



CHANGES TO DIAGNOSTIC SERVICES FOR SLEEP DISORDERS

Last updated: 9/10/2018

From 1 November 2018, MBS items for sleep studies are changing to ensure patients with proven sleep disorders are better identified and more appropriately managed.

These changes are relevant for general practitioners, consultant respiratory physicians, sleep medicine physicians and sleep technicians.

General practitioners who want to directly refer patients for a diagnostic sleep study must use approved assessment tools to determine eligibility.

What are the changes?

From 1 November 2018, there will be a revised structure of items for sleep studies. The new structure includes:

- Three new items (12203, 12204 and 12205) for adult laboratory sleep studies to distinguish diagnostic, treatment initiation and treatment effectiveness
- A new item (12208) for an additional sleep study in a 12-month period where an initial MBS diagnostic study has failed, and
- A revised item (12250) for adult unattended home-based sleep studies.

To learn more about the changes to laboratory sleep studies, please see the [Lab Based Studies detailed factsheet](#).

To learn more about the changes to unattended home-based studies, please see the [Home Based Studies detailed factsheet](#).

What does this mean for specialists?

Relevant specialists will need to adjust their billing practices in line with the new structure of items, ensuring the services they provide meet new and revised descriptor requirements.

From 1 November 2018, Qualified Adult Sleep Medicine Practitioners will need to bill different item numbers for diagnostic (12203), treatment initiation (12204), and treatment effectiveness (12205) sleep studies.

What does this mean for general practitioners?

General practitioners can directly refer eligible patients for diagnostic home-based (unattended) or laboratory-based sleep studies for obstructive sleep apnoea when an approved assessment tool has been used.

General practitioners can also continue to refer eligible patients with suspected sleep disorders to qualified adult sleep medicine practitioners and consultant respiratory physicians for further investigation.



What else do I need to know?

General practitioners who want to directly refer patients for a diagnostic home or laboratory-based sleep study to confirm a diagnosis of sleep apnoea will need to determine a patient's eligibility by using approved assessment tools and meeting the criteria below.

Either one of:

- STOP-BANG score ≥ 4
- OSA-50 score ≥ 5
- Berlin Questionnaire – high risk

Plus:

- Epworth Sleepiness Scale score ≥ 8

Why are the changes being made?

The changes aim to improve quality service provision for sleep studies by:

- better identifying patients who are suitable for direct GP referral
- better triage of patients to the most suitable test, and
- better describing the circumstance when repeat testing following a diagnostic test may have clinical value.

The new items will also provide a stronger link between testing and management of patients with proven sleep disorders.

What do I tell patients?

From 1 November, the government is changing who can get a rebate for a sleep study in adults. Before people can get a Medicare rebate for a sleep study test, their doctor will need to make sure they are eligible by asking questions from approved screening questionnaires. The changes will help doctors refer patients for the most suitable test for them, depending on how likely they are to have a sleep disorder.

When will this change be reviewed?

The Department of Health will continue to review this change in consultation with the profession.

Where can I find more information?

Detailed information on the changes can be found on the MBS Online website and by calling the Department of Human Services on 132 150.

A Frequently Asked Questions document can be viewed [here](#).