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MEDICAL POLICY – 1.01.534

Home Apnea Monitoring

Ref. Policy: MP-008

Effective Date:	Apr. 1, 2025	RELATED MEDICAL POLICIES:
Last Revised:	Mar. 24, 2025	1.01.529 Durable Medical Equipment
Replaces:	N/A	

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POLICY CRITERIA | CODING | RELATED INFORMATION
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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 a Brief Unexplained Resolved Event (BRUE) **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

N/A

References

1. Dick, A. Outcomes for the apparent life-threatening event infant. Health Science Reports. 2023 Feb; 6:e1152. Outcomes for the apparent life-threatening event infant. **https://pubmed.ncbi.nlm.nih.gov/36938143/**. Accessed February 24, 2025.
2. Eichenwald, EC. Apnea of Prematurity. Pediatrics. 2023; 137 (1): e20153757. Apnea of Prematurity | Pediatrics | American Academy of Pediatrics. **https://pubmed.ncbi.nlm.nih.gov/26628729/**. Accessed February 24, 2025.
3. 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**. Accessed February 24, 2025.
4. Moon RY, Carlin RF, Hand I. Evidence Base for 2022 Updated Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of Sleep-Related Infant Deaths. Paediatrics. 2022 Jul;150 (1):e2022057991. **https://pubmed.ncbi.nlm.nih.gov/35921639/**. Accessed February 24, 2025.
5. Rocker JA, Bechtel KA. Pediatric Apnea. Last updated: July 18, 2021. **http://emedicine.medscape.com/article/800032-overview**. Accessed February 24, 2025.
6. Velumula P, Jani S, Kanike N, Chawla S. Monitoring of Infants Discharged Home with Medical Devices. Pediatric Annals. 2020 Nov; 49 (2). Monitoring of Infants Discharged Home with Medical Devices | Pediatric Annals. **https://pubmed.ncbi.nlm.nih.gov/32045488/**. Accessed February 24, 2025.
7. Lee J, Robinson J and Spady D. Frequency of apnea, bradycardia, and desaturations following first diptheria-tetanus-pertussis-inactivated polio-Haemophilus influenza type B immunization in hospitalized preterm infants. BMC Pediatrics. 2006; 6 (20). **https://bmcpediatr.biomedcentral.com/articles/10.1186/1471-2431-6-20**. Accessed February 24, 2025.

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.
04/01/25	Annual Review, approved March 24, 2025. Policy reviewed, references updated. No changes to policy criteria.

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.