

# Clinical Policy: Multiple Sleep Latency Testing

Reference Number: CP.MP.24

Last Review Date: 04/21

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## 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 health plans affiliated with Centene Corporation<sup>®</sup> that MSLT is **medically necessary** for ages 2 and above, when 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 consultants available;
  - C. A standard PSG is planned for the night before the MSLT;
  - D. Suspected idiopathic hypersomnia; or suspected narcolepsy and any of the following:
    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 is 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.

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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%.<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 2021, 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

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ICD-10-CM Code	Description
R46.3	Overactivity

Reviews, Revisions, and Approvals	Date	Approval Date
Policy approved		10/08
Removed specific InterQual and MCG guideline references References reviewed and updated Specialist review- pediatric neurology	05/14	05/14
Bulleted out Policy/Criteria section, added specific criteria to B rather than reference to external criteria	05/15	05/15
Removed revision history prior to 2014. Added requirement that requests for children < 5 years be evaluated by a medical director; allowed MSLT to be ordered by pediatric neurologist, pulmonologist, or sleep medicine specialist; updated background description of narcolepsy to include hypnopompic hallucinations and disrupted nocturnal sleep.	05/16	05/16
Changed policy to apply to ages 2 + (previously applied to ages 5-18). Removed portion of description noting that requests under age 5 need to be reviewed by the medical director. Added requirements for: excessive daytime sleepiness, as measured by 10 on ESS; that suspected narcolepsy should be in conjunction with any of the following: cataplexy, hypnagogic/hypnopompic hallucinations, or sleep paralysis; that medical conditions should be treated if indicated, psychiatric disorders treated if present, medications deemed noncontributory, and drug or alcohol misuse excluded. CPT, HCPCS, and ICD-10 codes added.	04/17	05/17
Clarified language in criteria with the following: added Pediatric pulmonologist under I.B.1; added with consultant pediatrics available under I.B.2; added under the care of a psychiatrist or psychologist instead of 'managed' under I.G.	10/17	
References reviewed and updated.	04/18	04/18
Minor wording changes for clarity.	06/18	
References reviewed and updated	04/19	04/19
Deleted codes 95810 and 95811 as they are informational only (for PSG)	05/19	
References reviewed and updated. Specialist review.	03/20	04/20
Replaced all instances of "member" with "member/enrollee." References reviewed and updated.	03/21	04/21

**References**

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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.
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#### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a

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discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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