
	
Medical Policy	
ARBenefits Approval: 10/19/2011	Title: Multiple Sleep Latency/Maintenance of Wakefulness Test
Effective Date: 01/01/2012	Document: ARB0251
Revision Date:	
Code(s): 95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	
Administered by: 	

Public Statement:

The multiple sleep latency test (MSLT) and the Maintenance of Wakefulness test (MWT) are similar tests, in that they both are measures of daytime sleepiness. In the MSLT, the instruction is to try to fall asleep. During the MWT, the patient has multiple trials throughout a day of low-demand activity when the instructions are to resist sleep.

These tests are covered in certain patients with excessive daytime sleepiness. They are subject to review.

Medical Policy Statement:

- 1) MSLT / MWT are considered medically necessary and are covered for the indications below for patients who do not have obstructive sleep apnea or who are compliant with their treatment for obstructive sleep apnea and have continued excessive sleepiness.
- 2) MSLT is considered medically necessary and is covered to confirm a diagnosis of narcolepsy in patients suspected of having that condition.
- 3) Repeat MSLT is considered medically necessary and is covered when:
 - Ambiguous or interpretable findings are present
 - A patient is suspected of having narcolepsy but a previous MSLT did not provide polygraphic confirmation
- 4) The MWT is considered medically necessary and is covered to monitor response in those patients receiving treatment for excessive sleepiness.

QualChoice reserves the right to alter, amend, change or supplement medical policies as needed. QualChoice reviews and authorizes services and substances. CPT and HCPCS codes are listed as a convenience and any absent, new or changed codes do not alter the intent of the policy.

Limits:

95805 is limited to two per calendar year.

Background:

The American Academy of Sleep Medicine defines excessive sleepiness as sleepiness that occurs in a situation when an individual would be expected to be awake and alert, affecting approximately 5% of the general population.

The multiple sleep latency test (MSLT) and the Maintenance of Wakefulness test (MWT) are similar tests, in that they both are measures of daytime sleepiness. In the MSLT, the instruction is to try to fall asleep. During the MWT, the patient has multiple trials throughout a day of low-demand activity when the instructions are to resist sleep.

The multiple sleep latency test involves four to six, 20-minute recordings of sleep/wake states and stages, spaced at two hour intervals throughout the day. Therefore, the procedure requires nine to twelve hours to complete. The patient is present at the testing facility and either monitored or observed throughout the day by a trained technologist. The physiological recordings made are similar to those of nighttime polysomnography. Audio and video recordings are also made during the monitored portion of the day. When these tests are indicated they are typically performed on a day following polysomnography.

CPT Assistant, February 1998, page 6, provides additional information; “MSLT or MWT and polysomnography represent separate diagnostic tests that are performed at different times to assess various physiological parameters of sleep; this is one of the key factors that indicate that it is appropriate to report both polysomnography and MSLT or MWT, when both are performed. Typically, polysomnography is performed the night before the MSLT or MWT.”

The MSLT and MWT values are influenced by physiological, psychological and test protocol variables. These tests are most valuable when integrated with the clinical history. A valid test result can be obtained only if the patient has experienced an adequate quantity and quality of nocturnal sleep during the night prior to testing with MSLT or MWT. Many clinicians perform this testing during the day following a polysomnogram the previous night. The guidelines do not address the value of MSLT/MWT when the polysomnogram on the previous night is abnormal.

Bonnet, in 2006, states: “The MSLT must be performed immediately following PSG recorded during the individual’s major sleep period to document no other significant sleep disorder is present to explain the sleepiness complaint (Littner et al., 2005). At least 6 hours of sleep needs to be recorded in the prior PSG if the results of the MSLT are to be used to confirm a diagnosis of narcolepsy.”

“Effective clinical use and interpretation of the MSLT and MWT require a better understanding of the sleep need and arousal system effects in normal subjects. We also need to better understand how age, body weight, activity patterns, motivation, and numerous clinical pathologies impact on the sleep and arousal systems.”

References:

Arand D, Bonnet M, et al.(2005) Review by the MSLT and MWT Task Force of the Standards of Practice Committee of the American Academy of Sleep Medicine. *Sleep*, 2005, 28:123-44.

Arand DL.(2006) The MSLT/MWT should be used for the assessment of workplace safety. *J Sleep Clin Med*, 2006; 2:124-7.

Bonnet MH, Arand DL.(2005) Impact of motivation on Multiple Sleep Latency Test and Maintenance of Wakefulness Test measurements. *J Clin Sleep Med*, 2005; 1:386-90.

Bonnet MH.(2006) ACNS clinical controversy: MSLT and MWT have limited clinical utility. *J Clin Neurophysiol*, 2006; 23:50-8.

Bonnet MH.(2006) The MLST and MWT should not be used for the assessment of workplace safety. *J Sleep Clin Med*, 2006; 2:128-31.

Littner MR, Kushida C, et al.(2005) Standards of Practice Committee of the American Academy of Sleep Medicine. Practice parameters for clinical use of the Multiple Sleep Latency Test and the Maintenance of Wakefulness Test. *Sleep*, 2005, 28:113-21.

Silber MH.(2006) The investigation of sleepiness. *Sleep Med Clin*, 2006; 1:1-17.

Wise MS.(2006) Objective measures of sleepiness and wakefulness: application to the real world. *J Clin Neurophysiol*, 2006; 23:39-49.

Application to Products

This policy applies to ARBenefits. Consult ARBenefits Summary Plan Description (SPD) for additional information.

Last modified by: Date: