Medical Policy
Home Apnea Monitoring

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Policy Number: 224
BCBSA Reference Number: 1.01.06

Related Policies
- Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome, #293

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO Blue℠ and Medicare PPO Blue℠ Members
Home cardiorespiratory monitoring (pneumogram) may be MEDICALLY NECESSARY in infants younger than 12 months of age in the following situations:
- Those who have experienced an apparent life-threatening event,
- Those with tracheostomies or anatomic abnormalities that make them vulnerable to airway compromise,
- Those with neurologic or metabolic disorders affecting respiratory control, including central sleep apnea, or
- Those with chronic lung disease (i.e., bronchopulmonary dysplasia), particularly those requiring supplemental oxygen; continuous positive airway pressure; or mechanical ventilation.

Home cardiorespiratory monitoring (pneumogram) is 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 cardiorespiratory monitoring (pneumogram) in all other conditions, including, but not limited to, the diagnosis of obstructive sleep apnea, is INVESTIGATIONAL.

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
Prior authorization is NOT required.

Commercial Members: PPO, and Indemnity
Prior authorization is NOT required.
Medicare Members: HMO Blue\textsuperscript{SM}
Prior authorization is **NOT** required.

Medicare Members: PPO Blue\textsuperscript{SM}
Prior authorization is **NOT** required.

**CPT Codes / HCPCS Codes / ICD-9 Codes**
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>94772</td>
<td>Circadian respiratory pattern recording (pediatric pneumogram), 12–24 hour continuous recording, infant</td>
</tr>
<tr>
<td>94774</td>
<td>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.</td>
</tr>
<tr>
<td>94775</td>
<td>Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)</td>
</tr>
<tr>
<td>94776</td>
<td>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 transmission(s) and analyses by computer only</td>
</tr>
<tr>
<td>94777</td>
<td>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</td>
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**HCPCS Codes**

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<th>HCPCS codes</th>
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<tr>
<td>A4556</td>
<td>Electrodes (e.g., apnea monitor), per pair</td>
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<tr>
<td>A4557</td>
<td>Lead wires (e.g., apnea monitor), per pair</td>
</tr>
<tr>
<td>E0618</td>
<td>Apnea monitor, without recording feature</td>
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<tr>
<td>E0619</td>
<td>Apnea monitor, with recording feature</td>
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**Description**
Home apnea monitors generally provide a way to observe respiratory effort and heart rate and are typically utilized 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’ post-gestational age). 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.

Examples of infant apnea monitors for continuous monitoring of respiration, heart rate, and SpO2 (pulse oximetry of infant patients in a hospital or home environment include the SmartMonitor 2 Apnea Monitor from Philips Children’s Medical Ventures, Respironics. All infant apnea monitors for continuous monitoring of respiration, heart rate, and SpO2 (pulse oximetry of infant patients in a hospital or home environment
are considered investigational regardless of the commercial name, the manufacturer or FDA approval status except as noted in the policy statement.

Summary
There is insufficient evidence from published studies and a lack of support from national guidelines for home apnea monitoring to prevent SIDS. For other respiratory conditions, there is also a lack of published evidence; however national guidelines published by the American Academy of Pediatrics (AAP) have identified specific groups of infants who might benefit from home monitoring because of other factors that increase the risk of sudden death (e.g. tracheostomies, chronic lung disease, etc.). These conditions identified by the AAP as benefiting from home apnea monitoring may therefore be considered medically necessary.

Policy History

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<th>Date</th>
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<tr>
<td>5/2013</td>
<td>New references from BCBSA National medical policy.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References