

# Actigraphy, Medical 259

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<u>Effective Date</u>	1/2011
<u>Next Review Date</u>	2/2025
<u>Coverage Policy</u>	Medical 259
<u>Version</u>	5

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details.**

**Purpose:**

This policy addresses the medical necessity of - Actigraphy.

**Description & Definitions:**

Actigraphy is a non-invasive way to observe an individual’s sleep patterns of rest/activity cycles using a small device like a wristwatch.

**Criteria:**

Actigraphy is considered not medically necessary for any indication.

**Coding:**

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)

U.S. Food and Drug Administration (FDA) - approved only products only.

**Document History:**

Revised Dates:

Medical 259

- 2020: January
- 2015: February, October
- 2014: March, May, September
- 2013: September
- 2012: July
- 2010: January, December

Reviewed Dates:

- 2024: February
- 2023: February
- 2022: February
- 2021: February
- 2020: February
- 2018: March, November
- 2017: August, September
- 2016: November
- 2015: November
- 2011: August

Effective Date:

- January 2011

## References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2024). Retrieved Jan 2024, from Hayes: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Actigraph%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%2>

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Use of Actigraphy for the Evaluation of Sleep Disorders and Circadian Rhythm Sleep-Wake Disorders: An American Academy of Sleep Medicine Clinical Practice Guideline. (2018, Jul). Retrieved Jan 2024, from American Academy of Sleep Medicine (AASM): <https://jcsm.aasm.org/doi/10.5664/jcsm.7230>

## **Special Notes: \***

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

## **Keywords:**

SHP Actigraphy, SHP Medical 259, sleep, sleep patterns, sleep report, actigraphy watch, actigraph sleep monitor, philips actigraphy, actigraph device, Actiwatch