09-E0000-50

Original Effective Date: 05/15/04

Reviewed: 07/24/25

Revised: 08/15/25

Subject: Home Cardiorespiratory Monitoring, Infant

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Home cardiorespiratory monitors track respiratory effort and heart rate, and have been used 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 of postconceptual age) and in other infants at risk of apnea. An alarm sounds if there is respiratory cessation (central apnea) beyond a predetermined time limit (eg, 20 seconds) or if the heart rate falls below a preset rate (bradycardia) to notify the parent that intervention (stimulation, mouth-to-mouth resuscitation, cardiac compressions) is required. Unless an oximeter is added to the 2-channel devices, home apnea monitors are not effective for detecting obstructive sleep apneas. 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.

The American Academy of Pediatrics (AAP) defines Sudden Unexpected Infant Death (SUID), also known as Sudden Unexpected Death In Infancy (SUDI) as “any sudden and unexpected death, whether explained or unexplained” that occurs during infancy. Sudden Infant Death Syndrome (SIDS) is a subcategory of SUID/SUDI, which is defined as the sudden death of an infant younger than 1 year of age whereby the circumstances are unexplained after a thorough investigation that includes autopsy, examination of the death scene, and review of the family history. As a means to decrease the incidence of SIDS, in the 1970s, cardiorespiratory monitoring was suggested. However, clinical studies have failed to establish that the use of home monitoring reduces the incidence of SIDS. The AAP does not recommend the use of home monitoring as a strategy to reduce the risk of SIDS. “The use of cardiorespiratory monitors has not been documented to decrease the incidence of SIDS.” (Moon, et al 2022)

POSITION STATEMENT:

Home cardiorespiratory monitoring (using an FDA approved home monitoring system) **meets the definition of medical necessity** when initiated in infants younger than 12 months of age for the following conditions:

- Those with tracheostomies or anatomic abnormalities that make them vulnerable to airway compromise; **OR**
- Those with neurologic (e.g. cerebral malformation, seizures, brain tumors, neuromuscular disorders) or metabolic disorders (e.g. inborn errors of metabolism, in-utero drug or toxin exposure) affecting respiratory control, including central apnea and apnea of prematurity; **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 in all other conditions, including but not limited to the diagnosis of obstructive sleep apnea, is considered **experimental or investigational**. The evidence is insufficient to determine the effects of the technology on health outcomes.

Home cardiorespiratory monitoring **does not meet the definition of medical necessity** when used for cardiopulmonary evaluation in lower-risk infants following a brief resolved unexplained event (BRUE)*, which was previously known as an apparent life threatening event (ALTE).

Home cardiorespiratory monitoring is not recommended in infants with siblings that were victims of sudden infant death syndrome (SIDS) and monitors used in these situations **do not meet the definition of medical necessity**. Home cardiorespiratory monitoring has not been proven to prevent sudden unexpected deaths in infants.

Coverage is not provided for a backup electrical system.

***Brief resolved unexplained event (BRUE):** An event occurring in an infant younger than 1 year when the observer reports a sudden, brief, and now resolved episode of 1 or more of the following: cyanosis or pallor; absent, decreased, or irregular breathing; marked change in tone (hyper- or hypotonia); or altered level of responsiveness.[14]

BILLING/CODING INFORMATION:

CPT Coding

94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant
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

HCPCS Coding

A4556	Electrodes (e.g., apnea monitor), per pair
A4557	Lead wires (e.g., apnea monitor), per pair
E0618	Apnea monitor, without recording feature
E0619	Apnea monitor, with recording feature

REIMBURSEMENT INFORMATION:

Reimbursement for the following services and supplies is included in the rental allowance for the cardiorespiratory monitor:

- Parental training sessions, including cardiopulmonary resuscitation (CPR)
- Instructions in the use of the monitor
- Electrodes and lead wires.

The following information may be required documentation to support medical necessity: physician history and physical, physician treatment notes, treatment plan; and radiology reports, surgical reports, (if applicable).

LOINC Codes:

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician visit notes	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Treatment plan	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology	18726-0	18805-2	Include all data of the selected type that represents observations made

			six months or fewer before starting date of service for the claim
Physician operative note	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

None applicable.

RELATED GUIDELINES:

Durable Medical Equipment (DME), 09-E0000-01

OTHER:

None applicable.

REFERENCES:

1. American Academy of Pediatrics Policy Statement: Apnea, Sudden Infant Death Syndrome, and Home Monitoring. PEDIATRICS Vol. 120 No. 3 September 2007, pp. 683-684 (doi:10.1542/peds. 2007-1643).
2. American Academy of Pediatrics. The Truth About Home Apnea Monitors for SIDs; accessed at healthychildren.org.
3. Blue Cross Blue Shield Association Evidence Positioning System®; 1.01.06 Home Cardiorespiratory Monitoring, 07/25.
4. Corwin MJ. Use of home cardiorespiratory monitors in infants, 2025. In: UpToDate, Redding G, Hoppin AG (Eds); UpToDate Waltham, MA; accessed at uptodate.com.
5. Eichenwald EC, Committee on Fetus Newborn, American Academy of Pediatrics. Apnea of prematurity. Pediatrics. Jan 2016;137(1).
6. Freed GE, Martinez F. The History of Home Cardiorespiratory Monitoring. Pediatr Ann. 2017 Aug 1;46(8):e303-e308. doi: 10.3928/19382359-20170725-01. PMID: 28806467.

7. Halbower AC. Pediatric home apnea monitors: coding, billing, and updated prescribing information for practice management. Chest 2008; 134(2):425-9.
8. Infantile Apnea and Home Monitoring. NIH Consensus Statement Online 1986 Sep 29-Oct 1; 6(6): 1-10 (accessed 04/13/09).
9. Journal of the American Medical Association, "Cardiorespiratory Events Recorded on Home Monitors; Comparison of Healthy Infants with Those at Increased Risk for SIDS" (2001; 285:2199-2207).
10. Medline Plus. Home Apnea Monitor Use- Infants; accessed at medlineplus.gov.
11. Moon RY, Carlin RF, Hand I, AAP Taks Force on Sudden Infant Death Syndrome and The Committee on Fetus and Newborn. Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics. 2022;150(1):e2022057990.
12. Moon RY, Darnall RA, et al. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Pediatrics. Nov 2016; 138(5). PMID:27940804.
13. National Institute of Child Health and Human Development (NICHD). Safe to Sleep®- About SIDS/Safe Infant Sleep; accessed at nichd.nih.gov 06/28/19.
14. Sodini C, Pagliaonga L, et al. Home Cardiorespiratory Monitoring in Infants at Risk for Sudden Infant Death Syndrome (SIDS), Apparent Life-Threatening Event (ALTE) or Brief Resolved Unexplained Event (BRUE). Life (Basel). 2022 Jun 13;12(6):883.
15. Task Force on Sudden Infant Death Syndrome, Moon RY. SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. Pediatrics. Nov 2011;128(5):1030-1039.
16. Tieder JS, Bonkowsky JL, et al. Brief resolved unexplained events (formerly apparent life-threatening events) and evaluation of lower-risk infants. Pediatrics. May 2016;137(5).
17. U.S. Food & Drug Administration (FDA); accessed at fda.gov.
18. Veit L, Amberson M, Freiberger C, et al. Diagnostic evaluation and home monitor use in late preterm to term infants with apnea, bradycardia, and desaturations. Clin Pediatr (Phila). Nov 2016;55(13):1210-1218.
19. Velumula P, Jani S, et al. Monitoring of Infants Discharged Home with Medical Devices. Pediatr Ann. 2020 Feb 1;49(2):e88-e92.PMID:32045488.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 07/24/25.

GUIDELINE UPDATE INFORMATION:

05/15/04	New Medical Coverage Guideline.
05/15/06	Scheduled review; no changes to coverage statement.
01/01/07	Annual HCPCS coding update (added 94774, 94775, 94776, and 94777.)
08/15/07	Review, coverage statements maintained, guideline updated.
05/15/09	Scheduled review; no change in position statement, and updated references.
05/15/11	Scheduled review; position statement unchanged; references updated.
01/01/13	Annual HCPCS coding update: revised descriptors for 94774 and 94777.
05/11/14	Revision: Program Exceptions section updated.

03/15/17	Revision; Position statements revised including changing *apparent life-threatening event* to *brief resolved unexplained event (BRUE)* and adding BRUE definition; code 94772 added; description section and references updated.
08/15/19	Review; Position statements maintained; description section and references updated.
10/15/20	Review; Position statements, reimbursement section, and references updated.
08/15/22	Review: Position statements maintained; references updated.
01/01/24	Position statements maintained.
08/15/24	Review: Position statements maintained and references updated.
08/15/25	Review: Position statements maintained; references updated.