

Actigraphy

Also known as	1. Actiwatch						
Description	Actigraphy units are watch-like devices, usually worn on the wrist, that record movements that can be used to assess sleep and wake patterns. A clinician downloads the data recorded by the device to assist in the clinical evaluation of sleep disorders. Actigraphy is usually performed in an outpatient setting, such as a sleep laboratory, clinic, or in the home.						
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">• Sleep Studies in a Facility - Polysomnography, also called a sleep study, is a sleep test performed in an overnight setting to diagnose sleep disorders. Polysomnography records brain waves, the oxygen level in blood, heart rate and breathing rate, as well as eye and leg movements, which are interpreted to determine patterns and duration of periods of sleep and wakefulness.• Sleep Studies in the Home - A sleep study to determine the cause of sleep disorders, performed in a patient’s home versus a facility-based sleep lab.						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB)						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.27.24</td><td>Updated due to template change.</td></tr><tr><td>12.29.23</td><td>BIC re-review.</td></tr></table>	Date	Description	2.27.24	Updated due to template change.	12.29.23	BIC re-review.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Actigraphy</i> (MP9559), applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.• Purchase as DME: This item is NOT reimbursable if purchased as a DME item.						
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Actigraphy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.• Purchase as DME: This item is NOT reimbursable if purchased as a DME item.						
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Actigraphy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.• Purchase as DME: This item is NOT reimbursable if purchased as a DME item.						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote office visit or outpatient hospital benefits.• Purchase as DME: This item is NOT reimbursable if purchased as a DME item.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Actigraphy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.• Purchase as DME: This item is NOT reimbursable if purchased as a DME item.• Medica is the only payer.
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Actigraphy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit benefits.• For investigative indications, not covered.• Purchase as DME: This item is NOT reimbursable if purchased as a DME item.• Follows Medicare guidelines.
Med Advantage	<p>Medica’s Coverage Policy, <i>Actigraphy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit benefits.• For investigative indications, not covered.• Purchase as DME: This item is NOT reimbursable if purchased as a DME item.• Follows Medicare guidelines.• Medica is the only payer.
Med Supp (Select, Signature)	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Purchase as DME: This item is NOT reimbursable if purchased as a DME item.• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.
Medicaid	<p>Medica’s Coverage Policy, <i>Actigraphy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.• Purchase as DME: This item is NOT reimbursable if purchased as a DME item.

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Government Programs, Continued

Document history

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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Actigraphy</i> (MP9559), applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, quote office visit or outpatient hospital benefits.For investigative indications, not covered.Purchase as DME: This item is NOT reimbursable if purchased as a DME item.						
Medica	<p>Medica’s Coverage Policy, <i>Actigraphy</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, quote office visit or outpatient hospital benefits.For investigative indications, not covered.Purchase as DME: This item is NOT reimbursable if purchased as a DME item.						
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