DATE

NAME

TITLE

PAYER NAME

ADDRESS

CITY, STATE, ZIP CODE

sent via email: EMAIL

Dear NAME:

I am contacting you on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **We want to make you aware of the new clinical practice guideline *Use of Actigraphy for the Evaluation of Sleep Disorders and Circadian Rhythm Sleep-Wake Disorders: An American Academy of Sleep Medicine Clinical Practice Guideline* published in the July 2018 issue of the Journal of Clinical Sleep Medicine.1** The clinical practice guideline is an update to the previously published practice parameter which focused on the use of actigraphy in patients with suspected or diagnosed sleep disorders or circadian rhythm sleep-wake disorders.

Actigraphy has been clinically validated with a substantial body of evidence1-10 and is an essential assessment tool in sleep medicine practice. CPT code 95803 (category 1) describes Actigraphy testing as a stand-alone service. The descriptor for this code is “Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days).

Actigraphy has clinical utility and is indicated for evaluation or treatment of the following:

1. Insomnia in adult and pediatric patients when objective estimates of sleep parameters are important to clinical decision making
2. Circadian rhythm sleep-wake disorders in adult and pediatric patients
	1. When combined with sleep logs, actigraphy is more accurate in confirming or ruling out these disorders
	2. Also used to evaluate treatment adherence and efficacy. Published literature demonstrates that sleep logs and self-report of sleep patterns are frequently inaccurate.
3. To estimate total sleep time during recording (in the absence of alternative objective measurements of total sleep time) when using actigraphy integrated with home sleep apnea test devices in adult patients suspected of sleep-disordered breathing Central disorders of hypersomnolence in adult and pediatric patients to assess adequate sleep time prior to testing with the Multiple Sleep Latency Test (MSLT).
	1. Actigraphy prior to MSLT reduces false positive results. False positive results lead to unnecessary use of stimulant medications and repeat testing.
4. Insufficient sleep syndrome in adult patients

Please note that Actigraphy is NOT indicated for the diagnosis of periodic limb movement disorder (PLMD) in either adult or pediatric patients.

Actigraphy is considered standard of care in sleep medicine practice. It is a useful validated clinical tool when used in conjunction with history, sleep logs, and/or polysomnography. It can be used with both adult and pediatric patients and provides distinct information depending on the sleep disorder. It can also be used in patients with cognitive impairment who would not tolerate more invasive evaluations.

For these reasons, we request you review your policy and make any necessary modifications to include actigraphy as a covered benefit. If you have any questions regarding this matter, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

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