Medical Policy

Multiple Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT)

Table of Contents

- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References
- Endnotes

Policy Number: 534
BCBSA Reference Number: NA
NCD/LCD: Local Coverage Determination (LCD): Polysomnography and Other Sleep Studies (L34535)

Related Policies

- Actigraphy, #533
- Bi-Level Positive Airway Pressure (BPAP) Devices, #527
- Home Cardiorespiratory Monitoring, #224
- Management of Obstructive Sleep Apnea - OSA Oral Appliances, #529
- Management of Obstructive Sleep Apnea - OSA using Auto-Titrating Positive Airway Pressure - APAP and Continuous Positive Airway Pressure - CPAP Devices, #526
- Polysomnography and Home Sleep Testing, #525
- Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome, #130

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Indications for MSLT and/or MWT

Initial MSLT and/or MWT may be considered MEDICALLY NECESSARY for suspected narcolepsy when all of the following conditions are met:

a. Daytime hypersomnolence has been present for at least eight weeks
b. The patient has at least one of the following:
   i. Disrupted nocturnal sleep
   ii. Cataplexy
   iii. Hallucinations (hypnagogic or hypnopompic)
   iv. Sleep paralysis
v. The patient has undergone polysomnography since the onset of symptoms (PSG) and symptoms persist despite adequate treatment of obstructive sleep apnea (if present).

Repeat MSLT and/or MWT may be considered **MEDICALLY NECESSARY** for suspected narcolepsy when both of the following conditions are met:

a. Previous MSLT/MWT did not provide a diagnosis of narcolepsy
b. The patient has continued symptoms suggestive of narcolepsy.

MSLT and/or MWT may be considered **MEDICALLY NECESSARY** for idiopathic hypersomnia when all of the following conditions are met:

1. Daytime hypersomnolence has been present for at least eight weeks
2. The patient has at least one of the following:
   i. Difficult morning awakening
   ii. Prolonged night sleep
   iii. Sleep drunkenness
   iv. Frequent non-refreshing daytime naps
   v. The patient has undergone polysomnography since the onset of symptoms (PSG) and symptoms persist despite adequate treatment of obstructive sleep apnea (if present).

**Prior Authorization Information**
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

| Outpatient | Commercial Managed Care (HMO and POS) | The requirements of BCBSMA Sleep Disorder Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific: please verify member eligibility and requirements through AIM Specialty Health at www.aimspecialtyhealth.com or call 1-866-745-1783. |
| Commercial PPO and Indemnity | The requirements of BCBSMA Sleep Disorder Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific: please verify member eligibility and requirements through AIM Specialty Health at www.aimspecialtyhealth.com or call 1-866-745-1783. |
| Medicare HMO BlueSM | The requirements of BCBSMA Sleep Disorder Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific: please verify member eligibility and requirements through AIM Specialty Health at www.aimspecialtyhealth.com or call 1-866-745-1783. |
| Medicare PPO BlueSM | No |
CPT Codes / HCPCS Codes / ICD Codes
Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

**CPT Codes**

<table>
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<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tr>
<td>95805</td>
<td>Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness</td>
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</table>

**Description**

This policy is applicable to performance of Multiple Sleep Latency Testing (MSLT) or Maintenance of Wakefulness Testing (MWT) in the evaluation of narcolepsy or idiopathic hypersomnia.

**Narcolepsy:**

Compared to obstructive sleep apnea (OSA), which affects 2 to 4% of the population, narcolepsy is a rare disease affecting 0.025 to 0.05%. Narcolepsy is a disorder characterized by excessive daytime sleepiness, often associated with cataplexy, hypnagogic hallucinations, sleep paralysis or any combination of these symptoms. The excessive sleepiness of narcolepsy is characterized by repeated episodes of naps or lapses into sleep of short duration (usually less than one hour). The diagnosis of narcolepsy is usually confirmed by an overnight polysomnography (PSG) followed by MSLT. If the PSG shows evidence of OSA, this diagnosis should be treated before pursuing a diagnosis of narcolepsy.

**Idiopathic hypersomnia:**

Daytime sleepiness following adequate (or even prolonged) nocturnal sleep duration and non-refreshing daytime naps are characteristic of idiopathic hypersomnia. Patients with idiopathic hypersomnia may have sleep paralysis and hallucination but cataplexy is absent. Despite prolonged sleep duration patients with idiopathic hypersomnia display difficult morning awakening, sleep drunkenness and constant somnolence. Idiopathic hypersomnia is rarer than narcolepsy and tends to be more resistant to treatment. A diagnosis of idiopathic hypersomnia requires exclusion of other causes of fatigue and hypersomnolence including hypothyroidism, depression, obstructive sleep apnea etc.

**Multiple sleep latency testing (MSLT):**

During MSLT the patient is provided several opportunities to nap. Physiologic parameters recorded include electroencephalography (EEG), electrooculography (EOG), mental or submental electromyography (EMG), and electrocardiography (ECG). The sleep latency (time to onset of sleep), and the presence of sleep onset rapid eye movement (SOREM) events are evaluated. Initial MSLT occasionally fails to identify narcolepsy. Repeat testing may be necessary when the initial results are negative or ambiguous and the clinical history indicates a diagnosis of narcolepsy. MSLT should not be performed while the patient is taking (or within two weeks of stopping) stimulant medications, sedatives or rapid eye movement (REM) suppressing medications.

**Maintenance of wakefulness testing (MWT):**

Measures the ability to stay awake for a defined period of time. The test is performed in the sleep laboratory in environment conducive to sleep. MWT should not be performed while the patient is taking
(or within two weeks of stopping) stimulant medications, sedatives or rapid eye movement (REM) suppressing medications.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>5/2017</td>
<td>Prior Authorization Information clarified. 5/1/2017</td>
</tr>
<tr>
<td>2/2017</td>
<td>New references added. 2/2/2017 AIM Sleep Disorder Management Diagnostic &amp; Treatment Guidelines. Effective 1/1/2016</td>
</tr>
<tr>
<td>1/2013</td>
<td>Updated to add new CPT code 95782 and 95783.</td>
</tr>
<tr>
<td>5/2009</td>
<td>Updated prior authorization information.</td>
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<tr>
<td>5/2007</td>
<td>Updated coverage and non coverage guidelines for oral appliances for sleep apnea.</td>
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</table>

**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**

Specialty Society Guidelines and Systematic Reviews


Other Literature


Endnotes

1 Based on AIM Specialty Health: Sleep Disorder Management Diagnostic & Treatment Guidelines Program. Effective May 15, 2017.