

Stress echo changes

Old item	New item	Short descriptor	Eligible requestor	Time restrictions by any provider	Co-claiming restrictions
55116	55141	Exercise stress echo focused stress study (initial assessment)	CP, GP, S	Not more than once in 24 months including 55146 or 55143	11704, 11705, 11707, 11714, 11729, 11730
N/A	55143	Repeat pharmacological or exercise stress echo (repeat SE or pharmacological)	CP, S	Not more than once in 12 months as long as a patient has a service under 55141, 55145 or 55146	11704, 11705, 11707, 11714, 11729, 11730
55117	55145	Pharmacological stress echo (initial assessment)	CP, GP, S	Not more than once in 24 months including 55146 or 55143	11704, 11705, 11707, 11714, 11729, 11730
N/A	55146	Pharmacological stress echo following a failed exercise stress echo (pharmacological following a failed exercise stress echo; or a failed treadmill)	CP, GP, S	Not more than once in 24 months including 55143 or 55146	11704, 11705, 11707, 11714, 11729, 11730

Stress echo changes

Stress echo indications (55141, 55143, 55145, 55146)

For any particular patient, item 55141, 55143, 55145 or 55146 applies if one or more of the following is applicable:

(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
- iii. 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

(Con't.)

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- (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.