

FAQ's Private Health Insurance

Will my private health insurance cover the cost of my hospital procedure?

If you have hospital cover, your private health insurance should contribute to the cost of your procedure however every health fund policy is different. This can also depend on the type and level of cover you have and any excesses payable under your policy.

Generally, if you have full cardiac cover included in your policy, your health insurer should cover the cost of the procedure. We suggest that you ring your private health insurer and discuss this with them directly.

Your health insurer will need the name and item number of the procedure to be able to give you a quote; below is a list of the most common procedures and their associated item numbers. These item numbers are provided as a basic guide only and the combinations may change from procedure to procedure.

Procedure & Item numbers

Procedure	Item numbers
Diagnostic coronary angiogram	59925 & 38218
Coronary angioplasty +/- stenting	59925, 38246 & 38306
Cardioversion	13400
Diagnostic electrophysiology study +/- radiofrequency ablation	38212, 38287 & 61109
Implantable loop recorder	38285
Automatic implantable cardioverter-defibrillator (AICD)	38384, 38357 & 61109
Permanent pacemaker	38353, 38356 & 61109
Right heart catheterisation	38200
Rotablator	38309, 38312 or 38315 or 38318
Closure of atrial septal defect	38272
Closure of patent foramen ovale	38742
Valvuloplasty	38270
AF ablation + TOE	38212, 38287, 61109 & 55118
AF ablation + 3D mapping	38212, 38290 & 61109
SVT ablation	38212, 38287 & 61109
PVC ablation	38293 & 61109
AV node modification	38209, 38287 & 61109

Will I need to pay an excess to the hospital? How do I know how much I will need to pay?

Depending on your level of hospital cover, you may need to pay an excess to the hospital on admission. You should check this with your health fund prior to admission to ensure that your level of cover is appropriate and that no cardiac exclusions apply.



What are the cardiologists' fees? Are these fees covered by my private health fund?

All cardiologists conducting clinics are registered under the "No Gap Scheme" with all health funds. This means that their fee for cardiac procedures performed in hospital do not exceed the fees set by each health fund. As long as you have full cardiac cover included in your policy the cardiologists' fees are fully covered.

Who will be my anaesthetist?

The cardiologists use a variety of anaesthetic services including:

- Adelaide Anaesthetic Services
- Pulse Anaesthetics
- Stace Anaesthetists

Please check with the receptionist booking the procedure which service your cardiologist will be using.

What are the anaesthetist fees?

This will depend on the anaesthetist. You will need to contact the anaesthetist rooms' directly to determine the cost.

Do I need to pay the anaesthetist's fees?

Yes, however some anaesthetists are happy to accept the Medicare rebate as full payment. SA Heart is unable to advise you of the cost of this however we do suggest that you contact the anaesthetic service and ask them directly.

I am getting a device implanted (Loop recorder, Pacemaker, Defibrillator), do i need to pay for the device or is this covered by my health fund?

This will depend on your level of cover. You will need to contact your private health insurer to determine if you are covered for the cost of cardiac devices.

Does my private health fund cover the cost of a visit to the cardiologist in clinic?

Private health insurance does not cover medical services that are provided out of hospital which are covered by Medicare. These services include GP visits and consultations with specialists, in their rooms, and diagnostic imaging and tests.

If you need any further information please phone (08) 8297 6888 or visit our website:

saheart.com.au