New MBS items for unattended (Level 2) paediatric sleep studies

Last updated: 1 June 2026

- From **1 July 2026**, items 12218 and 12219 will be introduced for unattended (Level 2) sleep studies in children and adolescents, to allow these patients to receive home-based services.
- The new items are relevant to referring GPs, sleep medicine practitioners, and sleep study providers.
- Increasing access to sleep studies in the community will reduce waiting times for patients who don't need a supervised laboratory sleep study, and help families who cannot easily travel from rural or remote locations to a hospital or sleep clinic.
- As the sleep study items provide a Medicare benefit for the complete service, certain neurology, respiratory and cardiovascular MBS item descriptors will be amended to prevent the inappropriate claiming of additional benefits for component services that are included in the sleep study investigation.

What are the changes?

Effective **1 July 2026**, two new MBS items for unattended (Level 2) paediatric sleep studies will be introduced. Item 12218 is for children aged 3-11 and item 12219 for adolescents aged 12-17.

Items 12218 and 12219 are for out-of-hospital services only.

To learn more about the new items, please see new explanatory note DN.1.37 for paediatric sleep studies.

Additionally, MBS items for neurology (11000 to 11005), respiratory (11503) and cardiovascular (11704 to 11717, 11723 and 11735) services will be amended to indicate that these items cannot be claimed separately where a sleep study was the only service provided.

Why are the changes being made?

The listing of these services was recommended by the Medical Services Advisory Committee (MSAC) in July 2025. Further details about MSAC applications can be found under MSAC Applications on the MSAC website (Medical Services Advisory Committee).

What does this mean for providers?

From **1 July 2026**, Medicare benefits will be available for home-based (Level 2) sleep studies provided to medically uncomplicated children and adolescents who do not require professional supervision during the overnight component of the sleep study.

Access will be via GP referral to a sleep medicine practitioner, who determines whether an unattended sleep study is appropriate for the patient.

The existing frequency limit of three investigations per year will now apply to any combination of attended and unattended paediatric sleep studies.

How will these changes affect patients?

Patients will be able to receive Medicare benefits for a sleep study done in their home. This will reduce waiting times for patients who do not need a supervised sleep study done in a laboratory.

As the service can be delivered with telehealth support, the new items improve access for patients living outside of metropolitan areas where most sleep laboratories are located. Monitoring equipment can be shipped to and from the patient's home, and a sleep technician guides a parent or caregiver to apply it to the child via video call and is available for overnight technical support.

Who was consulted on the changes?

The Australasian Sleep Association made an application to the MSAC for MBS listing of paediatric home-based sleep study services. The following organisations were consulted on the application: Thoracic Society of Australia and New Zealand, Australia and New Zealand Sleep Science Association, Private Healthcare Australia, Australian Society of Otolaryngology Head and Neck Surgery, Sleep Health Foundation, and Prader Willi Research Foundation Australia.

How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the Department of Health, Disability and Ageing's (the department's) compliance program can be found on its website at Medicare compliance.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website. You can also subscribe to future MBS updates by visiting 'Subscribe to the MBS' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

Subscribe to 'News for Health Professionals' on the Services Australia website to receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the Downloads page.

New item descriptors (to take effect 1 July 2026)

Category 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

Group D1 - Miscellaneous Diagnostic Procedures And Investigations

Subgroup 10 - Other Diagnostic Procedures And Investigations

12218

Overnight investigation of sleep, for at least 8 hours, for a patient aged at least 3 years but less than 12 years, if:

(a) the patient is referred by a medical practitioner to a qualified paediatric sleep medicine practitioner; and

(b) following professional attendance on the patient (either face to face or by video conference), the qualified paediatric sleep medicine practitioner determines that:

(i) the investigation is necessary for a purpose mentioned in paragraph (c); and

(ii) an unattended sleep study is appropriate for the investigation; and

(c) the purpose of the investigation is documented and is any of the following:

(i) to confirm diagnosis of sleep apnoea;

(ii) as a repeat investigation to assess treatment effectiveness;

(iii) as a repeat investigation to determine respiratory support needs following a significant change in clinical status; and

(d) during a period of sleep, there is continuous monitoring and recording of at least the following measures:

(i) airflow;

(ii) EMG;

(iii) ECG or heart rate;

(iv) EEG;

(v) EOG;

(vi) oxygen saturation;

(vii) respiratory effort; and

(e) the investigation is provided:

(i) under the supervision of a qualified paediatric sleep medicine practitioner; and

(ii) in accordance with current professional guidelines (including in relation to interpreting polygraphic data and preparing a report); and

(f) before the investigation commences, a parent or caregiver of the patient is given:

(i) written or video instructions on how to monitor the patient overnight; and

(ii) a way of contacting a sleep technician to enable trouble shooting overnight; and

(g) the equipment is applied to the patient by:

(i) a sleep technician; or

(ii) the parent or caregiver of the patient if:

(A) before the set-up process commences, the parent or caregiver is given written or video instructions for how to apply the equipment; and

(B) there is continuous telehealth support from a sleep technician throughout the set-up process; and

(C) the use of telehealth is documented; and

(h) polygraphic records are:

(i) analysed (for assessment of sleep stage, arousals, respiratory events and cardiac abnormalities) using manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and

(ii) stored for interpretation and preparation of a report; and

(i) interpretation and preparation of a permanent report are provided by a qualified paediatric sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient

Applicable in relation to the first 3 investigations to which this item or item 12210 applies in any 12 month period

Fee: $489.90 **Benefit:** 85% = $416.45

Private Health Insurance Classification:

- Clinical category: Sleep studies
- Procedure type: N/A (Not hospital treatment)

12219

Overnight investigation of sleep, for at least 8 hours, for a patient aged at least 12 years but less than 18 years, if:

(a) the patient is referred by a medical practitioner to a qualified sleep medicine practitioner; and

(b) following professional attendance on the patient (either face to face or by video conference), the qualified paediatric sleep medicine practitioner determines that:

(i) the investigation is necessary for a purpose mentioned in paragraph (c); and

(ii) an unattended sleep study is appropriate for the investigation; and

(c) the purpose of the investigation is documented and is any of the following:

(i) to confirm diagnosis of sleep apnoea;

(ii) as a repeat investigation to assess treatment effectiveness;

(iii) as a repeat investigation to determine respiratory support needs following a significant change in clinical status; and

(d) during a period of sleep, there is continuous monitoring and recording of at least the following measures:

(i) airflow;

(ii) EMG;

(iii) ECG or heart rate;

(iv) EEG;

(v) EOG;

(vi) oxygen saturation;

(vii) respiratory effort; and

(e) the investigation is provided:

(i) under the supervision of a qualified sleep medicine practitioner; and

(ii) in accordance with current professional guidelines (including in relation to interpreting polygraphic data and preparing a report); and

(f) before the investigation commences, a parent or caregiver of the patient is given:

(i) written or video instructions on how to monitor the patient overnight; and

(ii) a way of contacting a sleep technician to enable trouble shooting overnight; and

(g) the equipment is applied to the patient by:

(i) a sleep technician; or

(ii) the parent or caregiver of the patient if:

(A) before the set-up process commences, the parent or caregiver is given written or video instructions for how to apply the equipment; and

(B) there is continuous telehealth support from a sleep technician throughout the set-up process; and

(C) the use of telehealth is documented; and

(h) polygraphic records are:

(i) analysed (for assessment of sleep stage, arousals, respiratory events and cardiac abnormalities) using manual scoring, or manual correction of computerised scoring in epochs of not more than 1 minute; and

(ii) stored for interpretation and preparation of a report; and

(i) interpretation and preparation of a permanent report are provided by a qualified sleep medicine practitioner with personal direct review of raw data from the original recording of polygraphic data from the patient

Applicable in relation to the first 3 investigations to which this item or item 12210, 12213 or 12218 applies in any 12 month period

Fee: $455.25 **Benefit:** 85% = $387.00

Private Health Insurance Classification:

- Clinical category: Sleep studies
- Procedure type: N/A (Not hospital treatment)

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the 'Last updated' date shown above and does not account for MBS changes since that date.