

MSAC application 1828

**Review of devices used in
catheter-based cardiac ablation for
the treatment of patients with
cardiac arrhythmias**

Application or referral for other medical service or health technology

HPP Application number:

HPP200456

Application title:

Cardiac ablation for the treatment of cardiac arrhythmias

Submitting organisation:

HEALTH TECHNOLOGY ANALYSTS PTY LIMITED

Submitting organisation ABN:

13099239442

Application description

Succinct description of the medical condition/s:

Cardiac arrhythmias are conditions where a problem with the heart's electrical system causes it to beat too fast, too slow, or irregularly. These abnormal rhythms can reduce quality of life and, in some cases, lead to serious health problems or death. Arrhythmias may occur as brief episodes, persist for longer periods, or become permanent, and are grouped based on where they start in the heart, either the upper chambers (atria) or the lower chambers (ventricles).

Succinct description of the service or health technology:

Catheter-based cardiac ablation is a minimally invasive procedure used to treat abnormal heart rhythms. Thin, flexible tubes (catheters) are inserted through a blood vessel in the groin and guided into the heart. Specialised mapping catheters are first used to locate the areas of heart tissue causing the abnormal heart rhythm. An ablation catheter then delivers targeted energy either heat (radiofrequency), cold (cryoablation) or short electrical pulses (pulse field ablation) to destroy the faulty tissue and restore a normal heartbeat. The procedure is performed by a specialist team and patients are typically monitored briefly afterwards before being discharged. Catheter ablation is recommended in clinical guidelines as a first- or second-line treatment for many arrhythmias.

Application contact details

Are you applying on behalf of an organisation, or as an individual?

Organisation

Is the applicant organisation the organisation you are representing in the HPP today?

No

Applicant organisation name:

Medical Technology Association of Australia Limited

Application details

Please select the program through which the health technology would be funded:

Prescribed List

Please provide justification for selecting the above program:

Cardiac ablation devices have previously been considered by MSAC for listing on the Prescribed List (PL) through prior applications 1580 and 1622. Since the original MSAC assessment, additional clinical and economic evidence has become available, and cardiac ablation technologies and their clinical use have evolved substantially. The current application seeks reconsideration of the existing PL bundle funding arrangement and requires a full reassessment of the comparative clinical and economic evidence underpinning the bundle. As such, MSAC is the most appropriate pathway for evaluation. This was confirmed via consultation with the Medical Devices and Human Tissue Advisory Committee (MDHTAC), who expressed their support for this application to be submitted to MSAC and progressed for assessment. The sponsors do not propose any changes to the existing indications or bundle structure and intend to continue using the existing bundle framework, including the incorporation of new and innovative technologies within the existence device categories.

What is the type of service or health technology?

Therapeutic

PICO sets

Application PICO sets:

PICO set name
Cardiac ablation devices for the treatment of cardiac arrhythmias

Population

Describe the population in which the proposed health technology is intended to be used:

Cardiac arrhythmias are disorders of the heart's electrical system that result in abnormal heart rhythms and can significantly impact morbidity, quality of life and mortality. Arrhythmias are defined as brief episodes (paroxysmal), persistent, long-standing persistent or permanent. They are classified according to their origin in the heart, including ventricles (VA) and the atria and/or atrioventricular (AV) node (Heart Foundation Australia 2026).

The proposed health technology is intended for use in patients diagnosed with cardiac arrhythmias, specifically atrial fibrillation (AF), ventricular arrhythmia (VA), or supraventricular tachycardia (SVT) who are considered suitable candidates for catheter-based ablation procedures.

AF is the most common sustained arrhythmia and is characterised by disorganised electrical activity in the atria, resulting in an irregular and rapid ventricular response (Joglar et al. 2024). VAs arise from abnormal electrical activity within the ventricles and can range from benign ectopic beats to more serious forms such as ventricular tachycardia (VT) (Cronin et al. 2019). SVTs are a group of arrhythmias originating above the ventricles, including those involving the atria or AV node (Brugada et al. 2019). Together, these arrhythmia subtypes represent clinically important populations for whom catheter ablation may provide effective symptom control and reduction in arrhythmia burden.

AF affects 2–4% of the adult population in Australia, with prevalence increasing rapidly with age, reaching 9% for people aged over 80 years (Brieger et al. 2018). In addition to age, the prevalence of AF is influenced by a range of cardiovascular risk factors and comorbidities, including hypertension, heart failure, coronary artery disease, obesity, diabetes and chronic kidney disease. AF is the most common arrhythmia in clinical practice, often associated with an increased risk of heart failure,

stroke and death. In 2022, AF contributed to 9.5% of all deaths (Australian Institute of Health and Welfare 2025). However, the true prevalence is likely underestimated due to the high occurrence of asymptomatic or subclinical AF. This presents a challenge for clinicians, as serious complications such as a stroke may arise before AF is detected and formally diagnosed (Brieger et al. 2018).

AF imposes a large and growing burden on healthcare resources. Between 10 and 30% of patients with AF are hospitalised each year, with the total number of AF-related hospitalisations in Australia increasing 6% annually over a 15-year period. This rate of growth exceeds that observed for other cardiovascular conditions (Wong et al. 2012). Hence, the societal and healthcare costs of AF will continue to escalate unless AF and its risk factors and complications are prevented and treated effectively.

Select the most applicable Medical condition terminology (SNOMED CT):

Cardiac arrhythmia

Intervention

Name of the proposed health technology:

Catheter-based cardiac ablation

Comparator

Nominate the appropriate comparator(s) for the proposed medical service (i.e. how is the proposed population currently managed in the absence of the proposed medical service being available in the Australian health care system). This includes identifying health care resources that are needed to be delivered at the same time as the comparator service:

Medical management with anti-arrhythmic drugs (AADs), with adjunctive anticoagulation therapy as clinically indicated. AADs used for rhythm control in AF, VT, and SVT include a range of PBS-listed agents across multiple drug classes, as listed below.

Class I (Sodium channel blockers): Blocks fast sodium channels and slows conduction. Indicated for paroxysmal AF, selected SVTs (in patients without structural heart disease). Primarily used for rhythm control. Common example: flecainide

Class II (Beta- blockers): Blocks β -adrenergic receptors and reduces sympathetic activity. Indicated for AF (rate control), SVT and ventricular arrhythmias. Primarily used for rate control with some rhythm stabilisation. Common examples: metoprolol, atenolol

Class III (Potassium channel blockers): Prolongs repolarisation and increases refractory period. Indicated for AF, VT and selected SVTs. Primarily used for rhythm control. Common examples: amiodarone, dronedarone, sotalol

Class IV (Calcium channel blockers): Blocks L-type calcium channels and slows AV nodal conduction. Indicated for AF (rate control) and SVT. Primarily used for rate control. Common examples: diltiazem, verapamil.

Medical management with anti-arrhythmic drugs (AADs) is the current standard of care for patients with cardiac arrhythmias in Australia and represents the primary comparator for this assessment. AADs are the most widely used and publicly funded treatment alternative to catheter ablation for patients with AF, VT, and SVT, and remain the default treatment pathway for patients who are unable to access ablation (Brieger et al. 2018).

Anticoagulation therapy is used adjunctively in patients with AF to reduce thromboembolic risk and is not itself an AAD. Anticoagulant options include warfarin and direct oral anticoagulants (DOACs) such as apixaban, rivaroxaban and dabigatran, all of which are PBS-listed for this indication.

For patients who are candidates for catheter ablation, the relevant clinical decision is whether to proceed with ablation or to continue pharmacological rhythm or rate control with AADs. AAD therapy therefore represents the direct clinical alternative against which the safety, effectiveness and cost-effectiveness of catheter ablation must be assessed. This is consistent with the comparator used across the randomised controlled trial evidence base informing this submission, where AAD therapy served as the active comparator in trials across the AF, AF with heart failure, and VT populations. This is also consistent with the previous applications.

Outcomes

Outcome description – please include information about whether a change in patient management, or prognosis, occurs as a result of the test information:

Cardiac catheter ablation directly changes patient management by replacing ongoing pharmacological rate or rhythm control with a procedural intervention aimed at eliminating the arrhythmogenic substrate. The decision to proceed with ablation, and the subsequent procedural outcomes, directly inform post-procedural management including decisions around continuation or cessation of AAD therapy and anticoagulation, the need for repeat ablation and longer-term arrhythmia monitoring and follow-up (Andrade 2023).

The primary intended outcome of catheter ablation is durable freedom from arrhythmia recurrence, which carries direct prognostic implications. Recurrent arrhythmia is a significant driver of repeat procedures, unplanned hospitalisations and long-term quality-of-life impairment. By achieving rhythm control, ablation reduces downstream healthcare utilisation and improves patient prognosis.

Efficacy Outcomes:

- Recurrent arrhythmia at 12 months
- Progression to persistent tachyarrhythmia at 36 months
- Freedom from arrhythmia recurrence (4-6 years)
- Freedom from arrhythmia recurrence (8-10 years)
- Repeat ablation rates

Safety Outcomes:

- All-cause mortality
- Stroke and cerebrovascular events
- Cardiac hospitalisation
- Serious adverse events

Patient Outcomes:

- Cessation of AAD therapy following ablation
- Cessation of anticoagulation following ablation

Healthcare system

- Healthcare costs
- Cost-effectiveness
- Total cost to MBS, PBS and PL

Specified restrictions for funding

Please add one or more items, with specified restrictions for funding, for each Population / Intervention:

Proposed item:

AAAAA

Is the proposed item restricted?

Yes - restricted

Provide a short description of the restriction:

Catheter-based cardiac ablation for patients with confirmed AF, SVT or VT deemed suitable by an appropriately trained specialist, consistent with MBS items 38287, 38290 and 38293 and CSANZ governance.

Please draft a proposed restriction to define the population and health technology usage characteristics that would define eligibility for funding:

Patient eligibility criteria: Patients with a confirmed diagnosis of cardiac arrhythmia (atrial fibrillation, supraventricular tachycardia or ventricular tachycardia) who are assessed as suitable candidates for catheter-based ablation by a cardiologist or electrophysiologist, in accordance with current clinical practice guidelines.

Health technology usage characteristics: Catheter-based cardiac ablation delivered using an approved energy modality (radiofrequency, cryoablation or pulsed field ablation) with supporting diagnostic, mapping and imaging devices as clinically indicated. All devices must be ARTG-listed, included within the relevant PL device categories and are funded under a bundle arrangement with a combined reimbursement cap. This bundle cap covers all devices used within a single ablation procedure.

Provider and setting: Performed by a CSANZ fellowship-trained interventional electrophysiologist or equivalent, consistent with MBS explanatory note TN.8.298, in an accredited cardiac catheterisation laboratory with fluoroscopy, electroanatomical mapping, intracardiac echocardiography and physiological monitoring.

Proposed price of supply:

\$REDACTED

Indicate the overall cost per patient of providing the proposed health technology:

\$REDACTED

Provide details and explain:

Prior to receiving the cardiac catheter ablation procedure, patients incur lead-up costs, including a cardiology consultation, blood test, ECG and cardiac CT scan, each costed according to the relevant MBS fee.

Peri-procedural costs incurred for catheter ablation include anaesthesia costs, echocardiogram costs, mapping service, the cost of the cardiac ablation service, physician time and hospitalisation costs.

Follow up costs for the first three months post ablation included monthly INR tests, an ECG, cardiology consultation, and GP visit.

The total cost of cardiac catheter ablation was calculated as the cost of pre-surgery assessment, hospital costs based on DRGs, MBS fees and device costs. The total cardiac ablation procedure costs and associated costs amounts to \$REDACTED.

How is the technology / service funded at present? (For example: research funding; State-based funding; self-funded by patients; no funding or payments):

When cardiac catheter ablation was initially considered by the MSAC in 2019, the standard procedural technology consisted primarily of conventional radiofrequency ablation catheters and basic electrophysiology mapping equipment. Since that time, the technology used to deliver ablation has expanded considerably, with several key innovations now forming part of routine procedural workflows to improve safety, procedural efficiency and long-term effectiveness. Despite these advances, the devices and consumables used in cardiac ablation procedures continue to be reimbursed through a single PL bundle arrangement, currently set at \$6,399 which covers all devices and consumables required for the procedure.

Claims

In terms of health outcomes (comparative benefits and harms), is the proposed technology claimed to be superior, non-inferior or inferior to the comparator(s)?

Superior

Please state what the overall claim is, and provide a rationale:

Pooled evidence from randomised controlled trials demonstrates a large and consistent reduction in recurrent arrhythmia at 12 months compared with anti-arrhythmic drug therapy (RR 0.61, 95% CI: 0.55, 0.68). The long-term data demonstrated that at 4 to 6 years, 60% of participants remained arrhythmia free after ablation and at 8 to 10 years, 42% of participants remained arrhythmia free after recurrence. Although heterogeneity was observed across studies, these findings demonstrate a durable benefit in the longer-term.

In terms of mortality, the pooled intention-to-treat estimate across the AF population showed no statistically significant difference between ablation and medical therapy (RR 0.85, 95% CI: 0.60-1.19), though the point estimate favoured ablation. However, per-protocol analyses from the CABANA trial, which was subject to substantial treatment crossover of 27.5%, suggested a mortality advantage with ablation that was likely attenuated in the intention-to-treat analysis. Ablation achieves its intended outcomes without increasing the risk of serious harm. Across randomised trials, ablation demonstrated no statistically significant difference in serious adverse events compared with medical therapy. Cardiac ablation also demonstrated a meaningful survival benefit in a subgroup of people with AF with HF, through a large reduction in all-cause mortality (RR 0.54, 95% CI: 0.39, 0.74).

Estimated utilisation

Estimate the prevalence and/or incidence of the proposed population:

The proposed population is derived from the Medicare Benefits Schedule (MBS) utilisation data for catheter-based arrhythmia ablation procedures captured under items 38287, 38290 and 38293. Services Australia data from January to December 2025 reported 925, 12,167 and 4,849 services for items 38287, 38290 and 38293 respectively, giving a total of 17,941 catheter-based arrhythmia services.

Provide the percentage uptake of the proposed health technology by the proposed population:

Year 1 estimated uptake (%):

REDACTED

Year 2 estimated uptake (%):

REDACTED

Year 3 estimated uptake (%):

REDACTED

Year 4 estimated uptake (%):

REDACTED

Estimate the number of patients who will utilise the proposed technology for the first full year:

REDACTED

Will the technology be needed more than once per patient?

Yes, multiple times

Over what duration will the health technology or service be provided for a patient? (preferably a number of years):

Within 5 years of the index procedure

Optionally, provide details:

Catheter-based cardiac ablation is delivered as a discrete, one-off procedural intervention rather than an ongoing therapy. The index procedure is done as a single inpatient admission with routine post-procedural follow-up to confirm durable rhythm control. Where the initial procedure does not achieve durable freedom from arrhythmia, a repeat ablation may be performed, typically within 12 months of documented recurrence to optimise outcomes. Approximately 6% of patients may require a repeat ablation in the short term within 12 months of the index ablation and 25% of patients may require a repeat ablation within 5 years of the index ablation.

What frequency will the health technology or service be required by the patient over the duration? (range, preferably on an annual basis):

Average 1.53 ablations per patient

Consultation

List all entities that are relevant to the proposed service / health technology. The list can include professional bodies / organisations who provide, request, may be impacted by the service/health technology; sponsor(s) and / or manufacturer(s) who produce similar products; patient and consumer advocacy organisations or individuals relevant to the proposed service/health technology.

Entity who provides the health technology/service:

THE CARDIAC SOCIETY OF AUSTRALIA AND NEW ZEALAND

Entity who may be impacted by the health technology/service:

THE CARDIAC SOCIETY OF AUSTRALIA AND NEW ZEALAND

Patient and consumer advocacy organisation relevant to the proposed service/health technology:

HEARTS4HEART

Regulatory information

Would the proposed health technology involve the use of a medical device, in-vitro diagnostic test, radioactive tracer or any other type of therapeutic good?

Yes

Has it been listed or registered or included in the Australian Register of Therapeutic Goods (ARTG) by the Therapeutic Goods Administration (TGA)?

Yes

Is the therapeutic good classified by the TGA as either a Class III or Active Implantable Medical Device (AIMD) against the TGA regulatory scheme for devices?

No

Please enter all relevant ARTG IDs:

Please enter all relevant ARTG ID's:	
ARTG ID	ARTG name
121901	LASSO 2515 Variable Circular Mapping Catheter - Electrophysiology cardiac catheter, single-use
135671	EZ Steer Bi-Directional Ablation Catheter (Thermocouple) - Cardiac radio-frequency ablation system catheter
135672	EZ Steer Nav Bi-Directional Ablation Catheter (Thermocouple) - Cardiac radio-frequency ablation system catheter
135731	NAVISTAR Thermocouple Diagnostic/Ablation Catheter - Cardiac radio-frequency ablation system catheter
135732	CELSIUS Thermocouple Diagnostic/Ablation Catheter - Cardiac radio-frequency ablation system catheter
136211	Inquiry Afocus II Diagnostic Catheter - Catheter, cardiac, electrophysiological mapping
136233	Inquiry Optima Diagnostic Catheter - Catheter, cardiac, electrophysiological mapping
145053	Reflexion Spiral Variable Radius Catheter - Catheter, cardiac, electrophysiological mapping
145984	WEBSTER Deflectable Tip Catheters - Catheter, cardiac, electrophysiological mapping
145985	AVAIL Fixed Curve Electrophysiology Catheter - Catheter, cardiac, electrophysiological mapping
145997	LASSO Deflectable Circular Mapping Catheter - Electrophysiology cardiac catheter, single-use
146266	WEBSTER Fixed Curve Electrophysiology Catheter - Catheter, cardiac, electrophysiological mapping
149552	CELSIUS Thermo-cool Diagnostic/Ablation Catheter with Thermocouple - Cardiac radio-frequency ablation system catheter
155131	EZ STEER THERMOCOOL Bi-Directional Catheter (with Thermocouple) - Catheter, cardiac, electrophysiological mapping
157549	Cardiac mapping system reference patch
162172	Webster CS Catheter with EZ Steer - Catheter, cardiac, electrophysiological mapping
164184	Polaris X Diagnostic Catheter - Stimulator, electrical, cardiac, diagnostic

164229	Blazer II XP Temperature Ablation Catheter - Catheter, cardiac, ablation
164506	Blazer II Temperature Ablation Catheter - Catheter, cardiac, ablation
170631	Blazer Dx-20 Diagnostic Catheter - Stimulator, electrical, cardiac, diagnostic
178844	ThermoCool SF Diagnostic/Ablation Deflectable Tip Catheter - Cardiac radio-frequency ablation system catheter
179887	Blazer Prime HTD Ablation Catheter - Catheter, cardiac, ablation
184035	ThermoCool Smart Touch Bi-Directional Navigation Catheter - Cardiac radio-frequency ablation system catheter
186659	Blazer Open-Irrigated Ablation Catheter - Catheter, cardiac, ablation
193331	AlCath Flux G eXtra - Catheter, cardiac, ablation
195707	Cardiac mapping system reference patch
198574	ThermoCool SmartTouch Uni-Directional Navigation Catheter - Cardiac radio-frequency ablation system catheter
202423	RF Marinr MC - Catheter, cardiac, ablation
214203	ViewFlex Xtra ICE Catheter - Diagnostic ultrasound cardiac catheter, steerable
217338	DECANAV Mapping Catheter - Electrophysiology cardiac catheter; single-use
219252	Webster CS Catheter with Auto ID Technology - Catheter, cardiac, electrophysiological mapping
219254	Webster Fixed Curve Electrophysiology Catheter with Auto ID - Catheter, cardiac, electrophysiological mapping
221253	SoundStar eco Diagnostic Ultrasound Catheter - Diagnostic ultrasound cardiac catheter, steerable
221411	AlCath Flutter Flux Black G eXtra - Catheter, cardiac, ablation
221412	AlCath Flutter Black LT G - Catheter, cardiac, ablation
231648	Achieve Mapping Catheter Model 990063 - Electrophysiology cardiac catheter, single-use
231654	IntellaTip MiFi Open-Irrigated Ablation Catheter - Catheter, cardiac, ablation
231772	PentaRay NAV eco High-density Mapping Catheter - Electrophysiology cardiac catheter; single-use
233354	ThermoCool SmartTouch SF Uni-Directional Catheter - Cardiac radio-frequency ablation system catheter

233355	ThermoCool SmartTouch SF Bi-Directional Catheter - Cardiac radio-frequency ablation system catheter
271032	IntellaMap Orion High Resolution Mapping Catheter - Electrophysiology cardiac catheter, single-use
274633	Cardiac mapping system reference patch
278920	Khelix Fixed Electrophysiology Catheter - Electrophysiology cardiac catheter, single-use
278921	Khelix Steerable Electrophysiology Catheter - Electrophysiology cardiac catheter, single-use
278923	Khelix Loop Steerable Electrophysiology Catheter - Electrophysiology cardiac catheter, single-use
278955	LASSO 2515 NAV eco Variable Catheter - Electrophysiology cardiac catheter, single-use
278956	LASSO NAV eco Catheter - Electrophysiology cardiac catheter, single-use
280999	MultiCath - Electrophysiology cardiac catheter, single-use
281000	ViaCath NG - Electrophysiology cardiac catheter, single-use
281001	ViaCath 20/XL/2-8-2 mm - Electrophysiology cardiac catheter, single-use
281003	AlCath TC G - Cardiac radio-frequency ablation system catheter
281427	Dynamic Tip Unidirectional Steerable Diagnostic Catheters - Electrophysiology cardiac catheter, single-use
281428	Dynamic XT Unidirectional Steerable Diagnostic Catheter - Electrophysiology cardiac catheter, single-use
281431	Viking Fixed Curve Diagnostic Catheters - Electrophysiology cardiac catheter, single-use
282186	Advisor FL Circular Mapping Catheter with Uni-Directional Handle, Sensor Enabled - Electrophysiology cardiac catheter, single-use
282187	Advisor FL Circular Mapping Catheter with Bi-Directional Handle, Sensor Enabled - Electrophysiology cardiac catheter, single-use
282996	Cardiac mapping system reference patch
284615	Ultra ICE Plus 9 MHz IntraCardiac Echo Catheter
285279	Viking Soft Tip Fixed Curve Diagnostic Catheter - Electrophysiology cardiac catheter, single-use
286735	Achieve Advance Mapping Catheter - Electrophysiology cardiac catheter, single-use

289500	IntellaNav MiFi XP Temperature Ablation Catheters - Cardiac radio-frequency ablation system catheter
300198	IntellaNav MiFi Open-Irrigated Ablation Catheter - Cardiac radio-frequency ablation system catheter
308920	Advisor HD Grid Mapping Catheter, Sensor Enabled - Electrophysiology cardiac catheter, single-use
323487	Cardiac mapping system reference patch
327316	TactiCath Contact Force Ablation Catheter with Uni-Directional Handle, Sensor Enabled - Cardiac radio-frequency ablation system catheter
327321	TactiCath Contact Force Ablation Catheter with Bi-Directional Handle, Sensor Enabled - Cardiac radio-frequency ablation system catheter
327686	Advisor FL Circular Mapping Catheter with Uni-Directional Handle, Sensor Enabled - Electrophysiology cardiac catheter, single-use
327732	Advisor FL Circular Mapping Catheter with Bi-Directional Handle, Sensor Enabled - Electrophysiology cardiac catheter, single-use
327761	Advisor HD Grid Mapping Catheter, Sensor Enabled - Electrophysiology cardiac catheter, single-use
327822	FlexAbility Ablation Catheter with Uni-Directional Handle - Cardiac radio-frequency ablation system catheter
327823	FlexAbility Ablation Catheter with Bi-Directional Handle - Cardiac radio-frequency ablation system catheter
327824	FlexAbility Ablation Catheter with Bi-Directional Handle, Sensor Enabled - Cardiac radio-frequency ablation system catheter
327825	FlexAbility Ablation Catheter with Uni-Directional Handle, Sensor Enabled - Cardiac radio-frequency ablation system catheter
332882	EasyLoop Circular Mapping Catheter - Electrophysiology cardiac catheter, single-use
333751	FireMagic 3D Irrigated Ablation Catheter - Cardiac radio-frequency ablation system catheter
333859	FireMagic Cardiac RF Ablation Catheter, Standard Type - Cardiac radio-frequency ablation system catheter
334635	Advisor VL Circular Mapping Catheter with Uni-Directional Handle, Sensor Enabled - Electrophysiology cardiac catheter, single-use

334636	Advisor VL Circular Mapping Catheter with Bi-Directional Handle, Sensor Enabled - Electrophysiology cardiac catheter, single-use
339195	EasyFinder Fixed Curve Diagnostic Catheter - Electrophysiology cardiac catheter, single-use
339196	EasyFinder Steerable Curve Diagnostic Catheter - Electrophysiology cardiac catheter, single-use
345779	QDOT MICRO Uni-Directional Catheter - Cardiac radio-frequency ablation system catheter
345780	QDOT MICRO Bi-Directional Catheter - Cardiac radio-frequency ablation system catheter
354210	IntellaNav StablePoint Ablation Catheter - Cardiac radio-frequency ablation system catheter
354210	IntellaNav StablePoint Ablation Catheter - Cardiac radio-frequency ablation system catheter
357290	OCTARAY Mapping Catheter with TRUEref Technology - Electrophysiology cardiac catheter, single-use
357290	OCTARAY Mapping Catheter with TRUEref Technology - Electrophysiology cardiac catheter, single-use
367271	POLARMAP Circular Mapping Catheter - Electrophysiology cardiac catheter, single-use
380981	TactiFlex Ablation Catheter with Uni-Directional Handle, Sensor Enabled - Cardiac radio-frequency ablation system catheter
380982	TactiFlex Ablation Catheter with Bi-Directional Handle, Sensor Enabled - Cardiac radio-frequency ablation system catheter
391792	DiamondTemp Bidirectional Ablation Catheter - Cardiac radio-frequency ablation system catheter
396019	Arctic Front Advance Pro - Cardiac cryosurgical system catheter
398717	Inquiry Steerable Diagnostic Catheter - Electrophysiology cardiac catheter, single-use
409910	POLARx FIT Cryoablation Balloon Catheter - Cardiac cryosurgical system catheter
412450	Freezor Cardiac CryoAblation Catheter - Cardiac cryosurgical system catheter
443310	FARAWAVE Pulsed Field Ablation Catheter - Cardiac irreversible electroporation system catheter
444051	OPTRELL Mapping Catheter with TRUEref Technology - Electrophysiology cardiac catheter, single-use

444051	OPTRELL Mapping Catheter with TRUEref Technology - Electrophysiology cardiac catheter, single-use
458586	Livewire Steerable Electrophysiology Catheter - Electrophysiology cardiac catheter, single-use
461995	PulseSelect Pulsed Field Ablation Loop Catheter - Cardiac irreversible electroporation system catheter
463486	Supreme Electrophysiology Catheter - Electrophysiology cardiac catheter, single-use
463487	Response Electrophysiology Catheter - Electrophysiology cardiac catheter, single-use
464949	Cardiac mapping system reference patch
468766	Sphere-9 Catheter - Cardiac radio-frequency ablation system catheter
469731	FARAWAVE NAV Pulsed Field Ablation Catheter - Cardiac irreversible electroporation system catheter
472885	VARIPULSE Bi-Directional Catheter - Cardiac irreversible electroporation system catheter
478489	Advisor HD Grid X, Sensor Enabled, model D-AVHDX-DF16 - Electrophysiology cardiac catheter, single-use
482926	Therapy Dual-8 Ablation Catheter - Cardiac radio-frequency ablation system catheter
482985	Therapy Ablation Catheter - Cardiac radio-frequency ablation system catheter
485052	FARAWAVE Pulsed Field Ablation Catheter - Cardiac irreversible electroporation system catheter
490706	Dual Energy THERMOCOOL SMARTTOUCH SF Catheter DE STSF- Bi-Directional - Cardiac irreversible electroporation system catheter
490707	Dual Energy THERMOCOOL SMARTTOUCH SF Catheter DE STSF- Uni-Directional - Cardiac irreversible electroporation system catheter
522268	FARAPOINT Pulsed Field Ablation Catheter - Cardiac irreversible electroporation system catheter

Is the intended purpose in this application the same as the intended purpose of the ARTG listing(s)?

Yes