Medical Policy

**Multiple Sleep Latency Testing - MSLT and Maintenance of Wakefulness Testing - MWT**

**Table of Contents**
- Policy: Commercial
- Coding Information
- Policy: Medicare
- Description
- Authorization Information
- Policy History
- Information Pertaining to All Policies
- Endnotes

**Policy Number: 534**
BCBSA Reference Number: NA

**Related Policies**
- Actigraphy, #533
- Bi-Level Positive Airway Pressure (BPAP) Devices, #527
- Home Apnea 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 Multiple Sleep Latency Testing (MSLT)**

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

a. Daytime hypersomnia 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.

   c. 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 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 (meets conditions 1a. and 1b. above).

MSL T and MWT may be considered MEDICALLY NECESSARY for idiopathic hypersomnia when all of the following conditions are met:

a. Daytime hypersomnia has been present for at least eight weeks
b. 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.
c. 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

Commercial Members: Managed Care (HMO and POS)
Prior authorization is required through AIM Specialty Health.

Commercial Members: PPO, and Indemnity
Prior authorization is NOT required.

Medicare Members: HMO Blue<sup>SM</sup> and PPO Blue<sup>SM</sup>
Authorizations are required for all medically necessary services performed in the inpatient setting. Authorizations are NOT required for when these services are performed in the outpatient setting.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. 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.

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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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>1/2013</td>
<td>Updated to add new CPT code 95782 and 95783.</td>
</tr>
<tr>
<td>7/2010</td>
<td>BCBSA National medical policy review.</td>
</tr>
</tbody>
</table>
Changes to policy statements.
5/2009  Updated prior authorization information.
5/2007  Updated coverage and non coverage guidelines for oral appliances for sleep apnea.

**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**

5. Aurora RN; Lamm CI; Zak RS; et al. Practice parameters for the non-respiratory indications for polysomnography and multiple sleep latency testing for children. Sleep 2012;35(11):1467-1473

**Endnotes**

1. Based on AIM Specialty Health:  Sleep Disorder Management Diagnostic & Treatment Guidelines Program, issue date October 2013