Southern Cross Health Insurance

Eligibility criteria for positron emission tomography / computed tomography (PET/CT) - effective up to and including 10 January 2027

Southern Cross will only reimburse the cost of PET/CT scans under a member's policy if requested by a vocationally registered specialist and a participant within a multi-disciplinary team when the criteria **1, 2, 3, or 4** below are met for that member.

1. If a patient has a biopsy proven malignancy with recognised FDG or non-FDG* (see below for specific non-FDG scans) uptake and it is thought suitable for PET staging.

2. 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.

3. 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.

4. 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 or cardiac implantable devices where all other imaging techniques are contraindicated.

*If for a non-FDG scan, at least one of the following indications described for each condition below must apply:

Non-FDG PET/CT scans

1. **Glioma**
   - For a FET PET scan to guide biopsy or target delineation for radiotherapy planning in patients with heterogeneous tumours on an MR scan.
   - For a FET PET scan for differentiation of radionecrosis from recurrent glioma patients treated with radiotherapy.

2. **Neuroendocrine tumour**
   - For a 68Ga-DOTATATE scan for staging and restaging of neuroendocrine tumour where curative surgery is considered, and MR liver is negative or equivocal.
   - For a 68Ga-DOTATATE scan for staging of neuroendocrine tumour where a patient is a candidate for PRRT or chemotherapy and would otherwise have a Tecktrotyd scan.

3. **Breast cancer**
   F-18 fluoride (NaF) PET/CT only
   - For initial staging in high risk breast cancer (clinical Stage IIIA or higher).
   - For initial or restaging of all stage disease with symptoms of bone pain or elevated alkaline phosphatase levels suggesting the presence of bone metastases.

4. **Prostate cancer**

Gallium or F-18 PSMA PET/CT only

- For staging of high risk and unfavourable* intermediate risk prostate cancer before definitive local therapy.
- For restaging of PSA recurrence.

F-18 fluoride (NaF) PET/CT only

- For staging of high risk and unfavourable* intermediate risk prostate cancer before definitive local therapy.
- For restaging of PSA recurrence (≥0.2ng/ml).
- For initial or restaging of all stage disease with symptoms of bone pain or elevated alkaline phosphatase levels suggesting the presence of bone metastases.

  'Unfavourable intermediate risk prostate cancer' is defined as any of the following:
  - Gleason score 3+4=7 plus PSA greater or equal to 10
  - Gleason score of 4+3=7
  - Greater than 50% positive biopsy cores

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.