

• REVISION TO MEDICARE FUNDED SERVICES •

THIS IS VITALLY IMPORTANT – PLEASE READ

Effective 1st November 2018, (under revised legislation), “NO PATIENT WILL BE ELIGIBLE” for a Medicare funded ambulatory sleep study, “WITHOUT THREE REQUISITE CRITERIA”:-

1	A completed “STOPBANG” assessment with a score of 4 or greater
2	A completed ESS (Epworth Sleep Score) with a score of 8 or greater
3	A completed referral – which must be personally signed by you (the referring practitioner)

For convenience, we have copied the requisite additional detail (to accompany your existing referral methods), on the reverse side of this page. This is also available from our website (www.westsleep.com.au), together with our revised referral form (which now includes these new requirements).

Alternatively, you may choose to use our updated referral pads (enclosed).

In any event, referrals should be either Faxed or Emailed to us, so that we may facilitate booking of your patient (on your behalf), without unnecessary delay.

We fully appreciate these revisions place even greater pressure on your existing workload. However, we trust you will also understand, these imposts are at the behest of Medicare & are entirely beyond our control.

We are aware these measures may place certain “symptomatic” patients beyond the scope of a Medicare funded study. Should this be the case, we can if required provide an interim (unreported) assessment, for further review/intervention.

With the above said, we look forward to continue to serve you to the very best of our abilities, well into the future.

Very best regards,
Roger.



ROGER OSMOND.
CONSULTANT / SLEEP CLINICIAN.

THE FOLLOWING ARE REQUIREMENTS ADDITIONAL TO THE STANDARD REFERRAL - UNDER REVISED LEGISLATION EFFECTIVE **1 NOVEMBER 2018**

Please see overleaf for a detailed explanation. 

Patient Name:

REGARDING THIS PATIENT

1 STOP BANG Questionnaire:

A minimum of 4 positive responses are required. Please tick as appropriate.

Snore: Do they snore loudly ?	<input type="checkbox"/>
Tired: Do they feel tired (sleepy or fatigued) during the day ?	<input type="checkbox"/>
Observed: Have they been observed to stop breathing during their sleep ?	<input type="checkbox"/>
Pressure: Do they present with elevated blood pressure (when untreated) ?	<input type="checkbox"/>
BMI: Do they present with a Body Mass Index greater than 35 ?	<input type="checkbox"/>
Age: Are they aged 50 years or more ?	<input type="checkbox"/>
Neck: Do they have a neck circumference greater than 40cm ?	<input type="checkbox"/>
Gender Are they male ?	<input type="checkbox"/>

Ref: ¹Chung F et al Anaesthesiology 2008; 108(5): 812-21 & Br J Anaesth 2012; 108(5): 768-75

2 Epworth Sleepiness Scale:

Use the following scale to choose the most appropriate score for each situation.

Score Would never doze = 0 Slight chance of dozing = 1 Moderate chance of dozing = 2 High chance of dozing = 3	
Sitting and reading	
Watching television	
Sitting inactive in a public place (w: a theatre or meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
Total (add up responses):	

Ref: ²John M Sleep 1991; 14(6): 540 -545

Other History/Co-morbidities:

REFERRING DOCTOR

Name: Date: / /

Provider No: Signature:

I confirm this attachment meets with the requisite criteria detailed above.