

# Clinical Policy: Multiple Sleep Latency Testing

Reference Number: PA.CP.MP.24

Effective Date: 01/18

Last Review Date: 10/2020

Coding Implications

Revision Log

## Description

Multiple Sleep Latency Testing (MSLT) is part of the routine evaluation of patients suspected of having narcolepsy or idiopathic hypersomnia. It objectively measures an individual's tendency to fall asleep. It is considered the standard measurement of sleepiness and has proven to be a sensitive and reproducible test for quantifying sleepiness. It is not a part of the routine evaluation for other sleep disorders. A polysomnogram (PSG) should be conducted prior to the MSLT, and should not demonstrate significant sleep pathology (e.g., obstructive sleep apnea, central sleep apnea, etc.) in order to justify and validate a MSLT.

## Policy/Criteria

- I. It is the policy of Pennsylvania Health and Wellness® that MSLT is **medically necessary** for ages 2 and above, when the all of the following criteria are met:
  - A. Excessive daytime sleepiness (EDS) for  $\geq 8$  weeks, as measured by a score of  $\geq 10$  on the Epworth Sleepiness Scale;
  - B. If age is  $< 11$  years, all of the following:
    1. Has had a consultation with a pediatric neurologist, pediatric pulmonologist, or pediatric sleep medicine specialist, and the MSLT has been ordered by the consulting physician;
    2. The MSLT will be conducted in a facility specializing in pediatric sleep disturbances with pediatric consultant available;
  - C. A standard PSG is planned for the night before the MSLT;
  - D. Suspected narcolepsy and any of the following, or suspected idiopathic hypersomnia;
    1. Cataplexy (brief, sudden loss of muscle tone);
    2. Hypnagogic and/or hypnopompic hallucinations;
    3. Sleep paralysis;
  - E. Medical conditions considered and treated if indicated;
  - F. Medications deemed noncontributory;
  - G. No psychiatric disorder by history, or psychiatric disorder under the care of a psychiatrist or psychologist;
  - H. Drug and alcohol misuse excluded.

## Background

Narcolepsy has been reported in children as young as 2 years; however, the peak onset is 15 years, with a less pronounced peak at 36 years. The classic pentad of narcolepsy consists of EDS, cataplexy, hypnagogic and/or hypnopompic hallucinations, disrupted nocturnal sleep, and sleep paralysis. Children rarely manifest all 5 classic symptoms. They often deny EDS, and restlessness and over-activity sometimes predominate. Academic deterioration, inattentiveness, and emotional lability are common. Serial MSLTs may be required for diagnosis, and usually multiple confounding factors are involved.

Diagnosing narcolepsy in children presents a number of difficulties. Even within age groups of children, clinical manifestations of sleep problems can vary by age and developmental level.

## CLINICAL POLICY

### Multiple Sleep Latency Testing



There are consistent data showing the diagnostic utility of MSLT in school-aged children as young as 5 years with suspected narcolepsy. Studies show MSLT is a highly sensitive test in this population, with sensitivity for diagnosing narcolepsy ranging from 79% to 100%.<sup>1</sup>

The same standard criteria used for adults are used for MSLT in children and studies are scored similarly, using the same normative data. However, special issues exist regarding performance, interpretation, and operating characteristics of MSLT in children. Children with suspected narcolepsy must be evaluated by a pediatric neurologist, pulmonologist, or sleep medicine specialist.

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	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.

HCPCS Codes	Description
N/A	

### ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
G47.11	Idiopathic hypersomnia with long sleep time
G47.12	Idiopathic hypersomnia without long sleep time
G47.31	Primary central sleep apnea
G47.33	Obstructive sleep apnea (adult) (pediatric)
G47.37	Central sleep apnea in conditions classified elsewhere
G47.411	Narcolepsy with cataplexy
G47.419	Narcolepsy without cataplexy
G47.421	Narcolepsy in conditions classified elsewhere with cataplexy
G47.429	Narcolepsy in conditions classified elsewhere without cataplexy
G47.53	Recurrent isolated sleep paralysis
G47.61	Periodic limb movement disorder
R43.3	Overactivity

## CLINICAL POLICY

### Multiple Sleep Latency Testing

Reviews, Revisions, and Approvals	Date	Approval Date
References reviewed and updated	05/18	07/18
Minor wording changes for clarity. Deleted codes 95810 and 95811 as they are informational only (for PSG). References reviewed and updated. Specialist review.	10/2020	12/2020

#### References

1. 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*, Vol. 35, No. 11, 2012.
2. Bozorg AM, Benbadis SR. Narcolepsy. Apr 15, 2015. EMedicine from WebMD. Medscape, 2016.
3. Chervin RD. Approach to the patient with excessive daytime sleepiness. In: UpToDate, Scammell TE (Ed.), UpToDate, Waltham, MA. Accessed 03/11/2020.
4. Chervin RD. Idiopathic hypersomnia. In: UpToDate, Scammell TE (Ed), UpToDate, Waltham, MA. Accessed 03/11/2020.
5. Freedman N. Quantifying sleepiness. Harding SM (Ed). In: UpToDate, Waltham, MA. Accessed 03/11/2020.
6. Kirsch D. Stages and architecture of normal sleep. In: UpToDate, Benca R, MD (Ed), UpToDate, Waltham, MA. Accessed 03/11/2020.
7. Kotagal S. Narcolepsy in Children. In: UpToDate, Scammell TE, Chervin RD (Ed), UpToDate, Waltham, MA. Accessed 03/11/2020.
8. Littner MR, Kushida C, Wise M, et al. Practice parameters for clinical use of the multiple sleep latency test and the maintenance of wakefulness test. The clinical use of the MSLT and MWT-AASM Practice Parameters. *Sleep*. 2005;28(1):113-121.  
[http://www.aasmnet.org/Resources/PracticeParameters/PP\\_MSLTMWT.pdf](http://www.aasmnet.org/Resources/PracticeParameters/PP_MSLTMWT.pdf)
9. Marcus CL, et al. Diagnosis and management of childhood obstructive sleep apnea syndrome. *Pediatrics* Vol. 130 No. 3 September 2012.  
<http://pediatrics.aappublications.org/content/130/3/e714.full?sid=a7a2ac1a-a2fc-4c91-8f27-e56c038b309a>
10. Thorpy MJ. The clinical use of the multiple sleep latency test. The Standards of Practice Committee of the American Sleep Disorders Association. *Sleep*. 1992;15(3):268-276.
11. Wise MS, Glaze DG. Assessment of sleep disorders in children. In UpToDate, Chervin RD (Ed), UpToDate, Waltham, MA. Accessed 03/11/2020.
12. Smith, MA, PhD, Michael T., et.al. Use of Actigraphy for the Evaluation of Sleep Disorders and Circadian Rhythm Sleep-Wake Disorders: An American Academy of Sleep clinical practice guideline. *J Clin Sleep Med*. 2018;14(7):1231–1237.