Apnea Monitor for Infants

Policy Number: MM.01.001
Original Effective Date: 04/15/2006
Line(s) of Business: HMO; PPO; QUEST
Current Effective Date: 09/27/2013
Section: DME
Place(s) of Service: Home

I. Description
Home cardiorespiratory (i.e., apnea) monitors generally monitor both respiratory and heart rates. An alarm will sound if there is respiratory cessation (apnea) beyond a predetermined time limit (e.g., 20 seconds) or if the heart rate falls below a preset rate (bradycardia).

II. Criteria/Guidelines
Home apnea monitors are covered for the following conditions (subject to Limitations/Exclusions and Administrative Guidelines):

A. Infants who have experienced an apparent life-threatening event; defined as an episode that is frightening to observe and is characterized by some combination of apnea, color change, marked change in muscle tone, choking or gagging.
B. Infants with tracheostomies or anatomic abnormalities making them vulnerable to airway compromises.
C. Infants with neurologic or metabolic disorders affecting respiratory control.
D. Infants with chronic lung disease (e.g., bronchopulmonary dysplasia), particularly those requiring supplemental oxygen, continuous positive airway pressure, or mechanical ventilation.

III. Limitations/Exclusions
Siblings with a history of sudden infant death syndrome (SIDS) do not establish medical necessity for use of a home apnea monitor for infants.

IV. Administrative Guidelines
Precertification is not required. Documentation supporting the medical necessity should be legible, maintained in the patient’s medical record and must be made available to HMSA upon request. HMSA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria.
**CPT** | **Description**
---|---
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 report
94775 | monitor attachment only (includes hook-up, initiation of recording and disconnection)
94776 | monitoring, download of information, receipt of transmission(s) and analyses by computer only
94777 | physician review, interpretation and preparation of report only

**HCPCS** | **Description**
---|---
E0618 | Apnea monitor, without recording feature
E0619 | Apnea monitor, with recording feature

V. **Scientific Background**

This policy is based on the American Academy of Pediatrics policy statement on Apnea, Sudden Infant Death Syndrome, and Home Monitoring. The policy statement does not recommend apnea monitoring in SIDS siblings, noting that the theory that apneic episodes are related to SIDS has never been proven in spite of extensive research over several decades. In addition, epidemiologic studies have failed to document any impact of home cardiorespiratory monitoring for apnea and/or bradycardia on the incidence of SIDS. Moreover, the document noted that there is no evidence that the presence of apnea and/or bradycardia can identify a group at increased risk of SIDS, that home monitoring can provide warning in time for intervention to prevent sudden death, or that intervention would be successful in preventing unexpected death. The statement concludes that “given the lack of evidence that home cardiorespiratory monitoring has any impact on SIDS, prevention of SIDS is not an acceptable indication for home cardiorespiratory monitoring.” The American Academy of Pediatrics recommends that pediatricians should promote proven practices that decrease the risk of SIDS – supine sleep position, safe sleeping environments, and elimination of prenatal and postnatal exposure to tobacco smoke. Parents should also be advised that home cardiorespiratory monitoring has not been proven to prevent sudden unexpected death in infants.

VI. **Important Reminder**

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.
Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii’s Patients’ Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA’s determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VII. References