



Medica Central Coverage Policy

Policy Name: Actigraphy MP9559

Effective Date: 03/01/2026

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Actigraphy is **COVERED** for clinical evaluation and *monitoring* of:

- Insomnia
- Hypersomnia
- Circadian rhythm disorders.
- Insufficient sleep syndrome

Actigraphy is investigative and unproven and therefore **NOT COVERED** as a stand-alone test for diagnosis and monitoring of all other indications, including but not limited to:

- Obstructive sleep apnea/hypopnea syndrome (OSAHS)
- Behavioral health conditions, such as attention-deficit/hyperactivity disorder (ADHD)
- Movement disorders, such as restless leg syndrome.

There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related coverage policy; *Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea*.

Description

Actigraphy units include an accelerometer that continually records patient movements during waking and sleeping hours. The data recorded by the device can be downloaded and analyzed by a clinician. Actigraphs vary widely in size and features and can be expanded to include sensors which monitor light, sound, and temperature, or allow for subjective user input.



Medica Central Coverage Policy

Actigraphy measures movement of a limb but does not measure sleep or the subjective experience of sleep. Actigraphy is used to assist in clinical evaluation of circadian rhythm sleep disorders, insomnia, and hypersomnia. It has also been proposed for diagnosis and monitoring of obstructive sleep apnea/hypopnea syndrome (OSAHS), behavioral conditions including attention-deficit/hyperactivity disorder (ADHD), and movement disorders such as restless leg syndrome. Actigraphy is usually performed in an outpatient setting, such as a sleep laboratory or clinic, or in the home. Actigraphy may also be a component of a home sleep study for obstructive sleep apnea (e.g., WatchPAT), please refer to coverage policy, *Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea*.

FDA Approval

Multiple actigraphy devices have received FDA approval including, but not limited to:

- Actical® (Philips Respironics/Philips MiniMitter®)
- ActiHeart® (CamNtech Ltd.)
- ActiTrac® (IM [Individual Monitoring] Systems, Inc.),
- Actiwatch® (Philips Respironics/Philips MiniMitter®)
- Actiwave® (CamNtech Ltd.)
- GT3X Activity Monitor (ActiGraph, LLC).

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met. (split)

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **95803** – Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)



Medica Central Coverage Policy

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Health Services Division	June 15, 2022
Revised:	Medical Policy Committee/Health Services Division	June 21, 2023
	Medical Policy Committee/Health Services Division	August 21, 2024
Reviewed:	Medical Policy Committee/Health Services Division	June 21, 2023
	Medical Policy Committee/Health Services Division	August 21, 2024
	Medical Policy Committee/Health Services Division	September 26, 2025

Original Effective Date: 6/15/2022

Re-Review Date(s): 10/16/2025

Administrative Update:

© 2026 Medica Central.