

Premier Health Plan

POLICY AND PROCEDURE MANUAL

Policy Number: MP.008.PH
Last Review Date: 05/10/2018
Effective Date: 07/01/2018

MP.008.PH - Home Apnea Monitoring

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Home Apnea Monitoring** medically necessary for the following indications:

Home apnea monitors must be equipped with an event recorder and are indicated for a limited period of time for infants 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, and hypoxia 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 rare medical conditions that affect regulation of breathing,
- 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 SIDS.

Limitations

1. Coverage is applicable only to those infants 12 months of age and younger
2. 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.
3. The use of the apnea monitor is not indicated for the sole purpose of prevention of SIDS without a history of sibling SIDS.
4. This policy will follow the capped rental period – see policy PA.010 Durable Medical Equipment and Corrective Appliances.

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Background

The American Academy of Pediatrics 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.

Codes:

CPT Codes	
Code	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 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

References

1. American Academy of Pediatrics. Committee on Fetus and Newborn. Policy Statement. Apnea, Sudden Infant Death Syndrome, and Home Monitoring.

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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.
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 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=gAAAAAgAAAAAA%3d%3d&>
 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>
 5. Hall KL, Zalman B. Evaluation and management of apparent life-threatening events in children. Am Fam Physician. 2005 Jun; 71(12): 2301-2308.
<http://www.aafp.org/afp/2005/0615/p2301.pdf>
 6. Rocker JA, Bechtel KA. Pediatric Apnea. Last updated January 16, 2015.
<http://emedicine.medscape.com/article/800032-overview>

Disclaimer:

Premier Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Premier Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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