GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Actigraphy is a method of monitoring motor activity with a portable device or actimeter and is designed to be used while patients are sleeping. The absence of movement for a given continuous period is consistent with sleep. Actigraphy testing has been predominantly used in research studies to evaluate rest-activity cycles in patients with sleep disorders, to determine circadian rhythm activity cycles, and to determine the effect of a treatment on sleep. The actigraph is most commonly worn on the wrist, but can also be worn on the ankle or trunk of the body. Actigraphy testing is based on the assumption that movement is reduced during sleep compared with wakefulness, and that activity level can be used as a diagnostic indicator for sleep disorders.

Accelerometry was first suggested in the 1970s, but has only been refined during the past two decades. Direct measurement by accelerometry has seen the introduction of the successful implementation of low power, low cost electronic sensors that have been employed in clinical and home environments for the constant monitoring of patients (and their controls). The qualitative and quantitative data provided by these sensors enable engineers, clinicians and physicians to work together to help patients with essential tremors, Parkinson's Disease, bradykinesia and dyskinesias in overcoming their physical disability and improving their quality of life.

POLICY
Actigraphy (95803) is non-covered for HMO, PPO, & Individual Marketplace.

Actigraphy (95803) requires prior authorization for Elite & Advantage.

Accelerometry (0381T-0386T) is non-covered.

Paramount considers actigraphy experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient scientific evidence in the medical literature to support its use in clinical practice.

- Evaluating functional ability in the elderly
- Gait analysis in persons with hip osteoarthritis
- Measuring disease activity in children with eczema
- Monitoring of physical activity after stroke
- Monitoring of physical motion and muscle activity to quantify kinematics of movement disorder symptoms (e.g., tremor)

Paramount considers an epilepsy monitoring system utilizing accelerometry and heart rate monitoring experimental and investigational for diagnosing nocturnal epilepsy and for all other indications.

HMO, PPO, Individual Marketplace
Paramount considers actigraphy testing/measurement experimental and investigational for the following indications (not an all-inclusive list) because there is insufficient scientific evidence in the medical literature to support its use in clinical practice.

- Detection of seizures during sleep
- Diagnosis of sleep disorders (e.g., periodic limb movements of sleep and sleep-wake disturbance)
- Evaluation of depression
- Evaluation of motor fluctuations in persons with Parkinson's disease
- Evaluation of post-traumatic stress disorder
- In the setting of opioid detoxification
Elite, Advantage
While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of actigraphy testing/measurement, The Ohio Department of Medicaid requires this procedure be reviewed for medical necessity. Therefore it may be covered with a prior authorization for Advantage members. For Elite members it may be covered with a prior authorization per CMS guidelines.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>95803</td>
<td>Actigraphy, testing, recording, analysis, interpretation and report (minimum of 72 hours to 14 consecutive days of recording)</td>
</tr>
<tr>
<td>0381T</td>
<td>External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>0382T</td>
<td>External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only</td>
</tr>
<tr>
<td>0383T</td>
<td>External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>0384T</td>
<td>External heart rate and 3-axis accelerator data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only</td>
</tr>
<tr>
<td>0385T</td>
<td>External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional.</td>
</tr>
<tr>
<td>0386T</td>
<td>External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; Review and interpretation</td>
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</tbody>
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TAWG REVIEW DATES: 06/18/2015, 06/24/2016

REVISION HISTORY EXPLANATION
06/20/12: No changes
06/18/15: Title changed from Actigraphy to Actigraphy and Accelerometry. Added 1/1/15 effective new codes 0381T-0386T as non-covered. Policy reviewed and updated to reflect most current clinical evidence per TAWG.
06/24/16: Policy reviewed and updated to reflect most current clinical evidence per TAWG.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Industry Standard Review
Hayes, Inc.