

Clinical Policy: Multiple Sleep Latency Testing

Reference Number: PA.CP.MP.24

Effective Date: 01/18

Date of Last Revision: 8/30/2022

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 PA 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 ≥ 8 weeks, as measured by a score of ≥ 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.
- II. It is the policy of PA Health and Wellness® that repeat MSLT is **medically necessary** for ages two years and above when meeting criteria in section I. are met and at least one of the following:
 - A. The initial test findings are invalid or uninterpretable;
 - B. The initial test is affected by extraneous circumstances or appropriate study conditions were not present during initial testing;
 - C. The patient is suspected to have narcolepsy, but previous MSLT evaluation did not provide polygraphic confirmation.

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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. 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%.¹

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

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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

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ICD-10-CM Code	Description
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

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	07/2020
Replaced all instances of “member” with “participant/enrollee” where applicable. References reviewed and updated. References reviewed and updated. Specialist review.	7/15/2021	
Annual review. Added criteria for repeat MSLT in section II. Updated additional background information with no further impact to criteria. References reviewed and updated. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” Specialist reviewed.	8/30/2022	

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