



Changes to MBS Items for Thoracic items - Frequently Asked Questions

Last updated: 09/10/2018

Effective from 1 November 2018

Referral Requirements

Can a patient be referred to a practice rather than an individual qualified adult sleep medicine practitioner or consultant respiratory physician?

There is no requirement for referrals to be made out to a certain specialist or consultant physician. There is also nothing to preclude a referral being addressed to a non-named specialist such as a business, as long as the referral includes the following information:

- relevant clinical information about the patient's condition for investigation, opinion, treatment and/or management
- the date of the referral, and
- the signature of the referring practitioner

Where a referral has been specifically addressed to a named specialist who is unable to provide the service, the specialist has the option of referring the patient to another specialist. Under the MBS arrangements, 'specialist to specialist' referrals are valid for 3 months unless the patient is an admitted patient (referrals for admitted patients are valid for 3 months or the duration of admission, whichever is longer).

However, in the event that a referral has been specifically addressed to a named specialist but a locum is covering, the patient does not have to be seen by the named specialist – they can be seen under that referral by the locum. A new referral is not required as it is accepted medical practice that the original referral applies to the locum.

Additional information on referrals is available on the Department of Human Services Website at: <https://www.humanservices.gov.au/organisations/health-professionals/subjects/referring-and-requesting-medicare-services>

Determining Eligibility for Sleep Studies

As a GP, should I be doing the assessment questionnaires (e.g. ESS and Stop Bang questionnaire) before I refer my patients to a sleep clinic and/or sleep physician for an MBS sleep study; or should the qualified adult sleep medicine practitioner or consultant sleep physician be conducting these questionnaires after the patient is referred?

Requirement a)(i) (direct referral pathway) within the descriptors for items 12203 and 12250 is the direct referral pathway and enables the referring medical practitioner to administer the questionnaires and send the results together with the referral to the qualified adult sleep medicine practitioner or consultant respiratory physician.



Based on the results of the questionnaires, the qualified adult sleep medicine practitioner or consultant respiratory physician would then determine if the patient has a high probability for symptomatic, moderate to severe obstructive sleep apnoea (OSA). The intent of this requirement is for the screening questionnaires to be administered by the referring practitioner as only those patients with a high probability for symptomatic, moderate to severe OSA should be referred for testing (as opposed to patients with less severe OSA).

Requirement a)(ii) within the descriptors for items 12203 and 12250 is the alternative referral pathway. It enables a patient to be referred without the use of the approved screening questionnaires but the need for testing must be determined during a professional attendance (either face to face or by video conference) with a qualified adult sleep medicine practitioner or a consultant respiratory physician.

For requirement (a)(i) (direct referral pathway) of the descriptors for items 12203 and 12250, is it a requirement that the ESS be undertaken in addition to one of the other approved screening assessment tools?

Yes, requirement a)(i) of the descriptors for items 12203 and 12250 would require an Epworth Sleepiness Scale score of 8 or more in addition to one of the following for a high probability for symptomatic, moderate to severe OSA:

- a STOP-BANG score of 4 or more; or
- an OSA-50 score of 5 or more; or
- a high risk score on the Berlin Questionnaire.

Which practitioners can determine whether a patient is eligible to have an MBS sleep study under items 12203 or 12250?

From 1 November 2018, a qualified adult sleep medicine practitioner or consultant respiratory physician, to whom the patient has been referred, will be able to determine the necessity for the investigation.

When a patient sees a qualified adult sleep medicine practitioner or a consultant respiratory physician to determine the necessity for an unattended sleep study (Requirement (a)(ii) of items 12203 or 12250), does it need to be in person or can this be conducted by video conference (telehealth)?

The professional attendance with a qualified adult sleep medicine practitioner or consultant respiratory physician can occur either face-to-face or by video conference.

Is it possible for a patient to access requirement (a)(ii) of either item 12250 or 12203 outside of Medicare?

There is no requirement for the professional attendance to be billed to the MBS. However, if the practitioner charges a fee for the professional attendance, the patient would need to cover the entirety of the cost as no Medicare rebate would be payable.



Requirements to Claim Sleep Studies

What is the correct date of service to specify on the account for MBS sleep studies?

The date of service for an MBS sleep study is considered to be the morning the investigation is completed. However, billing for the service should occur once all of the requirements in the item have been satisfied in full (i.e. interpretation and preparation of a permanent report has been provided by a qualified sleep medicine practitioner).

What is included in the 'period of at least 8 hours duration' referred to in the sleep study items?

The requirement 'for a period of at least 8 hours duration' means the overnight investigation (including patient set-up time and actual period of recording) must be of at least 8 hours duration. Providers must keep evidence of the duration of the overnight investigation (including set-up time and period of recording) as part of their administrative records for MBS sleep studies.

Will the qualified adult sleep medicine practitioner (or consultant respiratory physician) be required to communicate the necessity for the investigation to the referring medical practitioner as is current practice for item 12250 or will this requirement stop?

It is anticipated this requirement will cease for home-based studies (item 12250). The new descriptor for item 12250 does not require that the necessity for the investigation be communicated back to the referring practitioner. However, it is appropriate practice for treating practitioners to provide feedback to referring practitioners on the patient's condition and treatment.

Fitting Equipment for Sleep Studies

For item 12203, can the equipment be fitted to the patient by a staff member who is not a trained technician?

No, only a trained technician can apply the equipment to the patient for laboratory based studies. For compliance purposes, practices should record the details of training provided to the staff tasked with fitting the equipment to the patient.

If it is not possible for a trained technician to fit the equipment to the patient for a home-based study (item 12250), is it possible for the patient to fit the equipment themselves or have a family member or carer fit the equipment?

For the purposes of item 12250, it is recommended that a trained sleep technician apply the equipment or if this is not possible, that the sleep technician provide written instructions to the patient on how to apply the equipment. The reason why it is preferable for the technician to apply the equipment is because if the electrodes are applied by the patient in their own home, it is not possible to ensure that the electrodes are correctly placed or fully optimised.

The MBS Explanatory Notes for the sleep study items will include additional information on the situations where it would be permissible for the patient or carer to apply the equipment.



Other

Is a new MBS item number being listed for an APAP titration study?

For APAP titration to be listed on the MBS, an application would need to be lodged for assessment by the Medical Services Advisory Committee (MSAC). To date, an MSAC application for this service has not been received.

More information on submitting an MSAC application is available on the MSAC website at <http://www.msac.gov.au/>

When will indexation apply to the MBS items for sleep studies?

MBS rebates for specialist procedures are scheduled to be indexed from 1 July 2019. The indexation schedule for MBS items is available on the MBSOnline website at:

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-MedicareIndexationSchedule>