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) (e.g., related to shift work)
   2. Organic insomnia (327.0)
   3. Obstructive sleep apnea (327.23)
   4. Insomnia (780.52)
   5. Hypersomnia (780.54)

B. Actigraphy will not be reimbursed if changes 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


Stepnowsky CJ, Ancoli-Israel S. Sleep and Its Disorders in Seniors. Sleep Med Clin 2008;3(2):281-293 (Sep)


Wyatt JK. Circadian Rhythm Sleep Disorders in Children and Adolescents. Sleep Med Clin 2007; 2(3):387-396 (Sep)


Lu BS, Zee PC. Circadian rhythm sleep disorders. Chest 2006;130(6):1915-1923 (Dec)


Summers MO, Crisostomo MI, Stepanski EJ. Recent developments in the classification, evaluation, and treatment of insomnia. Chest 2006;130;(1):276-286 (Jul)

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