



MASSACHUSETTS

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Medical Policy Actigraphy

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Policy Number: 533

BCBSA Reference Number: 2.01.73

NCD/LCD: N/A

Related Policies

- Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome, #[293](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Actigraphy as a technique to record and analyze body movement, including but not limited to its use to evaluate sleep disorders, is [INVESTIGATIONAL](#).

Prior Authorization Information

Pre-service approval is required for all inpatient services for all products.

See below for situations where prior authorization may be required or may not be required for outpatient services.

Yes indicates that prior authorization is required.

No indicates that prior authorization is not required.

N/A indicates that this service is primarily performed in an inpatient setting.

Outpatient

| | |
|--|--------------------------------|
| Commercial Managed Care (HMO and POS) | This is not a covered service. |
| Commercial PPO and Indemnity | This is not a covered service. |
| Medicare HMO BlueSM | This is not a covered service. |
| Medicare PPO BlueSM | This is not a covered service. |

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

| CPT codes: | Code Description |
|------------|--|
| 95803 | Actigraphy testing, recording, analysis, interpretation and report (minimum of 72 hours to 14 consecutive days of recording) |

ICD Diagnosis Codes

Investigational for all diagnoses.

Description

Actigraphy refers to the assessment of activity patterns which are interpreted by computer algorithms as periods of sleep and wake. Sleep/wake cycles may be altered in sleep disorders including insomnia, circadian rhythm sleep disorders, sleep-related breathing disorders, restless legs syndrome, and periodic limb movement disorder. Actigraphy has been used for over 2 decades as an outcome measure in sleep disorders research. In addition, actigraphy could potentially be used to assess sleep/wake disturbances associated with numerous other diseases or disorders, such as attention-deficit/hyperactivity disorder, chronic fatigue syndrome, asthma, Parkinson's syndrome, post-surgical delirium, stroke, advanced cancer, and intensive care monitoring.

Actigraphic devices are typically placed on the wrist or ankle to record body movement, and are worn continuously for at least 24 hours. The activity monitors are placed on the ankle for the assessment of restless legs syndrome, or on the trunk to record movement in infants. Proprietary software is used to calculate periods of sleep based on the absence of detectable movement, along with movement-related periods of wake. In addition to providing graphic depiction of the activity pattern, device-specific software may analyze and report a variety of sleep parameters including sleep onset, sleep offset, sleep latency, total sleep duration, and wake after sleep onset.

All uses of actigraphy as a technique to record and analyze body movement, including but not limited to its use to evaluate sleep disorders, are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary

Although actigraphy appears to provide reliable measures of sleep onset and wake time in some patient populations, the clinical utility of actigraphy over the less expensive sleep diary has not been demonstrated. Moreover, evidence indicates that actigraphy does not provide a reliable measure of sleep efficiency in clinical populations. Evidence to date does not indicate that this technology is as beneficial as the established alternatives. Therefore, actigraphy is considered investigational.

Policy History

| Date | Action |
|----------------|--|
| 1/2017 | New references added from BCBSA National medical policy. |
| 3/2015 | New references added from BCBSA National medical policy. |
| 5/2014 | New references added from BCBSA National medical policy. |
| 4/2013 | New references from BCBSA National medical policy. |
| 11/2011-4/2012 | Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements. |
| 5/2011 | New policy, effective 5/9/2011, describing ongoing non-coverage. |

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

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