Changes to Cardiac Services
Clinical Indications – Effective 1st August 2020

New item 11716 – Continuous electrocardiography recording of a patient for 12 or more hours

Overview: Introduced as part of the restructure of ambulatory ECG items to better describe the specific clinical indications for use of this item and better align with current best practice. This item supersedes item 11709

Descriptor: Continuous ECG recording of ambulatory patient for 12 or more hours with interpretation and report by a specialist or consultant physician if the service:

(a) is indicated for the evaluation of a patient for:

  (i) syncope; or

  (ii) pre-syncopal episodes; or

  (iii) palpitations where episodes are occurring greater than once a week; or

  (iv) another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week; or

  (v) surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia; and

(b) utilises a system capable of superimposition and full disclosure printout of at least 12 hours of recorded ECG data, (including resting ECG and the recording of parameters) microprocessor based scanning analysis; and

(c) is not in association with ambulatory blood pressure monitoring; and

(d) is other than a service on a patient in relation to whom this item and any of the items 11704, 11705, 11707 or 11714 are rendered by a single medical practitioner on a single patient on a single day; and

(e) is applicable once in a 4 week period; and

(f) a service in item 11716 does not apply if the patient is an admitted patient.

(g) A service in item 11716 does not apply if the service is performed on the same day as the day on which an attendance is performed on the patient by the medical practitioner, unless:

  (i) the patient was referred to the medical practitioner by a referring practitioner, and:

    i. separately the service was requested by a requesting practitioner; or

    ii. an attendance with the patient is provided after the service where clinical management decisions are made; or

(h) the decision to perform the service was made during the attendance with the medical practitioner on the same day as the service.

Explanatory notes: The following indications would be considered appropriate even in patients who may not experience symptoms more often than once a week.

(a) For the detection of asymptomatic atrial fibrillation (AF) following a transient ischaemic attack (TIA) or cryptogenic stroke.

(b) For the surveillance of paediatric patients following cardiac surgeries that have an established risk of causing dysrhythmia.

(c) For babies, young children and other patients where there is a demonstrable benefit for the documentation of heart rate or if a cardiac dysrhythmia is suspected, but due to the patient's age, cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

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New item **11729 – Multi-channel electrocardiography monitoring and recording during exercise**

Overview: Introduced as part of the restructure of ambulatory electrocardiography (ECG) items to better clarify the clinical indications for use of this item and to promote high value care. This item is restricted to once every 2 years, but the restriction also includes myocardial perfusion studies (nuclear medicine studies) and stress echocardiogram tests in the 2 year period. The item is only claimable for persons 17 years and over.

Descriptor: Multi channel ECG monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, if:

(a) the investigation involves the continuous attendance by a medical practitioner trained in exercise testing; and

(b) for a patient who is aged 17 years or more, and

- (i) has symptoms consistent with cardiac ischemia; or
- (ii) has other cardiac disease which may be exacerbated by exercise; or
- (iii) has a first degree relatives with suspected heritable arrhythmia.

(d) cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

New item 55126 **– Initial real time** echocardiographic **examination**

Overview: A new item created as part of the complete restructure of echocardiograph items to align with clinical guidelines and reduce low value care. This item will provide access to a baseline initial echocardiographic examination that is an entry point for adult patients (except those with complex congenital heart disease) who may require ongoing echocardiographic examinations. A service under item 55126 is restricted to two years. If more frequent echocardiograms are required then additional repeat items allow for more frequent services for specific indications in line with accepted clinical guidelines.

Descriptor: Initial real time echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows:

(a) for the investigation of any of the following:

- (i) symptoms or signs of cardiac failure; or
- (ii) suspected or known ventricular hypertrophy or dysfunction; or
- (iii) pulmonary hypertension; or
- (iv) valvular, aortic, pericardial, thrombotic or embolic disease; or
- (v) heart tumour; or
- (vi) symptoms or signs of congenital heart disease; or
- (vii) other rare indications.

New item 55128 – Serial real time echocardiographic examination of the heart for valvular dysfunction requested by medical practitioners in a Modified Monash Model (MMM) 3 to 7 area.

Overview: A new item created as part of the restructure of echocardiograph items to align with clinical guidelines and reduce low value care. The new structure reflects the need for specific clinical indications for repeat studies. The service provided under item 55128 is identical to the service under item 55127 except the service must be requested by a medical practitioner (other than a specialist or consultant physician) that is located within a Modified Monash Model (MMM) 3 to 7 area.

Descriptor: Serial real time echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows for the investigation of known valvular dysfunction if:

(a) the service involves all of the following, if appropriate:

- (i) assessment of left ventricular structure and function including quantification of systolic function using M-mode, 2-dimensional or 3-dimensional imaging and diastolic function; and
- (ii) assessment of right ventricular structure and function with quantitative assessment; and
- (iii) assessment of left and right atrial structure including quantification of atrial sizes; and
- (iv) assessment of vascular connections of the heart including the great vessels and systemic venous structures; and
- (v) assessment of pericardium and assessment of any haemodynamic consequences of pericardial abnormalities; and
- (vi) assessment of all present valves including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantitation of stenosis or regurgitation; and
- (vii) assessment of additional haemodynamic parameters including the assessment of pulmonary pressures; and
- (viii) recordings on digital media; and

(b) the service is requested by a medical practitioner (other than a specialist or consultant physician) at, or from, a practice location in:

- (i) a Modified Monash 3 area; or
- (ii) a Modified Monash 4 area; or
- (iii) a Modified Monash 5 area; or
- (iv) a Modified Monash 6 area; or
- (v) a Modified Monash 7 area.

New item 55133 – Frequent repetition serial real time echocardiographic examination of the heart

Overview: A new item created as part of the restructure of echocardiograph items to align with clinical guidelines and reduce low value care. The new structure reflects the need for specific clinical indications for repeat studies. A service provided under item 55133 is for a frequent repetition serial real time echocardiographic examination of the heart for a patient with two specific clinical indications.

Descriptor: Frequent repetition serial real time echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows:

(a) for the investigation of a patient:

  (i) with isolated pericardial effusion or pericarditis; or

  (ii) who has commenced medication for non-cardiac purposes that have cardiotoxic side effects, and if the patient has a normal baseline study which requires echocardiograms to comply with the requirements of the Pharmaceutical Benefits Scheme; and

(b) the service involves all of the following, if appropriate:

  (i) assessment of left ventricular structure and function including quantification of systolic function using M-mode, 2-dimensional or 3-dimensional imaging and diastolic function; and

  (ii) assessment of right ventricular structure and function with quantitative assessment; and

  (iii) assessment of left and right atrial structure including quantification of atrial sizes; and

  (iv) assessment of vascular connections of the heart including the great vessels and systemic venous structures; and

  (v) assessment of pericardium and assessment of any haemodynamic consequences of pericardial abnormalities; and

  (vi) assessment of all present valves including structural assessment and measurement of blood flow velocities across the valves using pulsed wave and continuous wave Doppler techniques with quantitation of stenosis or regurgitation; and

  (vii) assessment of additional haemodynamic parameters including the assessment of pulmonary pressures; and

(c) recording on digital media; and

(d) not being a service associated with a service to which another item in this Subgroup (except items 55141, 55143, 55145 and 55146) or an item in Subgroup 2 (except items 55118 and 55130) applies (R).

Indications: For a patient with isolated pericardial effusion or pericarditis; or if the patient is commenced on a medication for non-cardiac purposes that have cardiotoxic side effects and the patient has a normal baseline study which requires echocardiograms to comply with the prescribing requirements of the Pharmaceutical Benefits Scheme.

For the following stress echocardiography items (55141, 55143, 55145 and 55146) the following indications for requesting apply:

For a service to be provided under items 55141, 55143, 55145 or 55146 a patient is required to meet one or more of the following indications:

(a) if the patient displays one or more of the following symptoms of typical or atypical angina:

(i) constricting discomfort in the:

a. front of the chest; or

b. neck; or

c. shoulders; or

d. jaw; or

e. arms; or

(ii) the patient's symptoms are precipitated by physical exertion; or

(iv) the patient's symptoms are relieved by rest or glyceryl trinitrate within 5 minutes or less; or

(b) if the patient has known coronary artery disease and displays one or more symptoms that are suggestive of ischaemia:

(i) which are not adequately controlled with medical therapy; or

(ii) have evolved since the last functional study; or

(c) if the patient qualifies for one or more of the following indications:

(i) assessment of myocardial ischaemia with exercise is required if a patient with congenital heart lesions has undergone surgery and ischemia is considered reversible; or

(ii) assessment indicates that resting 12 lead electrocardiogram changes are consistent with coronary artery disease or ischaemia, in a patient that is without known coronary artery disease; or

(iii) assessment of coronary artery disease indicates uncertain functional significance demonstrated on computed tomography coronary angiography; or

(iv) assessment indicates that the patient has potentially non-coronary artery disease, which includes undue exertional dyspnoea of uncertain aetiology; or

(v) a pre-operative assessment of a patient with functional capacity of less than 4 Metabolic equivalents indicates that surgery is intermediate to high risk, and the patient has at least one of following conditions:

a. ischaemic heart disease or previous myocardial infarction; or

b. heart failure; or

c. stroke or transient ischaemic attack; or

d. renal dysfunction (serum creatinine greater than 170umol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min); or

e. diabetes mellitus requiring insulin therapy; or

(vi) assessment before cardiac surgery or catheter-based interventions is required to:

a. increase the cardiac output to assess the severity of aortic stenosis; or

b. determine whether valve regurgitation worsens with exercise and/or correlates with functional capacity; or

c. correlate functional capacity with the ischaemic threshold; or

(vii) for patients where silent myocardial ischaemia is suspected or due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.