LifeWise
Health Plan of Washington

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
	indicated for a limited period of time for infants 12 months of age or younger with any of the following indications: • An infant who has experienced an apparent life-threatening event (ALTE) **OR** • Premature infants who are at high risk for recurrent episodes of apnea **OR** • Bradycardia to less than 80 beats per minute and hypoxia, oxygen saturation below 90%, after discharge from the hospital **OR** • Infants who are technology dependent: tracheostomy, continuous positive airway pressure (CPAP), or mechanical ventilation **OR** • Infants with unstable airways **OR** • Infants with neurologic or metabolic disorders affecting respiratory control or rare medical conditions that affect regulation of breathing **OR** • Infants with chronic lung disease **OR** • Infants with confirmed diagnosis of pertussis **OR** • 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 **AND** • 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).

Device	Medical Necessity
	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. **Note:** See Related Information below for **Limitations**

Coding

Code	Description
CPT	
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

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

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

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=gAAAAAgAAAAAAA%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.
6. Rocker JA, Bechtel KA. Pediatric Apnea. Last updated: July 18, 2021. **http://emedicine.medscape.com/article/800032-overview**. Last accessed March 8, 2024.

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.

local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.

LifeWise

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Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-817-3056（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-817-3056 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.
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ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-817-3056 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711).

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توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-817-3056 (TTY: 711) تماس بگیرید.