

FACT SHEET

Administrative and billing processes for Medicare-funded sleep studies

This explanation is prepared by the Australasian Sleep Association, the peak body in Australia and New Zealand representing clinicians, scientists and researchers working in sleep health and sleep medicine.

It's designed to support understanding of the administrative and billing processes around Medicare-funded Level 1 (in laboratory) and Level 2 (at home) sleep studies. Below is an outline of the steps involved in performing and reporting a sleep study.

- Once a clinical assessment has been undertaken either via a screening tool or consultation with a sleep or respiratory physician, the patient is referred to a sleep centre for a Type 1 (attended) or Type 2 (ambulatory / unattended) sleep study.
- The reporting physician assesses the referral, and either approves the sleep study going ahead or makes alternate arrangements, such as seeing the patient in consultation or directing them back to the referring doctor.
- Once referrals are approved, patients are scheduled for sleep studies via a sleep centre.
- On the night the sleep study is performed, sleep technicians apply recording electrodes and either directly supervise (type 1 studies) or instruct the patient on recording processes (type 2 studies) and ensure integrity of the data recorded. Reporting sleep physicians are not present on the night the sleep study data are recorded, either at home or in an attended setting. However, within centres performing sleep studies, reporting sleep physicians are actively involved in ongoing processes for recording and analysing sleep studies, including staff training and ensuring that data is recorded in accordance with professional guidelines. This is usually a shared responsibility across reporting physicians working within a sleep centre.
- The morning after the overnight sleep study is completed is the Medicare date of service.
- Following the recording of sleep study data, it is analysed by a sleep technician and forwarded to the reporting sleep physician for reporting.
- The sleep physician generates a report for the sleep study after reviewing the data, and the report is sent to the medical practitioner who ordered the sleep study.

- Once the report is complete, the Medicare rebate can be claimed by either the provider or the patient, depending on whether the service is being bulk-billed.

In the outlined workflow, Medicare data only captures the date of service (the morning that the sleep study recording ends) and the date of billing (the date the bill is submitted to Medicare). Unfortunately, the date of reporting cannot be captured. This can result in the situation where the date of service occurs whilst the reporting physician is outside Australia, even though the report is prepared when the reporting physician is in Australia.

In this situation, the ASA supports the reporting sleep physician providing documentation of the points below as evidence that the service was provided in accordance with Medicare's requirements that the services were provided within Australia:

1. The reporting date, to confirm this was done when the physician was in Australia
2. Supervision arrangements for the recording of sleep study data while they were outside Australia.