



**Australian Government**  

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**Department of Health and Ageing**

Radiation Oncology Practice Managers

via e-mail

Dear Practice Manager

**Changes to the radiation oncology treatment verification Medicare Benefits Schedule items - effective 1 May 2010**

I am writing to advise you of some important changes involving the radiation oncology treatment verification items in the Medicare Benefits Schedule, effective from 1 May 2010.

The changes follow extensive monitoring of the claiming of the items in the time since they were introduced in July 2008. They have been prepared in consultation with the stakeholder committee who developed the items in 2008.

In summary, the changes involve amendments to the rules relating the payment of Medicare benefits for items 15700 and 15705 as follows:

- They can be claimed once only per attendance for treatment, irrespective of the number of treatment sites verified at the attendance. Until now, there has been no limit on the number of times item 15700 can be claimed at the same attendance whereas item 15705 has been able to be claimed up to three times per attendance.
- They cannot be claimed with each other at the same attendance (currently no restriction).
- They can only be itemised when prescribed as part of the treatment plan and following review by a radiation oncologist (currently no restriction).
- Item 15705 can only be itemised where verification is for treatment involving three or more fields.

The above rule changes are being made by way of amendments to the item descriptors for items 15700 and 15705.

In addition, a new item (item 15710) is being introduced specifically to cover volumetric imaging. It will have the same schedule fee as item 15705 and the same Medicare rules will apply.

The new item descriptors, together with an extract of the proposed MBS explanatory notes relating to treatment verification item, are attached. The changes apply for services rendered on or after 1 May 2010.

There are no changes to the brachytherapy related items 15800 and 15850.

I would be grateful if you could pass this information on to your practice sites, and in particular, to those staff responsible for issuing accounts for claiming on Medicare.

If you have any queries about the changes, please contact Dale Brooker, Assistant Director, Radiation Oncology Section on 02 6289 4091 or email [dale.brooker@health.gov.au](mailto:dale.brooker@health.gov.au).

Yours sincerely



Abel MacDonald  
Director, Radiation Oncology Section

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cc: Royal Australian and New Zealand College of Radiologists  
Australian Association of Private Radiation Oncology Practices  
State and Territory Health Departments  
Medicare Australia

**Descriptors for Items 15700, 15705 and 15710 and MBS explanatory notes  
effective 1 May 2010**

**Item descriptors**

<i>SUBGROUP 7 - RADIATION ONCOLOGY TREATMENT VERIFICATION</i>	
15700	<p>RADIATION ONCOLOGY TREATMENT VERIFICATION - single projection (with single or double exposures), when prescribed and reviewed by a radiation oncologist and not associated with item 15705 or 15710 - each attendance at which treatment is verified (ie maximum one per attendance).</p> <p><i>(See para T2.5 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$45.95                      <b>Benefit:</b> 75% = \$34.50    85% = \$39.10</p>
15705	<p>RADIATION ONCOLOGY TREATMENT VERIFICATION - multiple projection acquisition, when prescribed and reviewed by a radiation oncologist and not associated with item 15700 or 15710 - each attendance at which treatment is verified (ie maximum one per attendance).</p> <p><i>(See para T2.5 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$76.60                      <b>Benefit:</b> 75% = \$57.45    85% = \$65.15</p>
15710	<p>RADIATION ONCOLOGY TREATMENT VERIFICATION - volumetric acquisition, when prescribed and reviewed by a radiation oncologist and not associated with item 15700 or 15705 - each attendance at which treatment involving three fields or more is verified (ie maximum one per attendance).</p> <p><i>(See para T2.5 of explanatory notes to this Category)</i></p> <p><b>Fee:</b> \$76.60 <b>Benefit:</b> 75% = \$57.45    85% = \$65.15</p>

**Explanatory Notes****T.2.5. TREATMENT VERIFICATION - (ITEMS 15700 TO 15705 AND 15800)**

In these items, 'treatment verification' means:

a quality assurance procedure designed to facilitate accurate and reproducible delivery of the radiotherapy/brachytherapy to the prescribed site(s) or region(s) of the body as defined in the treatment prescription and/or associated dose plan(s) and which utilises the capture and assessment of appropriate images using:

- (a) x-rays (this includes portal imaging, either megavoltage or kilovoltage, using a linear accelerator)
  - (b) computed tomography; or
  - (c) ultrasound, where the ultrasound equipment is capable of producing images in at least three dimensions (unidimensional ultrasound is not covered);
- together with a record of the assessment(s) and any correction(s) of significant treatment delivery inaccuracies detected.

Item 15700 covers the acquisition of images in one plane and incorporates both single or double exposures. The item may be itemised once only per attendance for treatment, irrespective of the number of treatment sites verified at that attendance.

Item 15705 (multiple projections) applies where images in more than one plane are taken, for example orthogonal views to confirm the isocentre. It can be itemised only where verification is undertaken of treatments involving three or more fields. It can also be itemised where single projections are acquired for multiple sites, eg multiple metastases for palliative patients. Item 15705 can be itemized only once per attendance for treatment, irrespective of the number of treatment sites verified at that attendance.

15710 applies to volumetric verification imaging using acquisition by computed tomography. It can be itemised once only per attendance for treatment, irrespective of the number of treatment sites verified at that attendance.

Items 15700, 15705 and 15710:

- may not be claimed together for the same attendance at which treatment is rendered
- must only be itemised when the verification procedure has been prescribed in the treatment plan and the image has been reviewed by a radiation oncologist.

Item 15800 - Benefits are payable once only per attendance at which treatment is verified.