Southern Cross Health Insurance

Eligibility criteria for endoscopic ultrasound - effective from 11 January 2027

Southern Cross will only reimburse the cost of endoscopic ultrasound under a member's policy when **at least one** of the following criteria below is met for that member.

1. For the staging or tissue diagnosis of a known or suspected malignancy, or restaging following treatment for rectal cancer.

2. For the assessment or tissue sampling of an identified lesion, abnormality, or established clinical condition.

3. For surveillance for up to five years following a diagnosis of oesophageal cancer.

4. For one of the following therapeutic endoscopic ultrasound interventions:

- trans-enteric drainage of peri-pancreatic fluid collections (e.g. pseudocyst or abscess)
- pancreatico-biliary drainage in members with obstructive jaundice when ERCP fails or is not feasible
- placement of fiducials for tumour marking prior to radiotherapy
- coeliac axis block or neurolysis for pain management in pancreatic or biliary cancer, or chronic pancreatitis
- vascular intervention associated with gastrointestinal varices (e.g. injection of cyanoacrylate)
- pancreatic cyst ablation (e.g. ethanol or paclitaxel).

The cost of endoscopic ultrasound will **not** be reimbursed in the following circumstances.

- As a first-line or exploratory investigation where no lesion, abnormality, malignancy, or established clinical condition has been identified.
- For surveillance of Barrett's oesophagus with low-grade dysplasia or without dysplasia.
- For a therapeutic endoscopic ultrasound intervention not listed under criterion 4.

Documentation requirements
All documentation must be retained for audit purposes and clearly demonstrate which criterion has been met and how. Documentation should include, where relevant, the identified lesion, abnormality, malignancy, or condition prompting referral, supporting clinical or imaging findings, the date of oesophageal cancer diagnosis for surveillance claims, and the specific intervention performed for therapeutic claims. Documentation must be available upon request.

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Please also ensure you are familiar with all **policy exclusions**, including:

- Acute care
- Congenital conditions
- Cosmetic treatment/procedures
- Health screening
- Treatment of any condition not detrimental to health
- Unapproved healthcare services.

Refer to the relevant policy document for specific conditions and exceptions that apply to these exclusions.