

## Evidence Based Guideline

# Apnea Monitor for Use in the Home

**File Name:** apnea\_monitor\_for\_use\_in\_the\_home  
**Guideline Number:** EBG.DME0080  
**Origination:** 12/1994  
**Last Review:** 5/2003

**Active guideline, no longer scheduled for routine literature review.**

### Description of Procedure or Service

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Apnea of infancy is defined as an unexplained episode of cessation of breathing for at least 20 seconds or for less than 20 seconds and associated with [bradycardia](#), [cyanosis](#), pallor and/or marked [hypotonia](#). Preterm infants are at greater risk of extreme apnea episodes than term infants.

An Apparent Life-Threatening Event (ALTE) is an episode that is frightening to the observer and characterized by some combination of apnea, color change, change in muscle tone (usually marked limpness), choking or gagging.

Home apnea monitors generally monitor both respiratory and heart rates. An alarm will sound if there is respiratory cessation beyond a predetermined time limit (for example, 20 seconds) or if the heart rate falls below a certain rate.

### Evidence Based Guideline for Apnea Monitor for Use in the Home

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A home apnea monitor, prescribed by a physician, may be appropriate for:

- ◆ infants who have experienced an ALTE
- ◆ infants with tracheostomies or anatomic abnormalities that make them vulnerable to airway compromise
- ◆ infants with neurologic or metabolic disorders affecting respiratory control
- ◆ infants with chronic lung disease (bronchopulmonary dysplasia), especially those requiring supplemental oxygen, continuous positive airway pressure or mechanical ventilation
- ◆ infants who are at high risk of recurrent episodes of apnea, bradycardia, and hypoxemia after hospital discharge

High risk infants may be monitored for up to 12 months. Monitoring is recommended until the child has been free of apneic episodes for two months.

Parents and other caregivers should be trained in observation techniques, operation of the monitor, and infant cardiopulmonary resuscitation (CPR). Medical and technical support staff should always be available for direct or telephone consultation. A care plan including periodic reassessment of historical, physical, developmental and laboratory data are essential.

## Policy: Apnea Monitor for Use in the Home

### Medical Evidence regarding Apnea Monitor for Use in the Home indicates it is not recommended in the following situations:

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Home apnea monitors are not recommended for indications not listed above.

Based on the policy statement of the American Academy of Pediatrics, peer-reviewed evidence indicates that apnea is not predictive of or a precursor to Sudden Infant Death Syndrome (SIDS). There is no clear, unequivocal relationship between apnea and SIDS. Furthermore, cardiorespiratory monitoring for apnea and bradycardia is not an effective tool to identify infants at great risk of SIDS. This risk of sudden death in biological siblings of infants who died of SIDS is unproven.

### Benefits Application

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Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Home Apnea Monitors are covered under Durable Medical Equipment (DME) benefits. See Professional Services, Other Services for Durable Medical Equipment.

Durable Medical Equipment (DME) must meet eligibility and/or credentialing requirements as defined by the Plan to be eligible for reimbursement.

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: E0618, E0619*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Medical Term Definitions

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#### **Bradycardia**

a heart rate of less than 60 beats per minute.

#### **Cyanosis**

blue or purplish coloration of the skin due to deficient oxygenation of the blood.

#### **Hypotonia**

abnormally decreased muscle tone and strength.

### Scientific Background and Reference Sources

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Independent Review, Senior Director of Medical Affairs

## Policy: Apnea Monitor for Use in the Home

BSBSA Medical Policy Reference Manual - 3/96

Independent Review, Senior Medical Director - 10/99

Medical Policy Advisory Group 10/99

Specialty Matched Consultant Advisory Panel - 5/2001

Infantile Apnea and Home Monitoring. NIH Consensus Statement Online 1986 Sep 29-Oct 1 [2001, May 7];6(6):1-10.

Specialty Matched Consultant Advisory Panel - 5/2003

BCBSA Medical Policy Reference Manual [Electronic Version]. 1.01.06, 7/17/03

American Academy of Pediatrics. Committee on Fetus and Newborn Policy Statement. Apnea, Sudden Infant Death Syndrome, and Home Monitoring. Pediatrics 2003;111(4 Pt 1):914-917.

### Policy Implementation/Update Information

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- 7/96 Reviewed: National Association reviewed 3/96. No changes in policy. Implement local policy which includes the infant whose birth weight was 1500 grams or less.
- 8/97 Reviewed: Combined with Medical Policy regarding Sudden Infant Death Syndrome (SIDS) Monitors.E0608.ARC.
- 2/98 Revised: Added information to the Benefit Application section
- 8/99 Reviewed, Reformatted, Medical Term Definitions added.
- 10/99 Medical Policy Advisory Group
- 1/00 Revised to correct coding to E0608.
- 3/01 System changes.
- 5/01 Specialty Matched Consultant Advisory Panel review (5/2001). Formatting changes made to criteria concerning apnea. Further clarification given concerning length of time monitoring is usually required.
- 7/01 Changed title of policy from Home Apnea Monitor to Apnea Monitor for Use in the Home.
- 12/01 Changed to Policy Implementation section of 5/01. Word sleep removed from sleep apnea. Typos corrected.
- 5/03 Specialty Matched Consultant Advisory Panel review. Code E0608 deleted and codes E0618 and E0619 added to Billing/Coding section. Format changes. Policy status changed to: "Active policy, no longer scheduled for routine literature review".
- 12/03 Benefits Application and Billing/Coding sections updated for consistency.
- 12/18/06 Medical Policy reformatted and changed to Evidence Based Guideline. Expanded description of service for clarity. Added criteria for when home monitoring for apnea may be appropriate. Added medical terms and definitions. Added information regarding SIDS from the American Academy of Pediatrics policy statement. References and CPT codes updated.

## **Policy: Apnea Monitor for Use in the Home**

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.