Southern Cross Health Insurance

Eligibility criteria for positron emission tomography / computed tomography (PET/CT) – effective from 11 January 2027

Southern Cross will only reimburse the cost of PET/CT scans and the use of the following tracers, FDG, PSMA, DOTATATE, NaF, FET or FAPI, under a member's policy when criteria **1 or 2** below are met for that member.

1. Oncological criteria

If a member has a confirmed or suspected oncological condition when the criteria **a, b, c, d or e** below are met for that member, and where the use of PET/CT is supported by accepted clinical practice for the relevant tumour type and the results will directly inform treatment decisions for a patient who is a candidate for active treatment:

a. If a patient has a biopsy proven malignancy and it is thought suitable for PET staging.

b. If a patient has an identified structural lesion on imaging with high probability for malignancy but there is no ability for a suitable tissue biopsy of the site or possible metastases and treatment options are available if malignancy is demonstrated.

c. If a patient is on chemotherapy or immunological therapy agents for diagnosed malignancy that require restaging/efficacy investigations as part of treatment protocol and in whom results would significantly guide the treatment offered.

d. For post-treatment assessment or suspected recurrence or progression of malignancy, where PET/CT is required to assess disease status and the results will directly inform further treatment or intervention.

e. For treatment planning in brain tumours and head and neck malignancies where PET/CT is required to guide biopsy, delineate treatment volumes or treatment fields, and the results will directly inform active treatment delivery or intervention.

2. Cardiac criteria

If a patient has a cardiac condition when the criteria **a, b, or c** below are met for that member.

a. For the diagnosis of cardiac sarcoidosis where other methods of imaging have not been conclusive and where diagnosis or assessment of disease activity would alter management.

b. For monitoring of disease activity for known cardiac sarcoidosis, where diagnosis or assessment of disease activity would alter management.

c. For evaluation of suspected infection of prosthetic valves, vascular graft or cardiac implantable devices where all other imaging techniques are contraindicated, indeterminate or inconclusive.

The cost of PET/CT will **not** be reimbursed in the following circumstances.

- A PET/CT with the FAPI tracer when use of the FDG tracer remains clinically indicated.
- For screening or rule-out investigations, including for non-specific symptoms (e.g. fatigue or weight loss without focal findings) or general malignancy screening.
- For first-line investigation where there is no confirmed diagnosis or high clinical suspicion of disease.
- For routine surveillance where there is no intent to change or initiate treatment.

- For duplicate imaging where multiple PET/CT scans are requested for the same clinical question without clear clinical justification.
- Where the PET/CT findings are unlikely to influence patient management.
- For non-oncological musculoskeletal indications, including orthopaedic applications.

Documentation requirements
Supporting documentation must be retained for audit purposes and include sufficient clinical information to demonstrate eligibility, including the relevant clinical indication, whether the malignancy is confirmed or suspected, and the clinical purpose of the scan, where this is expected to influence patient management.

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.