

## EVH\_MP\_2501.MPC Home Apnea Monitoring

Maryland Physicians Care considers **Home Apnea Monitors** medically necessary when they are equipped with an event recorder and are 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) <sup>(1,2)</sup>
- Premature infants at high risk for recurrent episodes of apnea <sup>(3)</sup>
- Bradycardia to less than 80 beats per minute with hypoxia (oxygen saturation below 90%) after discharge from the hospital <sup>(3)</sup>
- Infants who are technology dependent – tracheostomy, Continuous Positive Airway Pressure (CPAP), or mechanical ventilation <sup>(4)</sup>
- Infants with unstable airways <sup>(4)</sup>
- Infants with neurologic or metabolic disorders affecting respiratory control or rare medical conditions that affect regulation of breathing <sup>(2,4)</sup>
- Chronic lung disease
- Infants with confirmed diagnosis of pertussis <sup>(5)</sup>
- 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 <sup>(2)</sup>

**NOTE:** 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). <sup>(6)</sup>

Infant apnea monitors are experimental and investigational for all other indications because their effectiveness for indications other than the ones listed above has not been established.

### 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 SIDS without a history of sibling SIDS.
- This policy adheres to the capped rental guideline, limiting durable medical equipment (DME) rentals to a maximum of 13 months, unless otherwise specified in an applicable medical or payment policy, or until the total rental payments equal the item's purchase price, whichever occurs first.

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Policy Number: EVH\_MP\_2501.MPC

Last Review Date: 07/08/2025

Effective Date: 08/01/2025

### 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, review, interpretation, and preparation of a report by a physician or other qualified health care professional
94775	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)
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 transmission(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: review, interpretation and preparation of report only by a physician or other qualified health care professional

### Policy History

Date	Summary
May 21, 2026	<ul style="list-style-type: none"><li>• This guideline was renumbered from MP.008.MPC Home Apnea Monitoring</li><li>• Annual Review - Formatting updates throughout; under Indications - updated in-text citations, modified wording in 2nd and 3rd bullets, added NOTE to beginning of 2nd paragraph and updated in-text citation; updated description of procedure code 94774, 94775, 94776 and 94777; added Policy History Log; updated References</li></ul>

### References

1. Hall KL, Zalman B. Evaluation and management of apparent life-threatening events in children. *Am Fam Physician*. 2005;71(12):2301-2308.
2. Dick A. Outcomes for the apparent life-threatening event infant. *Health Sci Rep*. 2023;6(3). doi:10.1002/hsr2.1152
3. Eichenwald EC. Apnea of Prematurity. *Pediatrics*. 2016;137(1). doi:10.1542/peds.2015-3757

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4. Velumula P, Jani S, Kanike N, Chawla S. Monitoring of infants discharged home with medical devices. *Pediatr Ann.* 2020;49(2):e88-e92. doi:10.3928/19382359-20200121-01
5. Lee J, Robinson JL, Spady DW. Frequency of apnea, bradycardia, and desaturations following first diphtheria-tetanus-pertussis-inactivated polio-Haemophilus influenzae type B immunization in hospitalized preterm infants. *BMC Pediatr.* 2006;6. doi:10.1186/1471-2431-6-20
6. 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. *Pediatrics.* 2022;150(1). doi:10.1542/PEDS.2022-057991

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