list-style-type: none"> <li data-bbox="586 1182 1057 1211">• Infants with chronic lung disease</li> </ul> <p data-bbox="586 1222 634 1251"><b>OR</b></p> <ul data-bbox="586 1268 1211 1297" style="list-style-type: none"> <li data-bbox="586 1268 1211 1297">• Infants with confirmed diagnosis of pertussis</li> </ul> <p data-bbox="586 1308 634 1337"><b>OR</b></p> <ul data-bbox="586 1354 1446 1522" style="list-style-type: none"> <li data-bbox="586 1354 1446 1522">• Later siblings of infants who died of Sudden Infant Death Syndrome (SIDS) until the siblings are one month older than the age at which the earlier sibling died and they remain event free</li> </ul> <p data-bbox="586 1533 656 1562"><b>AND</b></p> <ul data-bbox="586 1579 1446 1839" style="list-style-type: none"> <li data-bbox="586 1579 1446 1839">• The physician must establish a specific plan for periodic review and criteria for termination of the home monitor before initiating therapy. Parents require supportive care and education and need to be advised that home monitoring has never been demonstrated to reduce the rate of mortality caused by sudden infant death syndrome (SIDS).</li> </ul>



Device	Medical Necessity
	<p><b>Infant apnea monitors may be considered investigational for all other indications because their effectiveness for indications other than the ones listed above has not been established.</b></p> <p><b>Note:</b> See Related Information below for <a href="#">Limitations</a></p>

## Coding

Code	Description
<b>CPT</b>	
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time includes monitor attachment, download of data, physician review, interpretation, and preparation of a report
94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time: includes monitor attachment only (includes hook-up, initiation of recording and disconnection)
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 transmissions(s) and analyses by computer only
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

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## Related Information

### Limitations

- Home apnea monitors should be discontinued after infants are event-free (no episodes of apnea/bradycardia) for six weeks and post-conception age of 43 weeks.



- The use of the apnea monitor is not indicated for the sole purpose of prevention of sudden infant death syndrome (SIDS) without a history of sibling SIDS.
- This policy will follow the capped rental period – see [Related Policies](#)

## Evidence Review

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### Background

The American Academy of Pediatrics (AAP) defines infant apnea as an unexplained episode of cessation of breathing for 20 seconds or longer, or a shorter respiratory pause associated with bradycardia, cyanosis, pallor, and/or marked hypotonia. Apnea is more common in pre-term infants and rare in full-term healthy infants. It can be classified into three types: central apnea, obstructive apnea, and mixed.

- Central apnea – when the brain temporarily fails to send proper signals to the muscles that control breathing
- Obstructive apnea – when the throat muscles relax and the airway is narrowed and ultimately cutting off breathing. This is the most common form and is characterized by noisy snoring
- Mixed apnea – is a combination of central and obstructive apnea. It is seen in infants/children who have abnormal control of breathing

Home monitoring is usually indicated until the child is free of apneic spells for six to eight weeks.

The AAP Task Force on Sudden Infant Death Syndrome (SIDS) defines an apparent life-threatening event (ATLE) as an episode that is frightening to the observer and is characterized by some combination of apnea (central or occasionally obstructive), color change (usually cyanotic or pallid but occasionally erythematous or plethoric), marked change in muscle tone (usually marked limpness), choking, or gagging.

## References

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1. American Academy of Pediatrics. Committee on Fetus and Newborn. Policy Statement. Apnea, Sudden Infant Death Syndrome, and Home Monitoring. Pediatrics. 2003 Apr; 111(4): 914-917. Reaffirmed: 05/2007. <https://pediatrics.aappublications.org/content/pediatrics/111/4/914.full.pdf>. Last accessed March 8, 2024.
2. American Academy of Pediatrics. Task Force on Sudden Infant Death Syndrome. Policy Statement. The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk. Pediatrics 2005 Oct; 116(5): 1245-1256. <http://pediatrics.aappublications.org/content/116/5/1245.full.pdf>. Last accessed March 8, 2024.
3. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Sleep Testing for Obstructive Sleep Apnea (OSA). 240.4.1. Effective date: 3/3/2009. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=330&ncdver=1&DocID=240.4.1&bc=gAAAAAgAAAAAA%3d%3d&>. Last accessed March 8, 2024.
4. Fu LY, Moon RY. Apparent life-threatening events (ALTEs) and the role of home monitors. Pediatr Rev. 2007 Jun; 28(6): 203-208. <http://www.ncbi.nlm.nih.gov/pubmed/17545331>. Last accessed March 8, 2024.
5. Hall KL, Zalman B. Evaluation and management of apparent life-threatening events in children. Am Fam Physician. 2005 Jun; 71(12): 2301-2308. <https://www.aafp.org/pubs/afp/issues/2005/0615/p2301.html>. Last accessed March 8, 2024.
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## History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Home apnea monitors may be considered medically necessary when they are equipped with an event recorder and are indicated for a limited period of time for infants when criteria are met.
08/01/20	Annual Review, approved July 2, 2020. No changes to policy statement.
08/01/21	Annual Review, approved July 9, 2021. Added Investigational statement, "Infant apnea monitors may be considered investigational for all other indications because their effectiveness for indications other than the ones listed above has not been established". References updated.
05/01/22	Annual Review, approved April 11, 2022. No changes to policy statement.
04/01/23	Annual Review, approved March 20, 2023. References updated, no changes to policy statements. Changed the wording from "patient" to "individual" throughout the policy for standardization.
04/01/24	Annual Review, approved March 25, 2024. References updated, no changes to policy statements.

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