Southern Cross Health Insurance

Eligibility criteria for endoscopic ultrasound - effective up to and including 10 January 2027

Southern Cross will only reimburse the cost of endoscopic ultrasound under a member's policy if the member:

- is referred by a vocationally registered specialist in private practice, and
- meets at least **one** of the criteria listed below.

Diagnostic and tissue sampling

When **at least one** of the following indications are present.

1. For staging of cancers of the oesophagus, stomach, pancreas or rectum.
2. For staging of lung cancer.
3. For sampling of mediastinal masses including lymph nodes or metastatic deposits.
4. For the evaluation of chronic pancreatitis or acute/recurrent pancreatitis.
5. For the evaluation of pancreatic cystic neoplasms.
6. For the evaluation of bile duct abnormalities including stones in the bile duct or gallbladder or liver tumours.
7. For the evaluation of the lower rectum and anal canal as part of rectal cancer staging or post-surgical evaluation.
8. For the evaluation of sub-mucosal lesions, which includes GI stromal tumours, neuroendocrine tumours, ectopic pancreatic tissue and assessment of gastric varices.
9. For surveillance up to five years post diagnosis of cancer of the oesophagus.

Pain management

When the following indication is present:

- For the assessment and treatment of chronic pain associated with pancreatic/biliary cancers and chronic pancreatitis. Allows for therapeutic coeliac axis block or coeliac axis neurolysis.

Therapeutic purposes

When **at least one** of the following indications are present.

1. For trans-enteric drainage of peri-pancreatic fluid collections (eg pseudocyst or abscess).
2. For pancreatico-biliary drainage in members with obstructive jaundice when ERCP fails or is not feasible.

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3. For placement of fiducials for marking of tumours prior to radiotherapy.
4. For coeliac axis block/neurolysis for pain management in pancreatic cancer and chronic pancreatitis.
5. For vascular interventions associated with GI varices (eg injection of cyano-acrylate).
6. For pancreatic cyst ablation (ethanol or paclitaxel).

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.