

**Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and applicable state and/or federal laws.**

## Actigraphy

**MP9559**

**Covered Service:** Yes

**Prior Authorization Required:** No

**Additional Information:** None

### Prevea360 Health Plan Medical Policy:

- 1.0 Actigraphy **does not require** prior authorization and is considered medically necessary for **ANY** of the following:
  - 1.1 Insomnia
  - 1.2 Hypersomnia
  - 1.3 Circadian rhythm disorders
  - 1.4 Insufficient sleep syndrome
- 2.0 Actigraphy is considered experimental and investigational and therefore not medically necessary as a stand-alone test for the diagnosis or monitoring of all other indications, including but not limited to:
  - 2.1 Obstructive sleep apnea/hypopnea syndrome (OSAHS)
  - 2.2 Behavioral health conditions, such as attention-deficit/hyperactivity disorder (ADHD)
  - 2.3 Movement disorders, such as restless leg syndrome

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