Home apnea monitors generally monitor 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). An alarm will sound if there is respiratory cessation (central apnea) beyond a predetermined time limit (e.g., 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. These devices are covered for at-risk infants.
Medical Policy Statement:

Home apnea or cardiorespiratory monitoring (pneumogram) meets primary coverage criteria that there be scientific evidence of effectiveness in improving health outcomes in infants less than 12 months of age in the following situations:

- Those who have experienced an apparent life-threatening event; OR
- Those with tracheostomies or anatomic abnormalities that make them vulnerable to airway compromise; OR
- Those with neurologic or metabolic disorders affecting respiratory control; OR
- Those with chronic lung disease (i.e., bronchopulmonary dysplasia), particularly those requiring supplemental oxygen; continuous positive airway pressure; or mechanical ventilation.

Note: An apparent life threatening event is defined as an episode that is frightening to observe and is characterized by some combination of apnea, color change, marked change in muscle tone, choking or gagging.

Limits:

Home apnea monitors are not considered medically necessary after the age of 12 months.

Background:

There is no evidence that home monitors are effective for the purpose of preventing sudden infant death syndrome (Ward, 1986; Monod, 1986; Hodgman, 1988); and the American Academy of Pediatrics so noted this in their policy statement of 2003, and after interpreting data from the Collaborative Infant Home Monitoring Study Group (Ramanathan, 2001), the American Academy of Pediatrics has recommended that infant home monitoring not be used as a strategy to prevent SIDS but may be useful in some infants who have had an Apparent Life Threatening Event (An apparent life threatening event [ALTE] is defined as “an episode that is frightening to the observer and is characterized by some combination of apnea (central or occasionally obstructive), color change (usually cyanotic or pallid but occasionally erythematous or plethoric), marked change in muscle tone (usually marked limpness), choking, or gagging.” The AAP recognizes that monitors may be helpful to allow rapid recognition of apnea, airway obstruction, respiratory failure, interruption of supplemental oxygen supply, or failure of mechanical respiratory support. Infants for whom these indications may apply include infants who have experienced an ALTE. The Task Force on Sudden Infant Death Syndrome endorses these recommendations (American Academy of Pediatrics Policy Statement, 2005).
The American Academy of Pediatrics Committee on Fetus and Newborn (2008) issued a policy statement on hospital discharge of the high-risk neonate which included the following recommendations: “Home monitors are rarely indicated for detection of apnea solely because of immature respiratory control, in part because infants with immature respiratory control, in general, are still hospitalized until they are no longer at risk of apnea of prematurity. Use of a home monitor does not preclude the need for demonstrated maturity of respiratory control before discharge and should not be used to justify discharge of infants who are still at risk of apnea. Home monitors are not indicated for prevention of sudden infant death syndrome (SIDS) in preterm infants, although preterm infants are at increased risk of SIDS. Formal laboratory analyses of breathing patterns (ie, “pneumograms”) are of no value in predicting SIDS and are not helpful in identifying patients who should be discharged with home monitors.”

References:


Application to Products

This policy applies to ARBenefits. Consult ARBenefits Summary Plan Description (SPD) for additional information.

Last modified by: Date: