

**DRAFT**

**PROPOSED**

Acute Health Services

Form S8 Part 1: Instructions/Definitions  
for Completing S8 Form Radiotherapy  
Services —Non-Admitted Patients

# Contents

Reporting Requirements.....	1
<b>Return of Forms</b> .....	1
<b>Correction of Forms</b> .....	1
<b>Definitions</b> .....	1

Output Group 111	Acute Health Services
Form S8	Monthly Return—Radiotherapy Non-Admitted Patients

## Reporting Requirements

Form S8\_111 is used for reporting activity based measures for radiotherapy services provided to non-admitted oncology patients. The Victorian hospitals, which provide radiotherapy services to non-admitted patients are Austin Health, Barwon Health, The Alfred and the Peter MacCallum Cancer Centre. Only these sites are to complete Form S8\_111 however the activity should be reported according to the clinic site where the service is provided.

Reporting of radiotherapy occasions of service must still continue on the Acute Health Non-Admitted Patient Services form (S9\_111).

This form has been developed through the deliberations of the Radiation Oncology Data Committee and Working Group on Radiation Oncology Funding Model under the auspice of the Radiation Oncology Steering Committee.

Since 1 July 1999, non-admitted patient services provided to eligible veterans and war widow(er)s have been reported on Form S8\_111. This information is required for implementation of the funding arrangements with the Department of Veterans' Affairs.

## Return of Forms

Hospitals are to submit data to the department via the AIMS OnLine Entry System by the 15<sup>th</sup> day following the end of each month. A tick in the Completed field indicates the form is complete with all validation rules satisfied and appropriate approvals for release obtained.

Printouts of the original signed forms must be retained by the hospital and be available to officers of the Department upon request.

## Correction of Forms

Where an error is detected for any data item previously submitted to the Department, then a correction must be submitted. A correction can be made at any time during the reporting year.

## Definitions

The data fields collected in the S8 Form are matched with the item numbers in the Medicare Benefits Schedule (MBS) Book, 1 November 2006, item numbers in Group T2 – Radiation Oncology located at <http://www.health.gov.au/mbsonline>.

This document may also be accessed electronically at:  
<http://www.health.vic.gov.au/aims/man2007.htm>

Output Group 111	Acute Health Services
Form S8	Monthly Return—Radiotherapy Non-Admitted Patients

Treatment Component	Non-Admitted Program (DHS) Radiotherapy Bands	MBS Item Number	Description
Kilovoltage Therapy	SXRT Single fraction	15006	15006: Radiotherapy, Superficial each attendance at which single dose technique is applied
	<b>SXRT</b> Multi fraction	15000	15000: RADIOTHERAPY, SUPERFICIAL (including treatment with xrays, radium rays or other radioactive substances), not being a service to which another item in this Group applies each attendance at which fractionated treatment is given - 1 field  15003- 2 or more fields up to a maximum of 5 additional fields
		15012	15012 – each attendance at which treatment is given to an eye
	DXRT single fraction	15112	Radiotherapy, Deep or orthovoltage attendance at which single dose technique is applied 1 field
	DXRT Multi fraction	15100	<b>15100:</b> RADIOTHERAPY, DEEP OR ORTHOVOLTAGE each attendance at which fractionated treatment is given at 3 or more treatments per week - 1 field
		15106	<b>15106:</b> RADIOTHERAPY, DEEP OR ORTHOVOLTAGE each attendance at which fractionated treatment is given at 2 treatments per week or less frequently - 1 field
Megavoltage Therapy	1-5 fields 6-20 fields 21-40 fields 41-60 fields 61-90 fields 91-120 fields 121-200 fields 200+ fields	<b>Single energy linac</b> 15215, 15218, 15221, 15224, 15227  (Also included are 15230, 15233, 15236, 15239, 15242) involving 2 - 5 fields.	<b>15215:</b> RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (lung)  <b>15218:</b> RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (prostate)  <b>15221:</b> RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site (breast)

Output Group 111	Acute Health Services
Form S8	Monthly Return—Radiotherapy Non-Admitted Patients

Treatment Component	Non-Admitted Program (DHS) Radiotherapy Bands	MBS Item Number	Description
Megavoltage Therapy (Continued)			<p><b>15224:</b> RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to primary site for diseases and conditions not covered by items 15215, 15218 and 15221.</p> <p><b>15227:</b> RADIATION ONCOLOGY TREATMENT, using a single photon energy linear accelerator with or without electron facilities - each attendance at which treatment is given - 1 field - treatment delivered to secondary site</p>

Output Group 111	Acute Health Services
Form S8	Monthly Return—Radiotherapy Non-Admitted Patients

Treatment Component	Non-Admitted Program (DHS) Radiotherapy Bands	MBS Item Number	Description
Megavoltage Therapy (Continued)		<p><b>Dual energy linac</b></p> <p>15245, 15248, 15251, 15254, 15257</p> <p>(Also included are 15263, 15266, 15269, 15272) involving 2 - 5 fields.</p>	<p><b>15245, 15248, 15251, 15254:</b> Radiation Oncology Treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10 MV photons, with electron facilities – each attendance at which treatment is given – 1 field – treatment delivered to primary site</p> <p><b>15257:</b> Radiation Oncology Treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities –each attendance at which treatment is given 1 field- treatment delivered to secondary site</p> <p><b>15260:</b> Radiation Oncology Treatment, using a dual photon energy linear accelerator with a minimum higher energy of at least 10MV photons, with electron facilities – each attendance at which treatment is given – 2 or more fields up to a maximum of 5 additional fields (rotational therapy being 3 fields) – treatment delivery to primary site</p>
<b>Planning Services</b>			
CT Dosimetry	Level 1 Level 2 Level 3 Level 3.1 Level 4 Level 4.1 Level 5	<p>L1: 15518,</p> <p>L2: 15521</p> <p>L3: 15524, 15556,</p> <p>L 3.1: 15536 (Brachy)</p> <p>L4: 15559, L4.1: 15539 (Brachy)</p> <p>L5: 15562,</p>	<p><b>15518:</b> RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks</p> <p><b>15521:</b> RADIATION DOSIMETRY, by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to a single area by 3 or more fields, or by a single field or parallel I opposed fields to 2 areas, or where wedges are used.</p> <p><b>15524:</b> RADIATION DOSIMETRY by a CT interfacing planning computer for megavoltage or teletherapy radiotherapy to 3 or more areas, or by mantle fields or inverted Y fields or tangential fields or irregularly shaped fields using multiple blocks, or offaxis fields, or several joined fields</p>

Output Group 111	Acute Health Services
Form S8	Monthly Return—Radiotherapy Non-Admitted Patients

Treatment Component	Non-Admitted Program (DHS) Radiotherapy Bands	MBS Item Number	Description
CT Dosimetry (Continued)			<p><b>15556:</b> 3D CRT Level 1 – single phase plan with 1 planning target and 1 organ risk</p> <p><b>15536:</b> Brachytherapy Planning, computerised radiation dosimetry</p> <p><b>15559:</b> DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY OF LEVEL 2 COMPLEXITY where:</p> <p>(a) dosimetry for a two phase three dimensional conformal treatment plan using CT image volume dataset(s) with at least one gross tumour volume, two planning target volumes and one organ at risk defined in the prescription; or</p> <p>(b) dosimetry for a one phase three dimensional conformal treatment plan using CT image volume datasets with at least one gross tumour volume, one planning target volume and two organ at risk dose goals or constraints defined in the prescription; or</p> <p>(c) image fusion with a secondary image (CT, MRI or PET) volume dataset used to define target and organ at risk volumes in conjunction with and as specified in dosimetry for three dimensional conformal radiotherapy of level 1 complexity.</p> <p>All gross tumour targets, clinical targets, planning targets and organs at risk as defined in the prescription must be rendered as volumes. The organ at risk must be nominated as planning dose goals or constraints and the prescription must specify the organs at risk as dose goals or constraints. Dose volume histograms must be generated, approved and recorded with the plan. A CT image volume dataset must be used for the relevant region to be planned and treated. The CT images must be suitable for the generation of quality digitally reconstructed radiographic images.</p> <p><b>15539:</b> BRACHYTHERAPY PLANNING, Computerised radiation dosimetry for I125 seed implantation and localised prostate cancer, in association with item 15338.</p>

Output Group 111	Acute Health Services
Form S8	Monthly Return—Radiotherapy Non-Admitted Patients

Treatment Component	Non-Admitted Program (DHS) Radiotherapy Bands	MBS Item Number	Description
CT Dosimetry (Continued)			<p><b>15562:</b> DOSIMETRY FOR THREE DIMENSIONAL CONFORMAL RADIO THERAPY OF LEVEL 3 COMPLEXITY - where:</p> <p>(a) dosimetry for a three or more phase three dimensional conformal treatment plan using CT image volume dataset(s) with at least one gross tumour volume, three planning target volumes and one organ at risk defined in the prescription; or</p> <p>(b) dosimetry for a two phase three dimensional conformal treatment plan using CT image volume datasets with at least one gross tumour volume, and</p> <p style="padding-left: 40px;">(i) two planning target volumes; or (ii) two organ at risk dose goals or constraints defined in the prescription. or</p> <p>(c) dosimetry for a one phase three dimensional conformal treatment plan using CT image volume datasets with at least one gross tumour volume, one planning target volume and three organ at risk dose goals or constraints defined in the prescription; or</p> <p>(d) image fusion with a secondary image (CT, MRI or PET) volume dataset used to define target and organ at risk volumes in conjunction with and as specified in dosimetry for three dimensional conformal radiotherapy of level 2 complexity.</p> <p>All gross tumour targets, clinical targets, planning targets and organs at risk as defined in the prescription must be rendered as volumes. The organ at risk must be nominated as planning dose goals or constraints and the prescription must specify the organs at risk as dose goals or constraints. Dose volume histograms must be generated, approved and recorded with the plan. A CT image volume dataset must be used for the relevant region to be planned and treated. The CT images must be suitable for the generation of quality digitally reconstructed radiographic images</p>

Treatment Component	Non-Admitted Program (DHS) Radiotherapy Bands	MBS Item Number	Description
Non CT Dosimetry	Level 1 Level 2 Level 3	L1: 15527 L2: 15530 L3: 15533	<p><b>15527:</b> RADIATION DOSIMETRY by a non CT interfacing planning computer for megavoltage or teletherapy radiotherapy by a single field or parallel opposed fields to 1 area with up to 2 shielding blocks.</p> <p><b>15530:</b> RADIATION DOSIMETRY by a non CT interfacing planning computer for megavoltage or teletherapy to a single area by 3 or more fields, or by a single field or parallel opposed fields to 2 areas, or where wedges are used.</p> <p><b>15533:</b> RADIATION DOSIMETRY by a non CT interfacing planning computer for megavoltage or teletherapy to 3 or more areas, or by mantle fields or inverted Y fields, or tangential fields or irregularly shaped fields using multiple blocks, or offaxis fields, or several joined fields.</p>
Simulation	Level 1 Level 2 Level 3 Level 3.1 Level 4	L1: 15500 L2: 15503 L3: 15506, L3.1: 15513, (Brachy) L4: 15550, 15553	<p><b>15500:</b> Radiation Field Setting using a simulator or isocentric x-ray or megavoltage machine or CT of a single area for treatment by a single field or parallel opposed fields (not being a service associated with a service to which item 15509 applies)</p> <p><b>15503:</b> Radiation Field Setting using a simulator or isocentric xray or megavoltage machine or CT of a single area, where views in more than 1 plane are required for treatment by multiple fields, or of 2 areas (not being a service associated with a service to which item 15512 applies)</p> <p><b>15506:</b> Radiation Field Setting using a simulator or isocentric xray or megavoltage machine or CT of 3 or more areas, or of total body or half body irradiation, or of mantle therapy or inverted Y fields, or of irregularly shaped fields using multiple blocks, or of offaxis fields or several joined fields ( not being a service associated with a service to which item 15515 applies).</p> <p><b>15513:</b> Radiation Source Localisation using a simulator or x-ray machine or CT of a single area, where views in more than 1 plane are required, for brachytherapy treatment planning for I 125 seed implantation of localised prostate cancer,</p>

Output Group 111	Acute Health Services
Form S8	Monthly Return—Radiotherapy Non-Admitted Patients

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Simulation (Continued)			<p>in association with item 15338.</p> <p><b>15550:</b> SIMULATION FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY without intravenous contrast medium, where:</p> <p>(a) treatment set up and technique specifications are in preparations for three dimensional conformal radiotherapy dose planning; and</p> <p>(b) patient set up and immobilisation techniques are suitable for reliable CT image volume data acquisition and three dimensional conformal radiotherapy treatment; and</p> <p>(c) a high-quality CT-image volume dataset must be acquired for the relevant region of interest to be planned and treated; and</p> <p>(d) the image set must be suitable for the generation of quality digitally reconstructed radiographic images</p> <p><b>15553:</b> SIMULATION FOR THREE DIMENSIONAL CONFORMAL RADIOTHERAPY pre and post intravenous contrast medium, where:</p> <p>(a) treatment set up and technique specifications are in preparations for three dimensional conformal radiotherapy dose planning; and</p> <p>(b) patient set up and immobilisation techniques are suitable for reliable CT image volume data acquisition and three dimensional conformal radiotherapy treatment; and</p> <p>(c) a high-quality CT-image volume dataset must be acquired for the relevant region of interest to be planned and treated; and</p> <p>(d) the image set must be suitable for the generation of quality digitally reconstructed radiographic images</p>

Output Group 111	Acute Health Services
Form S8	Monthly Return—Radiotherapy Non-Admitted Patients

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Consultation	Initial	104, 871, 872	<b>104: SPECIALIST, REFERRED CONSULTATION - SURGERY OR HOSPITAL</b>
	Subsequent	105	(Professional attendance at consulting rooms or hospital by a specialist in the practice of his or her specialty where the patient is referred to him or her)
	Treatment Review ( <i>cost included in MVT bands</i> )	3032 - 3093	<p>- <b>INITIAL</b> attendance in a single course of treatment, not being a service to which item 106 applies</p> <p><b>871:</b> multidisciplinary cancer case conference 3 other medicos</p> <p><b>872:</b> multidisciplinary cancer case conference 4 other medicos</p> <p><b>105:</b> Each attendance <b>SUBSEQUENT</b> to the first in a single course of treatment.</p> <p><b>3032: CASE CONFERENCES - PALLIATIVE MEDICINE SPECIALIST</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to ORGANISE AND COORDINATE A COMMUNITY CASE CONFERENCE, where the conference time is at least 15 minutes, but less than 30 minutes, with a multidisciplinary team of at least three other formal care providers of different disciplines.</p> <p><b>3040:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to ORGANISE AND COORDINATE A COMMUNITY CASE CONFERENCE, where the conference time is at least 30 minutes, but less than 45 minutes, with a multidisciplinary team of at least three other formal care providers of different disciplines.</p> <p><b>3044:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to ORGANISE AND COORDINATE A COMMUNITY CASE CONFERENCE, where the conference time is at least 45 minutes, with a multidisciplinary team of at least three other formal care providers</p>

Output Group 111	Acute Health Services
Form S8	Monthly Return—Radiotherapy Non-Admitted Patients

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Consultation (Continued)			<p>of different disciplines.</p> <p><b>3051:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to PARTICIPATE IN A COMMUNITY CASE CONFERENCE, (other than to organise and to coordinate the conference) where the conference time is at least 15 minutes, but less than 30 minutes, with a multidisciplinary team of at least two other formal care providers of different disciplines</p> <p><b>3055:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to PARTICIPATE IN A COMMUNITY CASE CONFERENCE, (other than to organise and to coordinate the conference) where the conference time is at least 30 minutes, but less than 45 minutes, with a multidisciplinary team of at least two other formal care providers of different disciplines</p> <p><b>3062:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to PARTICIPATE IN A COMMUNITY CASE CONFERENCE, (other than to organise and to coordinate the conference) where the conference time is at least 45 minutes, with a multidisciplinary team of at least two other formal care providers of different disciplines.</p> <p><b>3069:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to ORGANISE AND COORDINATE A DISCHARGE CASE CONFERENCE, where the conference time is at least 15 minutes, but less than 30 minutes, with a multidisciplinary team of at least three other formal care providers of different disciplines</p> <p><b>3074:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to ORGANISE AND COORDINATE A DISCHARGE CASE CONFERENCE, where the conference time</p>

Output Group 111	Acute Health Services
Form S8	Monthly Return—Radiotherapy Non-Admitted Patients

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Consultation (Continued)			<p>is at least 30 minutes, but less than 45 minutes, with a multidisciplinary team of at least three other formal care providers of different disciplines</p> <p><b>3078:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to ORGANISE AND COORDINATE A DISCHARGE CASE CONFERENCE, where the conference time is at least 45 minutes, with a multidisciplinary team of at least three other formal care providers of different disciplines</p> <p><b>3083:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to PARTICIPATE IN A DISCHARGE CASE CONFERENCE, where the conference time is at least 15 minutes, but less than 30 minutes, with a multidisciplinary team of at least two other formal care providers of different disciplines</p> <p><b>3088:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to PARTICIPATE IN A DISCHARGE CASE CONFERENCE, where the conference time is at least 30 minutes, but less than 45 minutes, with a multidisciplinary team of at least two other formal care providers of different disciplines</p> <p><b>3093:</b> Attendance by a consultant physician or specialist practising in the specialty of palliative medicine, as a member of a case conference team, to PARTICIPATE IN A DISCHARGE CASE CONFERENCE, where the conference time is at least 45 minutes, with a multidisciplinary team of at least two other formal care providers of different disciplines.</p>