

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:
 - radiofrequency ablation (RFA)
 - pulmonary vein isolation for atrial fibrillation (PVI for AF)
 - 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) is well tolerated.

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:

- recurrent 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.

D. Suspected paroxysmal SVT

Both of the following must apply:

- there is a strong clinical history of symptomatic paroxysmal supra-ventricular tachycardia

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- it cannot be documented on an ECG despite reasonable attempts to do so.

Note: documentation must be approved by Southern Cross before cover is granted.

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 and 4** 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.

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 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) where the left atrial dimension (LAD) is less than 50mm, **or**
symptomatic persistent atrial fibrillation with left atrial dimension (LAD) greater than 50mm with less than 2 years continuous atrial fibrillation (AF).
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.

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

- the ejection fraction is less than 35%
- severe valvular heart disease is present
- left atrial thrombus is present
- longstanding severe hypertrophic cardiomyopathy (HCM) with suspicion/evidence of significant atrial remodelling 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.

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4. 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 AF 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
 - possible flutter
 - 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.

Definitions of some conditions covered by these criteria

Paroxysmal atrial fibrillation is defined as:

- recurrent atrial fibrillation (AF) - 2 or more episodes that terminate spontaneously within 7 days
- or**
- episodes of atrial fibrillation (AF) of greater than or equal to 48 hours duration that are terminated with electrical or pharmacological cardioversion.

Persistent atrial fibrillation is defined as:

- continuous atrial fibrillation (AF) that is sustained beyond 7 days
- or**
- episodes of atrial fibrillation (AF) in which a decision is made to electrically or pharmacologically cardiovert after less than 48 hours of atrial fibrillation (AF), but prior to 7 days.