

## Medical Coverage Policy | Home Apnea Monitoring



**EFFECTIVE DATE:** 02|17|2015

**POLICY LAST UPDATED:** 02|17|2015

### OVERVIEW

Home apnea monitors track respiratory effort and heart rate in order to detect episodes of apnea. They have been proposed for a variety of indications including but not limited to children at increased risk of sudden infant death syndrome (SIDS) and children who have experienced a life-threatening event.

### PRIOR AUTHORIZATION

Prior authorization review is not required.

### POLICY STATEMENT

#### Commercial

Home apnea monitors are covered. This item requires a prescription and must be provided by a Durable Medical Equipment (DME) vendor. Movement sensors purchased at retail establishments do not meet the definition of durable medical equipment.

Home apnea monitoring is considered **not medically necessary** in infants with any siblings with a history of sudden infant death syndrome (SIDS), but without at least one of the indications cited.

Home apnea monitoring in all other conditions, including but not limited to the diagnosis of obstructive sleep apnea, is considered **not medically necessary**.

#### BlueCHiP for Medicare

Not applicable.

### MEDICAL CRITERIA

Not applicable.

### BACKGROUND

Home apnea monitors track respiratory effort and heart rate and have been used to monitor central apnea of prematurity in newly discharged at-risk or high-risk premature infants (infants are at increased risk of cardiorespiratory events until 43 weeks' postconceptual age) and in other infants at risk of apnea. An alarm will sound if there is respiratory cessation (central apnea) beyond a predetermined time limit (eg, 20 seconds) or if the heart rate falls below a preset rate (bradycardia) to notify the parent that intervention (stimulation, mouth-to-mouth resuscitation, cardiac compressions) is required. Unless an oximeter is added to the 2-channel devices, home apnea monitors are not effective at detecting obstructive sleep apneas. False alarms due to movement artifact are common with pulse oximeters, and these devices are not intended for the diagnosis of sleep-disordered breathing in a child.

Home apnea monitoring may be considered **medically necessary** in infants younger than 12 months of age in the following situations:

- Those who have experienced an apparent life-threatening event, defined as an episode that is characterized by some combination of apnea, color change, marked change in muscle tone, choking, or gagging, and is frightening for the parent or caretaker to observe; OR
- Those with tracheostomies or anatomic abnormalities that make them vulnerable to airway compromise; OR

- Those with neurologic or metabolic disorders affecting respiratory control, including central apnea and apnea of prematurity; OR
- Those with chronic lung disease (i.e., bronchopulmonary dysplasia), particularly those requiring supplemental oxygen; continuous positive airway pressure; or mechanical ventilation.

### COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable coverage/benefits.

Reimbursement is not provided for:

- a backup electrical system;
- parental training sessions, including cardiopulmonary resuscitation (CPR), or in the use of the monitor when identified as a separate charge

### CODING

#### Commercial

The following CPT codes are covered:

**94772, 94774, 94775, 94776, 94777**

The following HCPCS codes are covered:

**E0618, E0619**

#### ICD-9 and ICD-10 Diagnosis Codes that may support medical necessity:



Home Apnea  
Monitoring ICD 9 Cod



Home Apnea  
Monitoring ICD 10 Co

### RELATED POLICIES

Not applicable.

### PUBLISHED

Provider Update	Apr 2015
Policy Update	May 2008
Policy Update	Sep 2007
BCBSRI.com	Jul 2007

### REFERENCES

1. Task Force on Sudden Infant Death S, Moon RY. SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics* 2011; 128(5):1030-9.
2. National Institute of Child Health and Human Development (NICHD). Safe to Sleep campaign. Available online at: <http://www.nichd.nih.gov/SIDS/Pages/sids.aspx>. Last accessed January, 2013.
3. American Academy of Pediatrics Committee on Fetus and Newborn. Apnea, sudden infant death syndrome, and home monitoring. *Pediatrics* 2003; 111(4 pt 1):914-7.
4. Ramanathan R, Corwin MJ, Hunt CE et al. Cardiorespiratory events recorded on home monitors: Comparison of healthy infants with those at increased risk for SIDS. *JAMA* 2001; 285(17):2199-207.
5. Hoppenbrouwers T, Hodgman JE, Ramanathan A et al. Extreme and conventional cardiorespiratory events and epidemiologic risk factors for SIDS. *J Pediatr* 2008; 152(5):636-41.

6. Strehle EM, Gray WK, Gopisetti S et al. Can home monitoring reduce mortality in infants at increased risk of sudden infant death syndrome: a systematic review. *Acta Paediatr* 2012; 101(1):8-13.
7. AAP Publications Reaffirmed and Retired. *Pediatrics* 2012; 130(2):e467-e68.

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