



Subject: Actigraphy*

Effective Date: July 28, 2009

Department(s): Utilization Management

Policy: Actigraphy (**CPT 95803**) is reimbursable under Plans administered by QualCare, Inc., in the evaluation of sleep disturbances as described in this Policy.

Objective: To assure proper and consistent reimbursement for a specific diagnostic modality.

Procedure:

A. Requests for coverage of actigraphy must be accompanied by a diagnosis of a sleep disorder, including but not limited to one of the following:

1. Circadian rhythm disorder of non-organic origin
(**ICD-9 307.45; ICD-10 F51.8, G47.29**)
(e.g., related to shift work)
2. Organic insomnia (**327.0, G47.00, G47.01, G 47.09, F51.04, F51.05**)
3. Obstructive sleep apnea (**327.23, G47.33**)
4. Insomnia (**780.52, G 47.00**)
5. Hypersomnia (**780.54, G47.10**)
6. Assessment of sleep time in hypersomnia prior to a multiple sleep latency study

- B. Actigraphy will not be reimbursed if charges are submitted on the same day of service as other evaluations of sleep, including but not limited to sleep-disordered breathing testing (**CPT 95807, 95808, 95810, 95811**)
- C. Payment for a single submission of charges for actigraphy shall include its testing, recording, analysis, interpretation, and report for an interval between 72 hours and 14 days (*i.e.*, without the addition of charges for modifier-26)

References

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.