



MASSACHUSETTS

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Medical Policy

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

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Policy Number: 534

BCBSA Reference Number: NA

Related Policies

- **Medicare Advantage: High-Technology Radiology and Sleep Disorder Management Clinical and Utilization Guidance Redirect, #[923](#)**
- Actigraphy, #[533](#)
- Bi-Level Positive Airway Pressure (BPAP) Devices, #[527](#)
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- 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](#)

Policy¹

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

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

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

| | Outpatient |
|--|---|
| Commercial Managed Care (HMO and POS) | The requirements of BCBSMA Sleep Management Program may require a precertification/prior authorization via AIM Specialty Health. These requirements are member-specific: |
| Commercial PPO and EPO | <p>Please verify member eligibility and requirements through Online Services by logging onto Provider Central. Refer to our Quick Tip for an overview of precertification and prior authorization requirements.</p> <p>Ordering clinicians should request pre-certification from AIM Specialty Health or call 1-866-745-1783 (when applicable).</p> <p>Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products.</p> |
| Indemnity | Prior authorization is not required. |

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

| CPT codes: | Code Description |
|-------------------|---|
| 95805 | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness |

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

| Date | Action |
|-------------|---|
| 1/2018 | Prior authorization information for Medicare HMO Blue and Medicare PPO Blue removed. Prior authorization information for Medicare HMO Blue and Medicare PPO Blue is addressed in medical policy #923, High Technology Radiology and Sleep Disorder Management for Medicare Advantage Products. 1/1/2018 |
| 11/2017 | AIM Sleep Disorder Management Diagnostic & Treatment Guidelines review. Policy unchanged. 11/20/2017 |
| 5/2017 | Prior Authorization Information clarified. 5/1/2017 |
| 2/2017 | New references added. 2/2/2017 AIM Sleep Disorder Management Diagnostic & Treatment Guidelines. Effective 1/1/2016. |

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|--------------------|--|
| 7/2013 | Adopted AIM Program Guidelines on Sleep Disorder Management. Effective 7/1/2013. |
| 2/2013 | BCBSA National medical policy review. Changes to policy statements. Effective 2/4/2013. |
| 1/2013 | Updated to add new CPT code 95782 and 95783. |
| 11/2011- 4/2012 | Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements. |
| 12/2011 | BCBSA National medical policy review. Changes to policy statements. |
| 4/2011 | Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements. |
| 3/2011 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 7/2010 | BCBSA National medical policy review. Changes to policy statements. |
| 9/2010 | BCBSA National medical policy review. Changes to policy statements. |
| 6/2010 | BCBSA National medical policy review. Changes to policy statements. |
| 5/2010 | BCBSA National medical policy review. Changes to policy statements. |
| 3/2010 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 5/2009 | Updated prior authorization information. |
| 3/2009 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 3/2008 | BCBSA National medical policy review. Changes to policy statements. |
| 5/2007 | Updated coverage and non coverage guidelines for oral appliances for sleep apnea. |
| 3/2007 | Reviewed - Medical Policy Group - Allergy and ENT/Otolaryngology. No changes to policy statements. |
| 2/2007 | BCBSA National medical policy review. Changes to policy statements. |

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

1. Aurora RN, Lamm CI, Zak RS, et al; American Academy of Sleep Medicine. Practice parameters for the non-respiratory indications for polysomnography and multiple sleep latency testing for children. *Sleep* 2012;35(11):1467-1473.
2. Littner MR, Kushida C, Wise M, et al; American Academy of Sleep Medicine. Practice parameters for clinical use of the multiple sleep latency test and the maintenance of wakefulness test. *Sleep*. Jan 1 2005;28(1):113-121.
3. Morgenthaler TI, Kapur VK, Brown T, et al; American Academy of Sleep Medicine. Practice parameters for the treatment of narcolepsy and other hypersomnias of central origin. *Sleep*. 2007;30(12):1705-1711.

Other Literature

1. American Academy of Sleep Medicine. International Classification of Sleep Disorders, 3rd ed. Darien, IL: AASM; 2014.
2. Zeman A, Britton T, Douglas N, et al. Narcolepsy and excessive daytime sleepiness. *BMJ* 2004; 329:724-728.

Endnotes

¹ Based on AIM Specialty Health: Sleep Disorder Management Diagnostic & Treatment Guidelines Program.