ACTIGRAPHY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member’s specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Actigraphy is a technique to record and analyze body movement. Devices are placed on the wrist, ankle and trunk to record body movement and the data is downloaded to a computer for display and analysis of activity and inactivity. Actigraphy has been investigated in the evaluation of sleep disorders including insomnia, sleep related breathing disorders (i.e., obstructive sleep apnea), restless leg syndrome and periodic limb movement disorder.
ACTIGRAPHY (cont.)

Criteria:

For home sleep studies that may include actigraphy, also refer to BCBSAZ Medical Coverage Guideline, “Diagnosis and Medical Management of Obstructive Sleep Apnea Syndrome”.

- Actigraphy for the evaluation of sleep disorders that is not performed as part of a home sleep study is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

- Actigraphy is considered an included service when performed as part of a home sleep study.

Resources

Literature reviewed through 03/17/15. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


