# Megavoltage

| New Megavoltage Item Number | Item Descriptor | Proposed Fee |
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| | **Simulation & Planning** | |
| 15902 | Megavoltage Level 1.1 – Simple complexity single-field simulation and planning without imaging for field setting<br>(a) Simulation for simple single-field radiation therapy to one site if:<br>i. Localisation is based on clinical mark-up and image-based simulation is not required; and<br>ii. Patient set-up and immobilisation techniques are suitable for two-dimensional radiation therapy treatment, with wide margins and allowance for movement; and<br>(b) Dosimetry for simple single-field radiation therapy if:<br>i. The planning process is required to deliver a prescribed dose to a point, either at depth or on the surface of the patient; and<br>ii. The planning process does not require the differential of dose between target, organs at risk and normal tissue dose, based on review and assessment by the radiation oncologist; and<br>iii. Delineation of structures is not possible or required, and field borders will delineate the treatment volume; and<br>iv. Dose calculations are performed in reference to surface or a point at depth from tables, charts or data from a treatment planning system; and<br>v. The final treatment plan is validated by a radiation therapist or medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery.<br><br>This item cannot be claimed in association with any other service under this subgroup. | $700.90 |
| 15904 | Megavoltage Level 1.2 – Simple complexity simulation and planning with imaging for field setting<br>(a) Simulation for simple radiation therapy if:<br>i. Treatment set-up and technique specifications are in preparation for two-dimensional radiation therapy dose planning; and<br>ii. Patient set-up and immobilisation techniques are suitable for two-dimensional radiation therapy treatment where interfraction reproducibility is required; and<br>iii. Imaging datasets are acquired for the relevant region of interest to be planned; and<br>(b) Dosimetry for simple multiple-field radiation therapy if:<br>i. The two-dimensional planning process is required to calculate dose to a volume and will not require a dose-volume histogram to complete the planning process; and<br>ii. The two-dimensional planning process is not required to maximise the differential between target dose and normal tissue dose, based on review and assessment by the radiation oncologist; and<br>iii. The target (which may include gross, clinical and planning targets as a composite structure or field border outline), as defined in the prescription, is rendered as a two-dimensional structure as field borders or a volume; and<br>iv. Organs at risk are delineated if required, and assessment of dose to these structures is derived from dose point calculations, rather than full calculation and inclusion in a dose volume histogram; and | $1,026.90 |



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| | v. Dose calculations are calculated using a specialised calculation algorithm, with prescription and plan details approved and recorded with the plan; and<br>vi. The final dosimetry plan is validated by a radiation therapist or medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery.<br><br>This item cannot be claimed in association with any other service under this subgroup. | |
| 15906 | Megavoltage Level 2.1 – Three-dimensional simulation and planning without motion management<br>(a) Simulation for three-dimensional radiation therapy if:<br>i. Treatment set-up and technique specifications are in preparation for three-dimensional planning, without consideration of motion management; and<br>ii. Patient set-up and immobilisation techniques are reproducible for treatment and<br>iii. A high-quality dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and<br>(b) Dosimetry for three-dimensional radiation therapy if:<br>i. The three-dimensional planning process is required to calculate dose to three-dimensional volume structures and which require a dose-volume histogram to complete the planning process; and<br>ii. The three-dimensional planning process is required to optimise the differential between target dose and normal tissue dose, based on review and assessment by a radiation oncologist (which must include multi-leaf collimator-based shaping to achieve target dose conformity and organs at risk avoidance or dose management or reduction); and<br>iii. The planning target volume, is rendered as a three-dimensional structure on planning outputs (three-dimensional plan review, three-planar sections review or dose volume histogram); and<br>iv. Organs at risk are delineated, and assessment of dose to these structures is derived from calculation and inclusion in a dose-volume histogram; and<br>v. The final dosimetry plan is validated by a radiation therapist or medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery.<br><br>This item cannot be claimed in association with any other service under this subgroup. | $1,583.30 |
| 15908 | Megavoltage Level 2.2 – Three-dimensional simulation and planning with motion management<br>(a) Simulation for three-dimensional radiation therapy if:<br>i. Treatment set-up and technique specifications are in preparation for complex three-dimensional planning, with consideration of motion management; and<br>ii. Patient set-up and immobilisation techniques are reproducible for treatment; and<br>iii. A high-quality three-dimensional or four-dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and<br>(b) Dosimetry for three-dimensional radiation therapy if:<br>i. The three-dimensional planning process is required to calculate dose to three-dimensional volume structures which must include structures moving with physiologic processes and which require a dose-volume histogram to complete the planning process; and | $2,559.65 |



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| | ii. The three-dimensional planning process is required to optimise the differential between target dose and normal tissue dose, based on review and assessment by a radiation oncologist (which must include multi-leaf collimator-based shaping to achieve target dose conformity and organs at risk avoidance or dose management or reduction); and<br>iii. The planning target volume, is rendered as a three-dimensional structure on planning outputs (three-dimensional plan review, three-planar sections review or dose volume histogram); and<br>iv. Organs at risk are delineated, and assessment of dose to these structures is derived from full calculation and inclusion in a dose-volume histogram; and<br>v. The final dosimetry plan is validated by a radiation therapist or medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery.<br><br>This item cannot be claimed in association with any other service under this subgroup. | |
| 15910 | Megavoltage Level 3.1 – Standard intensity modulated radiation therapy (IMRT) simulation and planning<br>(a) Simulation for standard IMRT if:<br>i. Treatment set-up and technique specifications are in preparation for single-dose level IMRT planning without motion management; and<br>ii. Patient set-up and immobilisation techniques are suitable for image volume data acquisition and reproducible IMRT treatment; and<br>iii. A high-quality three-dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and<br>(b) Dosimetry for standard IMRT if:<br>i. The IMRT planning process is required to calculate dose to a single-dose level volume structure and requires a dose-volume histogram to complete the planning process; and<br>ii. The IMRT planning process optimises the differential between target dose, organs at risk and normal tissue dose, based on review and assessment by a radiation oncologist; and<br>iii. All relevant gross tumour volumes, clinical target volumes, planning target volumes and organs at risk are rendered as volumes and nominated with planning dose objectives; and<br>iv. Organs at risk are nominated as planning dose constraints; and<br>v. Dose calculations and dose-volume histograms are generated in an inverse planned process, using a specialised calculation algorithm, with prescription and plan details approved and recorded with the plan; and<br>vi. A three-dimensional image volume dataset is used for the relevant region to be planned and treated with image verification; and<br>vii. The final dosimetry plan is validated by both the radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery.<br><br>Only one additional dosimetry plan (for re-planning) is payable under item 15912 during the treatment course (at 50% of the Schedule Fee for this item), when treatment adjustments are inadequate to satisfy treatment protocol requirements.<br><br>This item cannot be claimed in association with any other service under this subgroup, except for item 15912. | $4,002.60 |
| 15912 | Megavoltage Level 3.1 – Standard intensity modulated radiation therapy (IMRT) re-planning | $2,001.30 |



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| New Megavoltage Item Number | Item Descriptor | Proposed Fee |
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| | Additional dosimetry plan for re-planning of standard IMRT treatment if:<br>(a) An initial treatment plan has been prepared in accordance with item 15910; and<br>(b) Treatment adjustments to the original plan are inadequate to satisfy treatment protocol requirements.<br>(c) The additional dosimetry re-plan is validated by both a radiation therapist and medical physicist, using robust quality assurance processes, with the re-plan approved by the radiation oncologist prior to delivery.<br><br>Only one re-plan is payable during the treatment course. The clinical need for re-planning must be consistent with the guidance provided in explanatory note X.XX and clearly documented in the patient's record.<br><br>This item cannot be claimed in association with any other service under this subgroup, except for item 15910. | |
| 15914 | Megavoltage Level 3.2 – Complex intensity modulated radiation therapy (IMRT) simulation and planning<br>(a) Simulation for complex IMRT, if:<br>i. Treatment set-up and technique specifications are in preparation for multiple-dose level IMRT planning or single-dose level IMRT planning requiring motion management; and<br>ii. Patient set-up and immobilisation techniques are suitable for image volume data acquisition and reproducible IMRT treatment; and<br>iii. A high-quality three-dimensional or four-dimensional volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and<br>(b) Dosimetry for complex IMRT, if:<br>i. The IMRT planning process is required to calculate dose to multiple-dose level volume structures or single-dose level volume structures (including structures moving with physiologic processes or requiring precise positioning with respect to beam edges) and requires a dose-volume histogram to complete the planning process; and<br>ii. The IMRT planning process optimises the differential between target dose, organs at risk and normal tissue dose, based on review and assessment by a radiation oncologist; and<br>iii. All relevant gross tumour targets, clinical target volumes , planning target volumes, internal target volumes and organs at risk are rendered and nominated with planning dose objectives; and<br>iv. Organs at risk are nominated as planning dose constraints; and<br>v. Dose calculations and dose-volume histograms are generated in an inverse planned process using a specialised calculation algorithm, with prescription and plan details approved and recorded with the plan; and<br>vi. A three-dimensional or four-dimensional image volume dataset is used for the relevant region to be planned and treated, with image verification for a multiple-dose level IMRT planning or single-dose level IMRT planning requiring motion management; and<br>vii. The final dosimetry plan is validated by both the radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery.<br><br>Only one additional dosimetry plan (for re-planning) is payable under item 15916 during the treatment course (at 50% of the Schedule Fee for this item), when treatment adjustments are inadequate to satisfy treatment protocol requirements.<br><br>This item cannot be claimed in association with any other service under this subgroup, except for item 15916. | $5,752.60 |



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| New Megavoltage Item Number | Item Descriptor | Proposed Fee |
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| 15916 | Megavoltage Level 3.2 – Complex intensity modulated radiation therapy (IMRT) re-planning<br>Additional dosimetry plan for re-planning of complex IMRT treatment if:<br>(a) An initial treatment plan has been prepared in accordance with item 15914; and<br>(b) Treatment adjustments to the original plan are inadequate to satisfy treatment protocol requirements.<br>(c) The additional dosimetry re-plan is validated by both a radiation therapist and medical physicist, using robust quality assurance processes, with the re-plan approved by the radiation oncologist prior to delivery.<br><br>This item cannot be claimed in association with any other service under this subgroup, except for item 15914.<br><br>Only one re-plan is payable during the treatment course. The clinical need for re-planning must be consistent with the guidance provided in explanatory note X.XX and clearly documented in the patient's record. | $2,876.30 |
| 15918 | Megavoltage Level 4 – Intracranial stereotactic radiation therapy (SRT) simulation and planning<br>(a) Simulation for intracranial SRT if:<br>i. Treatment set-up and technique specifications are in preparation for multiple non-coplanar, rotational or fixed beam stereotactic delivery; and<br>ii. Precise personalised patient set-up and immobilisation techniques are suitable for reliable imaging acquisition and reproducible SRT small-field and ablative treatments; and<br>iii. A high-quality three-dimensional image volume dataset is acquired in treatment position for the intracranial lesions to be planned and treated and verified; and<br>(b) Dosimetry for intracranial SRT if:<br>i. The planning process is required to calculate dose to single or multiple target structures and requires a dose-volume histogram to complete the planning process; and<br>ii. The planning process maximises the differential between target dose, organs at risk and normal tissue dose, based on review and assessment by a radiation oncologist; and<br>iii. All relevant gross tumour volumes, clinical target volumes, planning target volumes and organs at risk are rendered and nominated with planning dose objectives; and<br>iv. Organs at risk are nominated as planning dose constraints; and<br>v. Dose calculations and dose-volume histograms are generated, using a validated stereotactic-type calculation algorithm, with prescription and plan details approved and recorded with the plan; and<br>vi. The final dosimetry plan is validated by a radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to treatment delivery.<br><br>Only one additional dosimetry plan (for re-planning) is payable under item 15922 during the treatment course (at 50% of the Schedule Fee for this item), when treatment adjustments are inadequate to satisfy treatment protocol requirements.<br><br>This item cannot be claimed in association with any other service under this subgroup, except for item 15922. | $6,450.25 |
| 15920 | Megavoltage Level 4 – Stereotactic body radiation therapy (SBRT) simulation and planning | $6,450.25 |



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| New Megavoltage Item Number | Item Descriptor | Proposed Fee |
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| | (a) Simulation for SBRT if:<br>i. Treatment set-up and technique specifications are in preparation for inverse planning with multiple non-coplanar, rotational or fixed beam stereotactic delivery or intensity modulated radiation therapy (IMRT) stereotactic delivery; and<br>ii. Personalised patient set-up and immobilisation techniques are suitable for reliable imaging acquisition and reproducible, including techniques to minimise motion of organs at risk and target(s); and<br>iii. Small-field and ablative treatment is used; and<br>iv. A high-quality three-dimensional or four-dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned, treated and verified (through daily planar or volumetric image guidance strategies); and<br>(b) Dosimetry for SBRT if:<br>i. The planning process is required to calculate dose to single or multiple target structures and requires a dose-volume histogram to complete the planning process; and<br>ii. The planning process maximises the differential between target dose, organs at risk and normal tissue dose, based on review and assessment by a radiation oncologist; and<br>iii. All relevant gross tumour volumes, clinical target volumes, planning target volumes and organs at risk are rendered and nominated with planning dose objectives; and<br>iv. Organs at risk are nominated as planning dose constraints; and<br>v. Dose calculations and dose-volume histograms are generated, using a validated stereotactic-type calculation algorithm, with prescription and plan details approved and recorded with the plan; and<br>vi. The final dosimetry plan is validated by a radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to treatment delivery.<br><br>Only one additional dosimetry plan (for re-planning) is payable under item 15922 during the treatment course (at 50% of the Schedule Fee for this item), when treatment adjustments are inadequate to satisfy treatment protocol requirements.<br><br>This item cannot be claimed in association with any other service under this subgroup, except for item 15922. | |
| 15922 | Megavoltage Level 4 – Intracranial stereotactic radiation therapy (SRT) OR stereotactic body radiation therapy (SBRT) re-planning<br>Additional dosimetry plan for re-planning of SRT or SBRT treatment if:<br>(a) An initial treatment plan has been prepared in accordance with item 15918 or 15920; and<br>(b) Treatment adjustments to the original plan are inadequate to satisfy treatment protocol requirements.<br>(c) The additional dosimetry re-plan is validated by both a radiation therapist and medical physicist, using robust quality assurance processes, with the re-plan approved by the radiation oncologist prior to delivery.<br><br>This item cannot be claimed in association with any other service under this subgroup, except for items 15918 or 15920.<br><br>Only one re-plan is payable during the treatment course. The clinical need for re-planning must be consistent with the guidance provided in explanatory note X.XX and clearly documented in the patient's record. | $3,225.15 |
| 15924 | Megavoltage Level 5 – Specialised simulation and planning for a case with general anaesthetic or sedation supervised by an anaesthetist. | $6,808.00 |



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| New Megavoltage Item Number | Item Descriptor | Proposed Fee |
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| | (a) Simulation for specialised radiation therapy if:<br>i. Treatment set-up and technique specifications are in preparation for a specialised case with general anaesthetic or sedation supervised by an anaesthetist; and<br>ii. A high-quality three-dimensional or four-dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification.<br>(b) Dosimetry for specialised radiation therapy if:<br>i. A case with general anaesthetic or sedation is supervised by an anaesthetist; and<br>ii. The final dosimetry plan is validated by a radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to treatment delivery.<br><br>Only one additional dosimetry plan (for re-planning) is payable during the treatment course (at 50% of the Schedule Fee for this item), when treatment adjustments are inadequate to satisfy treatment protocol requirements.<br><br>This item cannot be claimed in association with any other service under this subgroup, except for item 15928. | |
| 15926 | Megavoltage Level 5 – Specialised simulation and planning for specialised application<br>(a) Simulation for specialised radiation therapy if:<br>i. Treatment set-up and technique specifications are in preparation for a specialised application such as total skin electron therapy (TSE) or total body irradiation (TBI); and<br>ii. Personalised patient set-up and immobilisation techniques are suitable for reproducible three-dimensional treatment, implement an intensity modulated radiation therapy (IMRT) or multiple non-coplanar, rotational or fixed beam treatment delivery) or specialised total body treatment delivery method; and<br>iii. Specialised dataset of anatomical dimensions is acquired in the treatment position for TSE or TBI.<br>(b) Dosimetry for specialised radiation therapy if:<br>i. Total TSE, TBI, IMRT or multiple non-coplanar, rotational or fixed beam treatment is used; and<br>ii. The final dosimetry plan is validated by a radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to treatment delivery.<br><br>Only one additional dosimetry plan (for re-planning) is payable during the treatment course (at 50% of the Schedule Fee for this item), when treatment adjustments are inadequate to satisfy treatment protocol requirements.<br><br>This item cannot be claimed in association with any other service under this subgroup, except for item 15928. | $6,808.00 |
| 15928 | Megavoltage Level 5 – Specialised re-planning with or without with general anaesthetic or sedation supervised by an anaesthetist<br>Additional dosimetry plan for re-planning of specialised radiation therapy if:<br>(a) An initial treatment plan has been prepared in accordance with item 15924 or 15926; and<br>(b) Treatment adjustments to the original plan are inadequate to satisfy treatment protocol requirements.<br>(c) The additional dosimetry re-plan is validated by both a radiation therapist and medical physicist, using robust quality assurance processes, with the re-plan approved by the radiation oncologist prior to delivery. | $3,404.00 |



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| New Megavoltage Item Number | Item Descriptor | Proposed Fee |
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| | This item cannot be claimed in association with any other service under this subgroup, except for items 15924 or 15926.<br><br>Only one re-plan is payable during the treatment course. The clinical need for re-planning must be consistent with the guidance provided in explanatory note X.XX and clearly documented in the patient's record. | |



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| New Megavoltage Item Number | Item Descriptor | Proposed Fee |
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| | **Treatment & Verification** | |
| 15930 | Megavoltage Level 1.1 – Simple complexity single-field treatment with or without imaging for field setting<br><br>Radiation therapy for simple, single-field treatment (including electron beam treatments), using a device approved by the Therapeutic Goods Administration if:<br>(a) Treatment is delivered with a one-dimensional plan; and<br>(b) A two-dimensional single-field treatment delivery mode is utilised.<br><br>Payable once only for each attendance at which treatment is given, with additional attendances payable only if another anatomical site(s) requires treatment on the same day, with no treatment image verification or dosimetry re-planning payable.<br><br>This item cannot be claimed in association with any other service under this subgroup. | $88.15 |
| 15932 | Megavoltage Level 1.2 – Simple complexity treatment with image verification<br><br>Radiation therapy and verification for simple treatment, using a device approved by the Therapeutic Goods Administration if:<br>(a) Image-guided radiation therapy (IGRT) imaging is used to implement a two-dimensional plan, and<br>(b) Two-dimensional treatment is delivered and image verification decisions and actions are documented in the patient's record.<br><br>Payable once only for each attendance at which treatment is given, with additional attendances only paid if another anatomical site(s)requires treatment on the same day, with no dosimetry re-planning is payable.<br><br>This item cannot be claimed in association with any other service under this subgroup. | $109.80 |
| 15934 | Megavoltage Level 2.1 – Three-dimensional treatment and image verification without motion management<br><br>Radiation therapy for three-dimensional treatment, using a device approved by the Therapeutic Goods Administration if:<br>(a) Image-guided radiation therapy (IGRT) imaging is used to implement a standard three-dimensional plan; and<br>(b) Three-dimensional treatment is delivered, where radiation field positioning, and image verification decisions and actions are documented in the patient's record.<br><br>Payable once only for each attendance at which treatment is given, additional attendances only paid if another anatomical site(s) requires treatment on the same day, with no dosimetry re-planning is payable.<br><br>This item cannot be claimed in association with any other service under this subgroup. | $247.30 |
| 15936 | Megavoltage Level 2.2 – Three-dimensional treatment and image verification with motion management | $269.00 |



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| New Megavoltage Item Number | Item Descriptor | Proposed Fee |
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| | Radiation therapy for three-dimensional treatment, using a device approved by the Therapeutic Goods Administration if:<br>(a) Image-guided radiation therapy (IGRT) imaging is used to implement a complex three-dimensional plan; and<br>(b) Complex three-dimensional treatment is delivered with management of motion and image decisions and actions are documented in the patient's record.<br><br>Payable once only for each attendance at which treatment is given, with additional attendances only paid if another anatomical site(s) requires treatment on the same day, with no dosimetry re-planning is payable.<br><br>This item cannot be claimed in association with any other service under this subgroup. | |
| 15938 | Megavoltage Level 3.1 – Standard intensity modulated radiation therapy (IMRT) treatment and image verification<br>Standard single-dose level IMRT without motion management and verification, using a device approved by the Therapeutic Goods Administration if image-guided radiation therapy (IGRT) imaging is used to implement a standard IMRT plan prepared in accordance with item 15910.<br><br>Payable once only for each attendance at which treatment is given (with additional attendances only paid if another anatomical site requires treatment on the same day).<br><br>This item cannot be claimed in association with any other service under this subgroup. | $269.00 |
| 15940 | Megavoltage Level 3.2 – Complex intensity modulated radiation therapy (IMRT) treatment and image verification<br>Complex multiple-dose level IMRT or single-dose level IMRT requiring motion management and verification, using a device approved by the Therapeutic Goods Administration if:<br>(a) Image-guided radiation therapy (IGRT) imaging is used (with motion management functionality if required) to implement a complex IMRT plan prepared in accordance with item 15914; and<br>(b) Radiation field positioning requires accurate dose delivery to the target, and image decisions and actions are documented in the patient's record.<br><br>Payable once only for each attendance at which treatment is given (with additional attendances only paid if another anatomical site requires treatment on the same day).<br><br>This item cannot be claimed in association with any other service under this subgroup. | $295.90 |
| 15942 | Megavoltage Level 4 – Intracranial stereotactic radiation therapy treatment and image verification<br>Intracranial stereotactic radiation therapy and verification, using a device approved by the Therapeutic Goods Administration if:<br>(a) Image-guided radiation therapy (IGRT) or minimally invasive stereotactic frame localisation is used to implement an intracranial stereotactic treatment plan, prepared in accordance with item 15918; and<br>(b) Radiation field positioning requires accurate dose delivery to the target, and image decisions and actions are documented in the patient's record. | $762.65 |



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| | Payable once only for each attendance at which treatment is given, and patient-specific quality assurance is applied to all cases.<br>This item cannot be claimed in association with any other service under this subgroup. | |
| 15944 | Megavoltage Level 4 – Stereotactic body radiation therapy (SBRT) treatment and image verification, using a device approved by the Therapeutic Goods Administration if:<br>(a) Image-guided radiation therapy (IGRT) is used (with motion management functionality if required) to implement a stereotactic body radiation therapy plan; and<br>(b) Radiation field positioning requires accurate dose delivery to the target, and image decisions and actions are documented in the patient's record.<br><br>Payable once only for each attendance at which treatment is given (with additional attendances only paid if another anatomical site requires treatment on the same day up to three sites).<br><br>This item cannot be claimed in association with any other service under this subgroup. | $762.65 |
| 15946 | Megavoltage Level 5 – Specialised treatment and verification, using a device approved by the Therapeutic Goods Administration if:<br>A specialised technique is used in a case with general anaesthetic or sedation supervised by an anaesthetist.<br>Payable once only for each attendance at which treatment is given.<br><br>This item cannot be claimed in association with any other service under this subgroup. | $877.05 |
| 15948 | Megavoltage Level 5 – Specialised treatment and verification, using a device approved by the Therapeutic Goods Administration if:<br>(a) A specialised technique, such as total skin electron therapy (TSE) or total body irradiation (TBI) is used to implement a treatment plan prepared in accordance with item 15926; and<br>(b) Image-guided radiation therapy (IGRT) is used (with motion management functionality, if required) to implement a three-dimensional, intensity modulated radiation therapy (IMRT) or multiple non-coplanar, rotational or fixed beam treatment; or for total body electrons where there is individualised treatment.<br><br>Payable once only for each attendance at which treatment is given, and patient-specific IMRT quality assurance is applied in all cases where IMRT is being used.<br><br>This item cannot be claimed in association with any other service under this subgroup. | $877.05 |



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| Megavoltage Explanatory Notes | | |
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| | **Meaning of Level 1.1 Items (Simple or Single Field)**<br>In items 15902 and 15930: Simple or single-field complexity external beam radiation therapy is localised, planned and delivered through a clinical mark-up process without the requirements of simulation, computer or volumetric dosimetry and beam modulation. Patient stabilisation is simple using standard devices. Determination of the treatment volume is by clinical assessment and mark-up with the prescribed dose identified on the surface or at depth. Single-field delivery via wide margins determined through the clinical assessment process will not require image verification. The final dosimetry plan is validated by a radiation therapist or medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery. | |
| | **Meaning of Level 1.2 Items (Two-Dimensional Simple or Multiple Field)**<br>In items 15904 and 15932: Simple or multiple-field complexity external beam radiation therapy is localised through a process of either two-dimensional simulation (single plain film views or CT or digitally reconstructed radiograph delineation) or three-dimensional simulation (plain film views or CT volumetric delineation) to identify the treatment region. Patient stabilisation is simple using standard devices.<br><br>Planning is based on two-dimensional planning processes with simple beam shaping but no modulation or inverse planning requirements, optimisation is not required on organs at risk. Multiple-field delivery via multileaf collimator (MLC) shaped beams requires verification. The final dosimetry plan is validated by an radiation therapist or medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery. | |
| | **Meaning of Level 2.1 Items (Three-Dimensional without motion management)**<br>In items 15906 and 15934: Three-dimensional standard or multiple-field complexity external beam radiation therapy is localised through a process of three-dimensional simulation (plain film views or volumetric delineation) to identify the treatment region and organs at risk.<br><br>Planning is based on three-dimensional planning processes with simple beam shaping (multileaf collimators—MLCs) and simple modulation (large-segment field in field, wedges, MLCs or tissue compensation) to deliver a conformal dose distribution and assessment of dose to organs at risk. Multiple-field delivery via MLC shaped beams requires image verification. Examples include three-dimensional planned spine treatments (single or opposed fields) breast tangents without target volumes definition, and image-based planning for electrons. The final dosimetry plan is validated by an radiation therapist or medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery. | |
| | **Meaning of Level 2.2 Items (Three-Dimensional with motion management)**<br>In items 15908 and 15936: Three-dimensional complex or multiple-field complexity external beam radiation therapy is localised through a process of three or four-dimensional (three-dimensional volumetric delineation or four-dimensional volumetric delineation with consideration of tumour and organs at risk excursion) simulation to identify the treatment region and organs at risk (including excursion of targets and organs at risk). Patient stabilisation requires the use of devices to support positional reproducibility. Motion management includes four-dimensional CT, deep inspiration breath hold, deep expiration breath hold, use of manual compression and other methods that account for tumour movement.<br><br>Planning is based on three or four-dimensional planning processes with complex beam shaping (multileaf collimators—MLCs) and modulation (MLC or small-segment field in field) to deliver a conformal dose distribution and assessment and management of dose to organs at risk. Multiple-field delivery via MLC shaped beams requires daily image verification prior to treatment delivery. Consideration | |

| Megavoltage Explanatory Notes | | |
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| | for re-planning is not required. The final dosimetry plan is validated by an radiation therapist or medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery. | |
| | **Meaning of Level 3.1 Items (Standard IMRT Multiple Field)**<br>In items 15910 and 15938: Standard inverse planned intensity modulated radiation therapy (IMRT) to a single dose level prescription and without motion management is localised through a three-dimensional (CT volumetric delineation) simulation to identify clinical and planning targets, organs at risk and normal tissue.<br><br>Planning is based on delivery to a single-dose level target and includes optimisation of the dose based on assessment of organs at risk doses. This technique involves very sharp dose gradients adjacent to both targets and organs at risk of increasing the consequences of any geometric uncertainty, making daily treatment image verification (Image-guided radiation therapy—IGRT) an essential component of quality IMRT. It is the tumour location, adjacent organs and dosimetry that define the appropriate role for IMRT, and support an approach where the clinical circumstances rather than specific diagnoses are the most important determinants for using IMRT. Final dosimetry plan is validated by both the radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to treatment delivery. | |
| | **Meaning of Level 3.2 Items (Complex IMRT Multiple Field)**<br>In items 15914 and 15940: Complex inverse planned intensity modulated radiation therapy (IMRT) to multiple-dose level prescription or IMRT with motion management is localised through three or four dimensional (volumetric imaging) to identify clinical and planning targets, organs at risk and normal tissue (and tumour and organs at risk excursion in the case of four-dimensional applications).<br><br>Planning is based on delivery to multiple-dose level targets or IMRT with motion management and includes optimisation of the dose based on assessment of organs at risk doses. This technique involves very sharp dose gradients adjacent to both targets and organs at risk increasing the consequences of any geometric uncertainty, making daily treatment verification (Image-guided radiation therapy—IGRT) an essential component of quality IMRT. In the case of four-dimensional applications, treatment delivery utilises some form of motion management and further complicates the planning, delivery and quality assurance processes. Motion management includes four-dimensional volumetric imaging, deep inspiration breath hold, deep expiration breath hold, use of manual compression and other methods that account for tumour movement. It is the tumour location, adjacent organs and dosimetry that define the appropriate role for IMRT and support an approach where the clinical circumstances, rather than specific diagnoses, are the most important determinants for using IMRT. Pre-treatment quality assurance validation will be required and consideration for re-planning is included. Final dosimetry plan is validated by both the radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to treatment delivery. Small-field fractionated treatment strategies (using either an IMRT or multiple, non-coplanar, rotational or fixed beam delivery) are included in this complexity level. | |

| Megavoltage Explanatory Notes | | |
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| | **Meaning of Level 4 Items (Intracranial Stereotactic Radiation Therapy)**<br>In items 15918 and 15942: Stereotactic radiation therapy delivered using a Therapeutic Goods Administration approved device using specifically calibrated small fields. Dedicated and customised patient positioning and immobilisation and multi-modality image based targeted identification of the treatment volume, surrounding organs at risk and normal tissue. Where relevant formal structured assessment of motion and patient suitability for complex and lengthy delivery may include fixed head frame. Lengthy treatment sessions may require patient education to support positional and physiological control requirements. Dosimetry delivers small-field collimation and shaping of the dose to complex targets. Pre-treatment quality assurance validation will be required and consideration for re-planning is included. Very tight margins and steep dose gradients mandates the use of daily treatment verification. Final dosimetry plan is validated by both the appropriately qualified radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to treatment delivery. | |
| | **Meaning of Level 4 Items (Stereotactic Body Radiation Therapy)**<br>In items 15920 and 15944: Stereotactic body external beam radiation therapy with or without motion management is localised through a three or four-dimensional (three-dimensional volumetric delineation or four-dimensional volumetric delineation with consideration of tumour and organs at risk excursion) simulation to identify clinical and planning targets, organs at risk and normal tissue (and tumour and organs at risk excursion in the case of four-dimensional applications). Requires dedicated and personalised patient positioning and immobilisation and multi-modality image based targeted identification of the treatment volume, surrounding organs at risk and normal tissue. Lengthy treatment sessions may require patient education to support positional and physiological control requirements. Motion management includes four-dimensional CT, deep inspiration breath hold, deep expiration breath hold, use of manual compression and other methods that account for tumour movement.<br><br>Stereotactic body radiation therapy (SBRT) and stereotactic ablative radiation therapy (SABR) are used interchangeably and are defined as high precision, image-guided radiation therapy (IGRT) dose delivery with highly conformal dose and steep dose gradients, with larger doses per fraction, fewer treatments as determined by standard clinical protocols, eg. 5 for prostate treatments or 8 for central lung treatments and where there is intrafraction motion management where applicable.<br><br>For stereotactic treatments this requires on the first day of treatment, a radiation oncologist or trained delegate with documented competencies in stereotactic treatments must be present at the start of the treatment fraction (prior to irradiation) to verify the integrity of the patient set-up at the treatment machine, patient repositioning using image guidance, and directly manage any clinical issues. For subsequent fractions in the same course, the radiation oncologist must be immediately available for critical decision making. Patient specific pre-treatment quality assurance validation may be required and consideration for re-planning and is included. Very tight margins and steep dose gradients mandates the use of daily image verification of treatment. Final dosimetry plan is validated by both the appropriately qualified radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery. | |

| Megavoltage Explanatory Notes | | |
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| | **Meaning of Level 5 Items (Specialised)**<br>In items 15924, 15926, 15946 and 15948: Patient acuity requires multidisciplinary medical and technical support during the simulation and treatment processes (for example, general anaesthetic for complex cases or monitoring for patients receiving Total Body Irradiation). Complex dosimetry requirements are driven by large field or large volume requirements in total skin electron therapy (TSE) or total body irradiation (TBI) cases and highly personalised dosimetry requirements with younger paediatric patients, and patients requiring general anaesthetic or supervised sedation. Clinical and Technical complexity requires prolonged, complex multidisciplinary team involvement and direct involvement in the treatment delivery process; including in vivo dosimetry. Patient specific complex quality assurance validation pre-treatment and during treatment is required and consideration for re-planning is included. Final dosimetry plan is validated by both the radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery. | |
| | **Image Fusion**<br>Where appropriate, when determining the target volumes and organs at risk for treatment, relevant multi-modality imaging should be used to delineate targets and organs at risk. | |
| | **Multiple attendances per day for the same site (15902 to 15948)**<br>Where a patient is required to have more than one treatment to a site using the same treatment plan on the same day this additional treatment is only payable where the treatments are separated by an appropriate time interval. There must be clinical justification documented in the patient's medical record. Examples include where patients are being treated with accelerated radiation therapy protocols or to compensate for missed treatment days. | |
| | **Multiple treatment sites at one attendance (15902 to 15948)**<br>Where patients are being treated with radiation therapy to multiple separate sites of disease at one attendance, each treatment site must be documented on a separate prescription to be claimable, up to a maximum of 3 sites. However, prior to treatment, only one planning item may be claimed for all sites requiring treatment. The most complex planning item applicable should be claimed. A second treatment plan may be created for new disease sites which develop during the first course of radiation therapy. | |
| | **Treatments requiring general anaesthetic**<br>Items 15918 and 15948 apply to all patients requiring general anaesthetic or sedation supervised by an anaesthetist for treatment delivery. For patients who do not require general anaesthetic or supervised sedation then other appropriate items should be used. | |
| | **Radiation Oncologist Attendance**<br>For all treatments, a radiation oncologist should be available to physically review patients when required.<br><br>For complex treatments, a radiation oncologist should be immediately available for critical decision making.<br><br>For highly complex treatments, such as stereotactic treatments, a radiation oncologist or trained delegate with documented competencies in stereotactic treatments should be present at the start of the treatment fraction (prior to irradiation) to verify the integrity of the patient set-up at the treatment machine, patient repositioning using image guidance, and directly manage any clinical issues. For subsequent fractions in the same course, a radiation oncologist must be immediately available for critical decision making. | |

| Megavoltage Explanatory Notes | | |
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| | **Protocols for documenting quality assurance processes for treatment plans (15902 to 15928 and 15970 to 15980, 15964 and 15968)**<br>Treatment plans should be produced using robust quality assurance processes to ensure, where appropriate:<br>(a) Data within the oncology information system is accurate; and<br>(b) Data transfer to the Oncology Information System has been completed without any loss of data integrity; and<br>(c) The plan is deliverable without loss of dosimetric accuracy on the radiation therapy apparatus which will be used for clinical delivery (including particular consideration given to geometric accuracy where tight margins or steep dose gradient are employed); and<br>(d) Motion management strategies and accuracy of delivery have been appropriately assessed; and<br>(e) The dose calculation of the treatment plan (including on the patient planning images) is accurate; and<br>(f) The accuracy of any image fusions performed.<br>The quality assurance processes should be established, maintained and performed by radiation therapists and medical physicists and should be formally documented. | |
| | **Protocols for documenting quality assurance processes for treatment re-plans (15912, 15916, 15922 and 15928)**<br>Treatment re-plans can only be performed if:<br>(a) An initial treatment plan has been prepared in accordance with the item descriptor; and<br>(b) Treatment adjustments to the original plan are inadequate to satisfy treatment protocol requirements.<br><br>Treatment re-plans should be produced using robust quality assurance processes to ensure, where appropriate:<br>(a) Data within the oncology information system is accurate; and<br>(b) Data transfer to the Oncology Information System has been completed without any loss of data integrity; and<br>(c) The re-plan is deliverable without loss of dosimetric accuracy on the radiation therapy apparatus which will be used for clinical delivery (including particular consideration given to geometric accuracy where tight margins or steep dose gradient are employed); and<br>(d) Motion management strategies and accuracy of delivery have been appropriately assessed; and<br>(e) The dose calculation of the treatment re-plan (including on the patient planning images) is accurate; and<br>(f) The accuracy of any image fusions performed.<br>(g) The additional dosimetry re-plan should be established, maintained, validated and performed by both a radiation therapist and medical physicist, using robust quality assurance processes, with the re-plan approved by the radiation oncologist prior to delivery.<br><br>Only one additional dosimetry re-plan is payable during the treatment course (at 50% of the Schedule Fee for the associated item) and the clinical need for re-planning must be consistent with the guidance provided in the item descriptor and clearly documented in the patient's record.<br><br>Re-planning items 15912, 15916, 15922 and 15928 cannot be claimed in association with any other service under this subgroup except for the item descriptor that relates. | |

| Megavoltage Explanatory Notes | | |
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| | **Motion management**<br>Motion management is the use of additional technology to ensure the dose to the target is not compromised by physiological motion or the dose to a critical organ-at-risk adjacent to the target is minimised. This includes:<br>(a) Reducing physiological motion (for example breath hold); or<br>(b) Quantifying physiological motion (for example 4D-CT or 4D-CBCT); or<br>(c) Using technology to detect motion and actively control treatment or simulation. | |

# Kilovoltage

| New Kilovoltage Item Number | Item Descriptor | Proposed Fee |
|---|---|---|
| | **Planning** | |
| 15950 | Kilovoltage Planning – Simple complexity single-field simulation and planning without imaging for field setting<br>(a) Simulation for simple single-field radiation therapy to one site if:<br>i. Localisation is based on clinical mark-up and image-based simulation is not required; and<br>ii. Patient set-up and immobilisation techniques are suitable for two-dimensional radiation therapy treatment, with wide margins and allowance for movement; and<br>(b) Dosimetry for simple single-field radiation therapy if:<br>i. The planning process is required to deliver a prescribed dose to a point, either at depth or on the surface of the patient; and<br>ii. The planning process does not require the differential of dose between target, organs at risk and normal tissue dose, based on review and assessment by the radiation oncologist; and<br>iii. Delineation of structures is not possible or required, and field borders will delineate the treatment volume; and<br>iv. Dose calculations are performed in reference to surface or a point at depth from tables, charts or data from a treatment planning system; and<br>v. The final treatment plan is validated by an radiation therapist or medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery. | $196.80 |
| | **Treatment** | |
| 15952 | Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to the first anatomical site (excluding orbital structures where there is placement of an internal eye shield), payable once only for a single attendance. | $53.00 |
| 15954 | Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to each field subsequent to the first (excluding orbital structures where there is placement of an internal eye shield), payable once only for each additional site in a single attendance.<br><br>This item cannot be claimed in association with any other service under this subgroup, except for item 15952. | The fee for item 15952, plus an amount of $21.25 for each field in excess of 1 |
| 15956 | Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to orbital structures, where there is placement of an internal eye shield, payable once only for a single attendance. | $65.15 |



Note: This schedule is subject to minor wording change to satisfy regulatory requirements while maintaining clinical intention.

| Kilovoltage Explanatory Notes | | |
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| | **Multiple treatment sites at one attendance (15950)**<br>Where patients are having more than one anatomical site treated, there must be a separate prescription for each site being planned for this to be payable for each site. | |

# Brachytherapy

| New Item Number | Item Descriptor | Proposed Fee |
|---|---|---|
| | **Insertion & Construction** | |
| 15958 | Simple insertion or placement of mould or applicator without image guidance, including:<br>(a) insertion of intracavitary vaginal cylinder, vaginal ovoids, vaginal ring or vaginal mould; or<br>(b) application of surface mould or applicator, with catheters fixed to or embedded into mould, to external surface of body.<br><br>Note: The fee for this item includes the removal of applicators or catheters or needles, following completion of brachytherapy treatment. | $102.80 |
| 15960 | Complex construction and manufacture of personalised applicators or mould derived from three-dimensional image volume data sets to treat intracavity, intraoral or intranasal sites.<br><br>Note: The fee for this item includes the removal of applicators or catheters or needles, following completion of brachytherapy treatment. | $141.85 |
| 15962 | Complex insertion of intracavitary or endocavity or intraluminal or endovascular applicators with image guidance, including construction of the applicator and insertion of:<br>(a) intrauterine tubes with or without ovoids, ring or cylinder; or<br>(b) endocavity applicator, for example, rectal tube (single channel); or<br>(c) intraluminal catheters for treatment of bronchus, trachea, oesophagus, nasopharynx, bile duct; or<br>(d) endovascular catheters for treatment of vessels.<br><br>A radiation oncologist must be present at the initiation of the service.<br>(Anaes.)<br><br>Note: The fee for this item includes the removal of applicators or catheters or needles, following completion of brachytherapy treatment. | $308.35 |
| 15964 | Complex insertion of hybrid intracavitary and interstitial or multi-catheter applicators, which contain multiple catheters cased in a single device, for example, a multi-channel cylinder for vaginal or rectal treatment, with image guidance.<br><br>Both intracavitary and interstitial hybrid applicator components must be inserted for treatment.<br><br>A radiation oncologist must be present at the initiation of the service.<br>(Anaes.)<br><br>Note: The fee for this item includes the removal of applicators or catheters or needles, following completion of brachytherapy treatment. | $411.20 |



Note: This schedule is subject to minor wording change to satisfy regulatory requirements while maintaining clinical intention.

| New Item Number | Item Descriptor | Proposed Fee |
|---|---|---|
| 15966 | Complex insertion of interstitial implants not requiring surgical exposure with image guidance, including implantation of:<br>(a) catheters or needles for temporary implants; or<br>(b) radioactive sources for permanent implants; or<br>(c) breast applicators, single channel and multi-channel strut devices.<br><br>Where prostate implants are inserted benefits are only payable when the service is performed at an approved site in association with a urologist. Benefits for prostate implants are payable according to the same restrictions which apply to item 37227.<br><br>A radiation oncologist must be present during this service.<br>(Anaes.)<br><br>Note: The fee for this item includes the removal of applicators or catheters or needles, following completion of brachytherapy treatment. | $513.95 |
| 15968 | Complex insertion of interstitial implants requiring surgical exposure (for example, using an open field, laparoscopic or robot assisted approach), including implantation of:<br>(a) catheters, needles or applicators to a region requiring surgical exposure; or<br>(b) radioactive sources for permanent implants, for example, lung; or<br>(c) surface moulds during intraoperative brachytherapy; or<br>(d) plastic catheters or stainless steel needles, requiring surgical exposure; and<br>(e) not being a service to which 15900 applies.<br><br>A radiation oncologist must be present at the initiation of the service.<br>(Anaes.)<br><br>Note: The fee for this item includes the removal of applicators or catheters or needles, following completion of brachytherapy treatment. | $805.60 |
| | **Dosimetry & Planning** | |
| 15970 | Simple level dosimetry for plans prescribed to surface or depth from catheter and library plans, if:<br>(a) The planning process is required to deliver a prescribed dose to a three-dimensional volume, and relative to a single line or multiple channel delivery applicator; and<br>(b) The planning process does not require the differential of dose between the target, organs at risk and normal tissue dose; and<br>(c) Delineation of structures is not required; and<br>(d) Dose calculations are performed in reference to the surface or a point at depth (two-dimensional plan) from tables, charts or data from a treatment planning system 'library plan'; and<br>(e) The final dosimetry plan is validated by both the radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to the delivery, which must include ensuring data transfer is acceptable and validation checks are completed. | $133.65 |



Note: This schedule is subject to minor wording change to satisfy regulatory requirements while maintaining clinical intention.

| New Item Number | Item Descriptor | Proposed Fee |
|---|---|---|
| | Simple level dosimetry is for plans prescribed to surface or depth from catheter and library plans. For example:<br>(a) intracavitary vaginal vault with cylinder or ovoids or ring; or<br>(b) intracavitary cervix 1,2 or 3 channels; or<br>(c) intraluminal single lines, for example, for treatment of carcinoma of the bronchus.<br><br>Only one additional dosimetry plan (for re-planning) is payable under item 15972 during the treatment course (at 50% of the Schedule Fee for this item), when treatment adjustments are inadequate to satisfy treatment protocol requirements. | |
| 15972 | Additional simple level dosimetry re-planning for plans prescribed to surface or depth from catheter and library plans, if:<br>(a) An initial treatment plan has been prepared in accordance with item 15970; and<br>(b) Treatment adjustments to the original plan are inadequate to satisfy treatment protocol requirements.<br>(c) The dosimetry re-plan is validated by both the radiation therapist and medical physicist, using robust quality assurance processes, with the re-plan approved by the radiation oncologist prior to the delivery, which must include ensuring data transfer is acceptable and validation checks are completed.<br><br>Only one re-plan is payable during the treatment course. The clinical need for re-planning must be consistent with the guidance provided in explanatory note X.XX and clearly documented in the patient's record. | $66.85 |
| 15974 | Intermediate level dosimetry calculated on a volumetric data set for intracavitary or intraluminal or endocavity applicators, for plans that have three-dimensional image datasets acquired as part of simulation, if:<br>(a) the planning process is required to deliver the prescribed dose to a three-dimensional volume, and relative to multiple line for channel delivery applicators (excluding interstitial catheters and needles and multi-catheter devices); and<br>(b) the planning process requires the differential of dose between target, organs at risk and normal tissue dose, using avoidance strategies (which include placement of sources and/or dwell-times or tissue packing), based on review and assessment by a radiation oncologist; and<br>(c) delineation of structures is required as part of the planning process to produce a dose-volume histogram integral to the avoidance strategies; and<br>(d) dose calculations are performed on a personalised basis, which must include three-dimensional dose calculation to target and organ-at-risk volumes and all calculations and the dose-volume histogram being approved and recorded with the plan; and<br>(e) the final dosimetry plan is validated by both the radiation therapist and medical physicist, using robust quality assurance processes, with the plan approved by the radiation oncologist prior to delivery, which must include data transfer is acceptable and validation checks are completed.<br><br>Intermediate level dosimetry is for plans that have three-dimensional image datasets acquired as part of simulation, for example:<br>(a) intracavitary intrauterine tubes and vaginal ovoids (T&O); or<br>(b) intracavitary intrauterine tubes and vaginal ring (T&R); or<br>(c) intracavitary intrauterine tubes and vaginal cylinder (T&Cyl); or<br>(d) intracavitary vaginal cylinder; or<br>(e) intracavitary vaginal mould; or | $896.40 |



Note: This schedule is subject to minor wording change to satisfy regulatory requirements while maintaining clinical intention.

| New Item Number | Item Descriptor | Proposed Fee |
|---|---|---|
| | (f) Intracavity vaginal ovoids; or<br>(g) endocavity: single catheter balloon, single channel applicator; or<br>(h) intraluminal brachytherapy; or<br>(i) endovascular brachytherapy; or<br>(j) surface (simple mould) brachytherapy.<br><br>Only one additional dosimetry plan (for re-planning) is payable under item 15976 during the treatment course (at 50% of the Schedule Fee for this item), when treatment adjustments are inadequate to satisfy treatment protocol requirements. | |
| 15976 | Additional intermediate level dosimetry re-planning calculated on a volumetric data set for intracavitary or intraluminal or endocavity applicators, for plans that have three-dimensional image datasets acquired as part of simulation, if:<br>(a) An initial treatment plan has been prepared in accordance with item 15974; and<br>(b) Treatment adjustments to the original plan are inadequate to satisfy treatment protocol requirements.<br>(c) The dosimetry re-plan is validated by both the radiation therapist and medical physicist, using robust quality assurance processes, with the re-plan approved by the radiation oncologist prior to the delivery, which must include ensuring data transfer is acceptable and validation checks are completed.<br><br>Only one re-plan is payable during the treatment course. The clinical need for re-planning must be consistent with the guidance provided in explanatory note X.XX and clearly documented in the patient's record. | $448.20 |
| 15978 | Complex level dosimetry calculated on the three-dimensional volumetric data set for interstitial catheters or needles or radiation sources or multi-catheter devices for plans that contain multiple needles or catheters or radiation sources, if:<br>(a) the planning process is required to deliver a prescribed dose to a target volume relative to multiple channel delivery applicators, needles or catheters or radiation sources; and<br>(b) the planning process requires the differential of doses between the target, organs at risk and normal tissue dose, using avoidance strategies (which include the placement of sources and/or dwell times or tissue packing), based on review and assessment by a radiation oncologist; and<br>(c) delineation of structures is required as part of the planning process, in order to produce a dose-volume histogram to review and assess the plan; and<br>(d) dose calculations are performed on a personalised basis, which must include three-dimensional dose calculation to target and organ at risk volumes, all calculations and the dose-volume histogram being approved and recorded with the plan; and<br>(e) the final dosimetry plan is validated by both the radiation therapist and medical physicist using robust quality assurance processes, with the plan approved by the radiation oncologist prior to the delivery, which must include ensuring data transfer is acceptable and validation checks are completed.<br><br>Complex level dosimetry is for plans that contain multiple needles or catheters or radiation sources, for example:<br>(a) hybrid intracavitary and interstitial applicators using:<br>iii. intrauterine tubes and vaginal ovoids (T&O) with needles; or<br>iv. intrauterine tube and vaginal ring (T&R) with needles; or | $1041.65 |



Note: This schedule is subject to minor wording change to satisfy regulatory requirements while maintaining clinical intention.

| New Item Number | Item Descriptor | Proposed Fee |
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| | v. intrauterine tubes and vaginal multichannel cylinder (T & VMC); or<br>(b) vaginal multichannel cylinder (VMC); or<br>(c) endocavity brachytherapy using a multi-catheter strut device or rectal multi-catheter device; or<br>(d) interstitial brachytherapy, including anatomical sites such as vagina, prostate, breast, soft tissue; or<br>(e) surface brachytherapy, including complex circumferential moulds or moulds with undulating or uneven contours.<br><br>Only one additional dosimetry plan (for re-planning) is payable under item 15980 during the treatment course (at 50% of the Schedule Fee for this item), when treatment adjustments are inadequate to satisfy treatment protocol requirements. | |
| 15980 | Complex level dosimetry re-planning calculated on the three-dimensional volumetric data set for interstitial catheters or needles or radiation sources or multi-catheter devices for plans that contain multiple needles or catheters or radiation sources, if:<br>(a) An initial treatment plan has been prepared in accordance with item 15978; and<br>(b) Treatment adjustments to the original plan are inadequate to satisfy treatment protocol requirements.<br>(c) The dosimetry re-plan is validated by both the radiation therapist and medical physicist, using robust quality assurance processes, with the re-plan approved by the radiation oncologist prior to the delivery, which must include ensuring data transfer is acceptable and validation checks are completed.<br><br>Only one re-plan is payable during the treatment course. The clinical need for re-planning must be consistent with the guidance provided in explanatory note X.XX and clearly documented in the patient's record. | $520.85 |



Note: This schedule is subject to minor wording change to satisfy regulatory requirements while maintaining clinical intention.

| New Item Number | Item Descriptor | Proposed Fee |
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| | **Treatment & Verification** | |
| 15982 | Brachytherapy treatment, carried out by appropriately trained radiation therapists and medical physicists and in the presence of the radiation oncologist, to implement a brachytherapy treatment plan prepared in accordance with items 15970 – 15980.<br><br>Note: The fee for this item includes the removal of applicators or catheters or needles, following completion of brachytherapy treatment. | $390.60 |
| 15984 | Verification of position of applicators, needles, catheters or radioactive sources.<br><br>Two-dimensional or three-dimensional volumetric image set is required, or a validated in-vivo dosimetry measurement, to facilitate an adjustment to the applicators or needles or catheters or dosimetry plan.<br><br>Decisions using the acquired images must be based on action algorithms and enacted immediately prior to, or during treatment, which includes manipulation or adjustment of delivery applicator or adjustment of the dosimetry plan.<br>Claimable in association with items: 15958-15968 and 15982. | $143.90 |

| Brachytherapy Explanatory Notes | |
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| Low dose rate brachytherapy – included in Item 15966<br>Low dose rate brachytherapy prostate implants must be performed at an approved site in association with a urologist.<br><br>Item 15966 may be claimed for the implantation of low dose rate brachytherapy prostate implants when the service is performed at an approved site in association with a urologist. A radiation oncologist must be present in person in addition to the urologist at the time of the service. The removal of the catheters following completion of the brachytherapy is also covered under this item. | |
| Multi-disciplinary team involvement – Items 15958-15968<br>Multi-disciplinary team involvement may be required for items relating to applicator insertion (Items 15958-15968). This may include a:<br>(a) Gynaecological oncologist; or<br>(b) Urologist; or<br>(c) Breast surgeon; or<br>(d) Thoracic surgeon; or<br>(e) Vascular surgeon; or<br>(f) Gastro-intestinal surgeon; or<br>(g) Plastic surgeon; or<br>(h) General surgeon; or<br>(i) Interventional radiologist; or<br>(j) Ophthalmic surgeon. | |

| Brachytherapy Explanatory Notes | | |
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| | Re-planning – Items 15972, 15976 and 15980<br>Only one additional dosimetry plan (for re-planning) is payable under items 15972, 15976 and 15980 during the treatment course (at 50% of the Schedule Fee for those items), when treatment adjustments are inadequate to satisfy treatment protocol requirements.<br><br>Re-planning may involve simulation (re-scanning the patient) and/or dosimetry (re-calculating dose) and verification. The clinical need for re-planning must be specified in the patient's record. | |
| | Course of treatment – Items 15958-15984<br>For each course of treatment there may be multiple applicator insertions. Each insertion is considered a new attendance (or episode of care). For each attendance there may be a claim for the relevant descriptors for items 15958-15984, including:<br>(a) insertion of the applicator;<br>(b) simulation and dosimetry;<br>(c) treatment;<br>(d) verification; and<br>(e) re-planning, if required. | |