

Eligibility criteria for colonoscopy (in adults) - effective up to and including 4 August 2026

The eligibility criteria listed below are specific criteria relating to colonoscopy in adults (aged over 15 years).

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

1. For a diagnostic or surveillance colonoscopy

Cover provided for all members with signs or symptoms suggestive of a bowel condition(s) or for those with diagnosed bowel condition(s).

Current signs or symptoms – at least one of the following must be present:

- Bleeding from the rectum or visible blood in the stool
- Change in bowel habits
- Unexplained anaemia
- Pain or cramping in the abdomen or rectum
- Occult blood detected in the stool
- Polyps found on the previous diagnostic colonoscopy or one of the following in the past:
 - 20 or more hyperplastic polyps
 - 1 or more hyperplastic polyps greater than 1cm in size
 - adenoma polyps

Diagnosed bowel conditions – at least one of the following must be present:

- Bowel obstruction
- Bowel or colorectal cancer
- Crohn's disease
- Diverticular disease
- Irritable bowel syndrome with new symptoms since last clear colonoscopy
- Strangulated hernia
- Ulcerative colitis

2. For a screening colonoscopy

Southern Cross will make an exception to the screening policy exclusion if the patient meets the criteria below. The patient must have a 'moderately increased risk' or 'high risk' for colorectal cancer because of family history as defined below.

Moderately increased risk - at least one of the following must be present:

- one first-degree relative (i.e. parents, siblings, children) with colorectal cancer diagnosed before the age of 55 years
- two first-degree relatives on the same side of the family (maternal OR paternal) diagnosed with colorectal cancer at or after the age of 55 years.

In this category, cover is provided every 5 years from the age of 50 years or from 10 years before the earliest age of diagnosis of colorectal cancer in the family (whichever comes first), up to the age of 75 years (eg if the first diagnosis was at 50 years, then cover is provided from 40 years of age; if the first diagnosis was at 70 years, then cover is provided from 50 years of age).

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High risk - at least one of the following must be present:

- a family history of familial adenomatous polyposis, hereditary non-polyposis colorectal cancer (HNPCC), or another familial colorectal cancer syndrome
- a personal history of or a first-degree relative with multiple colonic polyps (more than 10 adenomas or more than 20 hyperplastic polyps) in whom there is a suspicion of a familial polyposis syndrome ie attenuated FAP or serrated polyposis syndrome
- one first-degree relative and at least two first- or second-degree relatives all on the same side of the family with a diagnosis of colorectal cancer at any age
- two first-degree relatives, or one first-degree relative plus one second-degree relative, all on the same side of the family with a diagnosis of colorectal cancer, and one such relative:
 - was diagnosed with colorectal cancer before the age of 55 years, or
 - developed multiple bowel cancers, or
 - developed an extracolonic tumour suggestive of hereditary non-polyposis colorectal cancer (ie endometrial, ovarian, stomach, small bowel, upper urinary tract, pancreas or brain)
- at least one first- or second-degree relative was diagnosed with colorectal cancer in association with multiple bowel polyps (more than 10 adenomas or more than 20 hyperplastic polyps)
- one first-degree relative with colorectal cancer diagnosed before the age of 50 years, particularly where colorectal tumour immunohistochemistry has revealed loss of protein for one of the mismatch repair genes (MLH1, MSH2, MSH6, PMS2).

In this category, cover is provided according to the frequency recommended by a colorectal surgeon, gastroenterologist or oncologist.

NB: Screening colonoscopies (ie no signs or symptoms) are NOT COVERED unless they meet the criteria above, which are sourced from *the NZ Guidelines Group publication on the Surveillance and Management of the Groups at the Increased Risk of Colorectal Cancer, February 2012.*

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.