

Eligibility criteria for catheter-based cardiac procedures

The eligibility criteria listed below are specific criteria relating to the following catheter-based cardiology procedures:

- electrophysiology (EP) studies
- ablation of cardiac arrhythmias with:
 - o radiofrequency ablation (RFA)
 - o pulmonary vein isolation for atrial fibrillation (PVI for AF)
 - o cryoablation.

1. Electrophysiology (EP) studies (with a view to proceed to radiofrequency ablation)

Southern Cross will only reimburse the cost of electrophysiology (EP) studies under a member's policy when **at least one** of the following diagnoses (A. to F. below) is present for that member and supported by prior documentation. Documentation must include evidence of the arrhythmia on ECG, exercise ECG, holter monitoring, or event monitoring.

A. Supraventricular tachycardia Either 1 or 2 below must apply:

1. AV nodal re-entry tachycardia (AVNRT)

- recurrent symptomatic sustained AVNRT and/or
- sustained AVNRT that has resulted in haemodynamic intolerance.

2. Atrio-ventricular reciprocating tachycardia (AVRT) eg Wolff-Parkinson-White (WPW) syndrome

- poorly tolerated symptomatic AVRT without pre-excitation
- symptomatic AVRT syndrome with rapid pre-excited atrial fibrillation
- WPW syndrome (pre-excitation with symptoms)
- asymptomatic pre-excitation in patients without low-risk characteristics at non-invasive risk stratification, or in patients with high-risk occupations/hobbies (such as pilots and professional divers), those participating in competitive athletics, or those < 21 years of age.

B. Focal atrial tachycardia Either of the following must apply:

- recurrent symptomatic atrial tachycardia
- continuous atrial tachycardia.

C. Atrial flutter

Either of the following must apply:

- atrial flutter that is unresponsive to medical treatment or where medical treatment has caused adverse side effects
- atrial flutter appearing after the use of classic antiarrhythmic agents or amiodarone hydrochloride.

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D. Suspected paroxysmal SVT

Both of the following must apply:

- there is a strong clinical history of symptomatic paroxysmal supra-ventricular tachycardia
- it cannot be documented on an ECG despite reasonable attempts to do so.

E. Suspected syncope due to cardiac arrhythmia

- Clinical symptoms and ECG indicate that cardiac arrhythmia is the likely cause of syncope.

F. Ventricular arrhythmia

At least one of the following indications **1, 2, 3, 4, 5, or 6** must be met:

1. Bundle branch re-entrant ventricular tachycardia (VT).
2. Remote myocardial infarction and symptoms suggestive of tachycardia (palpitations, pre-syncope, syncope).
3. Evaluation of wide complex tachycardia with unclear mechanism.
4. Sustained or non-sustained monomorphic VT that is unresponsive to medical treatment or has resulted in adverse side effects.
5. Ventricular premature beats causing adverse symptoms, unresponsive or intolerant to medical treatment, with ectopic burden on Holter monitoring > 5%.
6. Ventricular premature beats > 15% on Holter monitoring (predominantly of 1 morphology), causing decline in left ventricular function, unresponsive or intolerant to medical treatment.

2. Pulmonary vein isolation for the treatment of atrial fibrillation

Southern Cross will only reimburse the cost of pulmonary vein isolation for the treatment of recurrent atrial fibrillation under a member's policy when the criteria **1 and 2** below are met for that member.

1. Symptomatic paroxysmal atrial fibrillation (AF), **or** symptomatic persistent atrial fibrillation of less than 2 years continuous duration, with at least one left atrial echocardiographic measurement satisfying (i) diameter <50mm, (ii) area < 40cm², or (iii) indexed volume < 70ml/m².
2. Medical treatment has not resulted in resolution of symptoms, **or** there is intolerance to at least one class 1 or class 3 antiarrhythmic medication.

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Pulmonary vein isolation for the treatment of atrial fibrillation will **not** be reimbursed in the following circumstances:

- severe valvular heart disease is present
- left atrial thrombus is present
- longstanding severe hypertrophic cardiomyopathy (HCM) with suspicion/evidence of significant atrial remodeling is present
- in asymptomatic patients.

3. Repeat pulmonary vein isolation for the treatment of atrial fibrillation

Southern Cross will only reimburse the cost of repeat pulmonary vein isolation for the treatment of atrial fibrillation under a member's policy when at least **one** of the following criteria is met for that member.

1. There is documented evidence of recurrence of atrial fibrillation.
2. Atrial flutter has developed following an initial procedure.

4. AV node ablation for the treatment of atrial fibrillation

Southern Cross will only reimburse AV node ablation (subsequent to pacemaker implantation) as a strategy for rate control in individuals with symptomatic atrial fibrillation, in the setting of **either**

- (i) uncontrolled ventricular rate despite rate-control medication, **or**
- (ii) intolerance to rate control medication.

5. Cryoablation for the treatment of cardiac arrhythmias

Southern Cross will only reimburse the cost of cryoablation for the treatment of cardiac arrhythmias under a member's policy when at least **one** of the following treatment indications apply for that member.

1. For the primary treatment of paroxysmal atrial fibrillation.
2. For atrial flutter or more persistent atrial fibrillation when cryoablation is the sole treatment.
3. Where the atrial tachycardia is thought to arise from a pulmonary vein.
4. Where there is a concern about a complication associated with radiofrequency ablation which makes cryoablation more appropriate, eg
 - a possible flutter
 - an unacceptably high risk of AV block during RF ablation for para-septal arrhythmias or AVNRT
5. For the treatment of AVNRT in children, adolescents, young adults and where any risk of AV block is considered unacceptable.

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Definitions of some conditions covered by these criteria

Paroxysmal atrial fibrillation is defined as:

- recurrent atrial fibrillation (AF) - two or more episodes that terminate spontaneously within seven days **or**
- episodes of atrial fibrillation (AF) terminated with electrical or pharmacological cardioversion within 7 days of onset.

Persistent atrial fibrillation is defined as:

- continuous atrial fibrillation (AF) that is sustained beyond seven days **or**
- episodes of atrial fibrillation (AF) in which a decision is made to electrically or pharmacologically cardiovert after seven days.

Please also ensure you are familiar with all **policy exclusions**, including:

- Acute care
- Congenital conditions
- Cosmetic treatment/procedures
- Health screening
- Treatment of any condition not detrimental to health
- Unapproved healthcare services

Refer to the relevant policy document for specific conditions and exceptions that apply to these exclusions.