

Clinical Policy: Multiple Sleep Latency Testing

Reference Number: CP.MP.24

Effective Date: 10/08

Last Review Date: 05/17

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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® 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 or more on the Epworth Sleepiness Scale;
 - B. If age is 2 to 11 years, all of the following:
 1. Has had a consultation with a pediatric neurologist 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;
 - 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 managed;
 - 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%. (Aurora et al, 2012).

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.
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist

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

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ICD-10-CM Code	Description
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
R43.3	Overactivity

Reviews, Revisions, and Approvals	Date	Approval Date
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

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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.

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for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicare members, 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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