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SHP Actigraphy

AUTH: SHP Medical 259 v4 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure

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- NA

Document History

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- Revised Dates:
 - 2020: January
 - 2015: February, October
 - 2014: March, May, September
 - 2013: September
 - 2012: July
 - 2010: January, December
- Reviewed Dates:
 - 2023: February
 - 2022: February
 - 2021: February
 - 2020: February
 - 2018: March, November
 - 2017: August, September
 - 2016: November
 - 2015: November
 - 2011: August
- Effective Date: January 2011

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 95803 - Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)

References

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References used include but are not limited to the following:

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Actigraphy for Diagnosis of Circadian Rhythm Sleep Disorders - ARCHIVED Dec 17, 2015. (n.d.). Retrieved Jan 14, 2022, from Hayes: <https://evidence.hayesinc.com/report/dir.actigraphy1418>

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