



# **Health Insurance (Section 3C General Medical Services – Vigilance Testing) Determination 2018**

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I, MICHAEL RYAN, delegate of the Minister for Health, make the following determination.

Dated 22 October 2018

Michael Ryan  
Acting Assistant Secretary  
MBS Policy and Specialist Services Branch  
Medical Benefits Division  
Department of Health

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## 1. Name

This Determination is the *Health Insurance (Section 3C General Medical Services – Vigilance Testing) Determination 2018*.

## 2. Commencement

- (1) Each provision of this instrument specified in column 1 of the table commences, or is taken to have commenced, in accordance with column 2 of the table. Any other statement in column 2 has effect according to its terms.

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Commencement information		
Column 1	Column 2	Column 3
Provisions	Commencement	Date/Details
1. The whole of this instrument	1 November 2018	

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Note: This table relates only to the provisions of this instrument as originally made. It will not be amended to deal with any later amendments of this instrument.

- (2) Any information in column 3 of the table is not part of this instrument. Information may be inserted in this column, or information in it may be edited, in any published version of this instrument.

## 3. Authority

This Determination is made under subsection 3C(1) of the *Health Insurance Act 1973*.

## 4. Definitions

- (1) In this Determination:

*Act* means the *Health Insurance Act 1973*.

*Pharmaceutical Benefits Scheme* means the scheme for the supply of pharmaceutical benefits established under Part VII of the *National Health Act 1953*.

*relevant provisions* means all provisions, of the Act and regulations made under the Act, and the *National Health Act 1953* and regulations made under the *National Health Act 1953*, relating to medical services, professional services or items.

*relevant service* means a health service, as defined in subsection 3C(8) of the Act, that is specified in a Schedule.

*Schedule* means a Schedule to this Determination.

Note: The following terms are defined in subsection 3(1) of the Act:

- clinically relevant service
- general medical services table
- item
- professional service

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- (2) Unless the contrary intention appears, a reference in this Determination to a provision of the Act or the *National Health Act 1953* or regulations made under the Act or under the *National Health Act 1953* as applied, adopted or incorporated in relation to specifying a matter is a reference to those provisions as in force from time to time and any other reference to provisions of an Act or regulations is a reference to those provisions as in force from time to time.

## **5. Treatment of relevant services**

For subsection 3C(1) of the Act a relevant service, provided in accordance with this Determination and as a clinically relevant service, is to be treated, for the relevant provisions, as if:

- (a) it were both a professional service and a medical service; and
- (b) there were an item in the general medical services table that:
  - (i) related to the service; and
  - (ii) specified for the service a fee in relation to each State, being the fee specified in the Schedule in relation to the service.

## **6. Application of provisions of the general medical services table**

- (1) Clause 1.2.9 of the general medical services table shall have effect as if item 12254, 12258, 12261, 12265, 12268 and 12272 were also specified in the clause.
- (2) Clause 2.35.2 of the general medical services table shall have effect as if item 12261 and 12265 were also specified in subclause 2.35.2(1).
- (3) Clause 2.35.2 of the general medical services table shall have effect as if item 12268 and 12272 were also specified in subclause 2.35.2(2).
- (4) Clause 2.35.2 of the general medical services table shall have effect as if item 12254 and 12258 were also specified in subclause 2.35.2(3).

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## Schedule 1 – relevant services

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### Category 2 – Diagnostic Procedures and Investigations

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#### Group D1 – Miscellaneous Diagnostic Procedures And Investigations

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#### Subgroup 10 – Other Diagnostic Procedures and Investigations

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Item	Service	Fee (\$)
12254	<p>Multiple sleep latency test for the assessment of unexplained hypersomnolence in a patient aged 18 years or more, if:</p> <ul style="list-style-type: none"><li>(a) a qualified sleep medicine practitioner or neurologist determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria for drugs relevant to treat that condition under the Pharmaceutical Benefits Scheme are fulfilled; and</li><li>(b) an overnight diagnostic assessment of sleep, for a period of at least 8 hours duration is performed, with continuous monitoring and recording, in accordance with current professional guidelines, of the following measures:<ul style="list-style-type: none"><li>(i) airflow;</li><li>(ii) continuous EMG;</li><li>(iii) anterior tibial EMG;</li><li>(iv) continuous ECG;</li><li>(v) continuous EEG;</li><li>(vi) EOG;</li><li>(vii) oxygen saturation;</li><li>(viii) respiratory movement (chest and abdomen);</li><li>(ix) position; and</li></ul></li><li>(c) immediately following the overnight investigation a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and</li><li>(d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</li><li>(e) polygraphic records are:<ul style="list-style-type: none"><li>(i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</li><li>(ii) stored for interpretation and preparation of report; and</li></ul></li><li>(f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</li><li>(g) the diagnostic assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11003, 12203, 12204, 12205, 12208, 12250 or 12258 is provided to the patient</li></ul>	913.70

Applicable only once in a 12 month period

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**Category 2 – Diagnostic Procedures and Investigations**

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**Group D1 – Miscellaneous Diagnostic Procedures And Investigations**

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**Subgroup 10 – Other Diagnostic Procedures and Investigations**

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<b>Item</b>	<b>Service</b>	<b>Fee (\$)</b>
12258	Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness in a patient aged 18 years or more, if: <ul style="list-style-type: none"><li>(a) a qualified sleep medicine practitioner or neurologist determines that testing is necessary to objectively confirm the ability to maintain wakefulness; and</li><li>(b) an overnight diagnostic assessment of sleep, for a period of at least 8 hours duration is performed, with continuous monitoring and recording, in accordance with current professional guidelines, of the following measures:<ul style="list-style-type: none"><li>(i) airflow;</li><li>(ii) continuous EMG;</li><li>(iii) anterior tibial EMG;</li><li>(iv) continuous ECG;</li><li>(v) continuous EEG;</li><li>(vi) EOG;</li><li>(vii) oxygen saturation;</li><li>(viii) respiratory movement (chest and abdomen);</li><li>(ix) position; and</li></ul></li><li>(c) immediately following the overnight investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and</li><li>(d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</li><li>(e) polygraphic records are:<ul style="list-style-type: none"><li>(i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</li><li>(ii) stored for interpretation and preparation of report; and</li></ul></li><li>(f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</li><li>(g) the diagnostic assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11003, 12203, 12204, 12205, 12208, 12250 or 12254 is provided to the patient</li></ul>	913.70

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Applicable only once in a 12 month period

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**Category 2 – Diagnostic Procedures and Investigations**

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**Group D1 – Miscellaneous Diagnostic Procedures And Investigations**

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**Subgroup 10 – Other Diagnostic Procedures and Investigations**

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<b>Item</b>	<b>Service</b>	<b>Fee (\$)</b>
12261	<p>Multiple sleep latency test for the assessment of unexplained hypersomnolence in a patient aged at least 12 years but less than 18 years, if:</p> <ul style="list-style-type: none"><li>(a) a qualified sleep medicine practitioner determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria for drugs relevant to treat that condition under the Pharmaceutical Benefits Scheme are fulfilled; and</li><li>(b) an overnight diagnostic assessment of sleep, for a period of at least 8 hours duration where continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:<ul style="list-style-type: none"><li>(i) airflow;</li><li>(ii) continuous EMG;</li><li>(iii) ECG;</li><li>(iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);</li><li>(v) EOG;</li><li>(vi) oxygen saturation;</li><li>(vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);</li><li>(viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and</li></ul></li><li>(c) immediately following the overnight investigation, a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and</li><li>(d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</li><li>(e) polygraphic records are:<ul style="list-style-type: none"><li>(i) analysed (for assessment of sleep stage, and maturation of sleep indices, arousals, respiratory events and assessment of clinically significant alterations in heart rate and body movement) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</li><li>(ii) stored for interpretation and preparation of report; and</li></ul></li><li>(f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</li><li>(g) the diagnostic assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11003, 12213, 12217 or 12265 is provided to the patient</li></ul>	958.00

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Applicable only once in a 12 month period

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**Category 2 – Diagnostic Procedures and Investigations**

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**Group D1 – Miscellaneous Diagnostic Procedures And Investigations**

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**Subgroup 10 – Other Diagnostic Procedures and Investigations**

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<b>Item</b>	<b>Service</b>	<b>Fee (\$)</b>
12265	Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness in a patient aged at least 12 years but less than 18 years, if: <ul style="list-style-type: none"><li>(a) a qualified sleep medicine practitioner determines that testing to objectively confirm the ability to maintain wakefulness is necessary; and</li><li>(b) an overnight diagnostic assessment of sleep, for a period of at least 8 hours duration where continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:<ul style="list-style-type: none"><li>(i) airflow;</li><li>(ii) continuous EMG;</li><li>(iii) ECG;</li><li>(iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);</li><li>(v) EOG;</li><li>(vi) oxygen saturation;</li><li>(vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);</li><li>(viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and</li></ul></li><li>(c) immediately following the overnight investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and</li><li>(d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</li><li>(e) polygraphic records are:<ul style="list-style-type: none"><li>(i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</li><li>(ii) stored for interpretation and preparation of report; and</li></ul></li><li>(f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</li><li>(g) the diagnostic assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11003, 12213, 12217 or 12261 or is provided to the patient</li></ul>	958.00

Applicable only once in a 12 month period

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**Category 2 – Diagnostic Procedures and Investigations**

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**Group D1 – Miscellaneous Diagnostic Procedures And Investigations**

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**Subgroup 10 – Other Diagnostic Procedures and Investigations**

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<b>Item</b>	<b>Service</b>	<b>Fee (\$)</b>
12268	<p>Multiple sleep latency test for the assessment of unexplained hypersomnolence for a patient less than 12 years of age, if:</p> <ul style="list-style-type: none"><li>(a) a qualified sleep medicine practitioner determines that testing is necessary to confirm the diagnosis of a central disorder of hypersomnolence or to determine whether the eligibility criteria for drugs relevant to treat that condition under the Pharmaceutical Benefits Scheme are fulfilled; and</li><li>(b) an overnight diagnostic assessment of sleep, for a period of at least 8 hours duration where there is continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:<ul style="list-style-type: none"><li>(i) airflow;</li><li>(ii) continuous EMG;</li><li>(iii) ECG;</li><li>(iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);</li><li>(v) EOG;</li><li>(vi) oxygen saturation;</li><li>(vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);</li><li>(viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and</li></ul></li><li>(c) immediately following the overnight investigation, a daytime investigation is performed where at least 4 nap periods are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and</li><li>(d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</li><li>(e) polygraphic records are:<ul style="list-style-type: none"><li>(i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</li><li>(ii) stored for interpretation and preparation of report; and</li></ul></li><li>(f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</li><li>(g) the diagnostic assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11003, 12210, 12215 or 12272 is provided to the patient</li></ul>	1,027.55

Applicable only once in a 12 month period

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**Category 2 – Diagnostic Procedures and Investigations**

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**Group D1 – Miscellaneous Diagnostic Procedures And Investigations**

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**Subgroup 10 – Other Diagnostic Procedures and Investigations**

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<b>Item</b>	<b>Service</b>	<b>Fee (\$)</b>
12272	Maintenance of wakefulness test for the assessment of the ability to maintain wakefulness for a patient less than 12 years of age, if: <ul style="list-style-type: none"><li>(a) a qualified sleep medicine practitioner determines that testing to objectively confirm the ability to maintain wakefulness is necessary; and</li><li>(b) an overnight diagnostic assessment of sleep, for a period of at least 8 hours duration where there is continuous monitoring of oxygen saturation and breathing using a multi-channel polygraph, and recordings of the following are made, in accordance with current professional guidelines:<ul style="list-style-type: none"><li>(i) airflow;</li><li>(ii) continuous EMG;</li><li>(iii) ECG;</li><li>(iv) EEG (with a minimum of 4 EEG leads or, in selected investigations, a minimum of 6 EEG leads);</li><li>(v) EOG;</li><li>(vi) oxygen saturation;</li><li>(vii) respiratory movement of rib and abdomen (whether movement of rib is recorded separately from, or together with, movement of abdomen);</li><li>(viii) measurement of carbon dioxide (either end-tidal or transcutaneous); and</li></ul></li><li>(c) immediately following the overnight investigation, a daytime investigation is performed where at least 4 wakefulness trials are conducted, during which there is continuous recording of EEG, EMG, EOG and ECG; and</li><li>(d) a sleep technician is in continuous attendance under the supervision of a qualified sleep medicine practitioner; and</li><li>(e) polygraphic records are:<ul style="list-style-type: none"><li>(i) analysed (for assessment of sleep stage, arousals, respiratory events, cardiac abnormalities and limb movements) with manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and</li><li>(ii) stored for interpretation and preparation of report; and</li></ul></li><li>(f) interpretation and preparation of a permanent report is provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient; and</li><li>(g) the diagnostic assessment is not provided to the patient on the same occasion that a service mentioned in any of items 11003, 12210, 12215 or 12268 is provided to the patient</li></ul>	1,027.55

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Applicable only once in a 12 month period

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