ASTRO Model Policies

BRACHYTHERAPY

This Model Policy addresses coverage for Brachytherapy.

DESCRIPTION

Radiation oncology consists of two primary treatment modalities: external beam radiation therapy (EBRT) and brachytherapy. Brachytherapy is a type of radiation therapy that utilizes natural or manufactured radioactive isotopes or radionuclides that are temporarily or permanently implanted to treat malignancies or certain benign conditions and derives a physical advantage based upon the inverse square law of physics. Brachytherapy is accomplished by implanting a sealed radioactive source directly in or adjacent to the tumor or treatment site. The basic clinical brachytherapy formats are: superficial, interstitial, intracavitary or intraluminal therapy. "Electronic" brachytherapy, which utilizes miniature X-ray sources operating at low-kilovoltage energies to approximate dose distributions achieved with radionuclide brachytherapy for selected cases, is an emerging treatment modality and not subject to this Model Policy. Brachytherapy may use a solid radioactive source, such as a 'seed' or liquid colloid isotopes and may be either temporary or permanent. Further, brachytherapy may be called high-dose-rate or low-dose-rate depending on the dose delivery per hour.

Brachytherapy may be used independently as the sole treatment or as an adjunctive treatment in combination with external beam therapy and other modalities such as surgery or chemotherapy.

Brachytherapy may be performed concomitantly with surgical resection or in conjunction with procedures such as endoscopy or angioplasty, which are required to achieve access to the site of the disease. There are two distinct phases to the brachytherapy process: the insertion of radioelements through catheters, needles or other special devices called brachytherapy applicators, and the loading of the radioactive material (the active or therapeutic agent) into the conduits or directly into tissue.

The typical requirements of brachytherapy may involve:

- Treatment planning (77263)
  Brachytherapy treatment planning is routinely designated complex (CPT code 77263) because it requires complex treatment volume design, dose levels near normal tissue tolerance, analysis or special tests, complex fractionation, or delivery concurrent with other therapeutic modalities or treatment of previously irradiated tissues.
- Dosimetry (77300)
  Brachytherapy requires certain calculations to be made throughout the course of treatment. Each basic dosimetry calculation may be submitted when performed for brachytherapy treatment.
- Treatment management
  The management of brachytherapy includes the overall management of the patient during the course of radiation therapy. It includes review of the treatment record to assure that the therapy is proceeding according to the radiation plan and dose prescription, medical evaluation of the patient during the course of treatment, making the necessary adjustments to the applicator during the course of treatment, and any other modifications or clinical interventions needed to assure safe and effective treatment during the clinical course of therapy.
- Special treatment procedure (77470)
  The delivery of brachytherapy often requires special arrangements with the operating room, radiation safety team and/or inpatient ward, coordination with other specialists, preparation and provision of the applicators and related equipment, scheduling and integration of required physics support, and acquisition and preparation of the radiation sources. Brachytherapy is often delivered in conjunction with external radiation, chemotherapy or surgery. Integration of these processes makes brachytherapy a special treatment procedure.

- Simulation (77280-77290)
  For brachytherapy, simulation may require the use of imaging examinations of the implanted sources or applicator(s) containing dummy (i.e., non-radioactive) sources. These films of the implanted sources are used to verify quality of applicator positioning, develop isodose curves and other dosimetry, and may be billed separately, when appropriate.
- Isodose planning (77316-77318), (77295)
  Brachytherapy requires an isodose plan. This plan determines the dose at each implanted source and throughout the treatment volume and doses to surrounding normal tissue. CPT Codes 77316, 77317, and 77318 include basic dosimetry, so 77300 cannot be billed with these codes. CPT code 77295 may be billed as part of the brachytherapy process when the needed parameters are included (i.e., 3-D volume reconstruction with DVH for target and normal tissues, etc.). The NCCI procedure to procedure edit for CPT Codes 77300 and 77295 was deleted in October 2016.
- Handling and Loading of Radioelement (77790)
  Where brachytherapy techniques require the manual loading of an isotope (LDR), the supervision, loading and handling of the isotope may be separately reported. (Do not report in conjunction with 77778).
- Source Application/Placement (77750, 77761-77763, 77767-77772, 77778 and 77789)
  Selection and placement of after-loading applicators and the loading and unloading of radioactive sources may be performed by the radiation oncologist alone or in collaboration with another physician.
- Applicator placement
  The choice of applicators and the actual placement of the after-loading device may be performed by the radiation oncologist alone or in collaboration with another physician (e.g., gynecologist, urologist, pulmonologist).
- Treatment devices (77332-77334)
  Treatment devices may include the use of certain templates, molds or other apparatus that may be required for specific clinical circumstances. These may be covered as treatment devices.
- Medical Physics Services (77336, 77370, 77331)
  CPT code 77336 is a "weekly code;" however, for radiation therapy treatment that is not administered in five weekly fractions (such as brachytherapy) or for a course of radiation therapy consisting of one or two fractions, code 77336 may be reported.

  CPT code 77370 may be justified for the complex interrelationships of electron and photon ports and complex dosimetric considerations in brachytherapy, including high-dose-rate remote afterloader applications, intravascular brachytherapy treatments and interstitial radioactive seed implantation.

  CPT code 77331 is Special dosimetry (e.g., TLD, microdosimetry) when prescribed by a physician. In some instances, measurement of the delivered radiation dose may be used to guide and determine the dose to selected positions within or around the implant treatment volume.

CPT/HCPCS CODES:

Many of the CPT codes in the radiation oncology section can be used for both external beam radiation therapy (EBRT) and brachytherapy, while others are specific to one modality or the other. The CPT codes below, with the exception of 77261-77263, 77280-77295, 77336 and 77370 are those CPT codes specific only to brachytherapy. CPT codes 77300 (Basic Dosimetry), 77332-77334 (Treatment devices, designs and construction), 77336 (Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy), 77370 (Special medical radiation physics consultation) and 77470 (Special treatment procedure) are also relevant to brachytherapy.

77261 Therapeutic radiology treatment planning; simple

77262 ; intermediate

77263 ; complex

77280 Therapeutic radiology simulation-aided field setting; simple

77285 ; intermediate

77290 ; complex

77295 Three-dimensional radiotherapy plan, including dose-volume histograms

77316 Simple Isodose Planning - Calculation(s) made from one to four sources or remote afterloading brachytherapy, one channel. Includes basic dosimetry calculation(s)

77317 Intermediate Isodose Planning - Calculation(s) made from five to 10 sources, or remote afterloading brachytherapy, two to 12. Includes basic dosimetry calculation(s)

77318 Complex Isodose Planning – Calculation(s) made from more than 10 sources, or remote afterloading brachytherapy, more than 12 channels. Includes basic dosimetry calculation(s)

77331 Special Dosimetry (e.g., TLD, microdosimetry) (specifiy), only when prescribed by the treating physician

77336 Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy

77370 Special medical radiation physics consultation

77470 Special treatment procedure (e.g., total body irradiation, hemibody radiation, per oral, endocavitary or intraoperative cone irradiation)

The codes used for brachytherapy are categorized in three ways. First, brachytherapy codes are distinguished by the rate at which the dose of radiation is given. There are two major categories:

- Low-dose-rate (LDR) radiation therapy is delivered at a rate less than or equal to 2 Gy/hour at the prescription point.
- High-dose-rate (HDR) radiation therapy is delivered at a dose rate greater than 12 Gy/hour at the prescription point.

The codes can also be categorized by the anatomical position of the applicator relative to the treatment site. There are three categories:

- Interstitial application sources are inserted directly into a tumor, through a surgically created pathway for implant placement, such as breast or prostate.
- Intracavitary (also called intraluminal) application sources are inserted into a body cavity, such as the vagina, uterus, bronchus or esophagus.
- Surface application sources are placed directly on the eye (conjunctiva), skin, breast or other external target surface.

The third dimension to the codes is the procedure's level of complexity. Complexity is determined either by the number of sources, in the case of LDR, or the number of channels, in the case of HDR brachytherapy.

LDR sources can be applied temporarily and removed or can be applied permanently. All HDR brachytherapy is temporary and is sometimes referred to as remote afterloading because it is performed using a computerized robotic delivery device.

77750 Infusion or instillation of radioelement solution (includes 3-month follow-up care)

77761 Intracavitary radiation source application; simple; 1 to 4 sources

77762 ; intermediate; 5 to 10 sources

77763 ; complex; more than 10 intracavitary sources

77778 Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed; more than 10 interstitial sources

77789 Surface application of low-dose-rate radionuclide source

77790 Supervision, handling, loading of radiation source, do not report in conjunction with 77778

77799 Unlisted procedure, clinical brachytherapy

Q3001 Radioelements for brachytherapy, any type, each

There are brachytherapy-specific codes for HDR radiation treatment delivery. The following levels of complexity are recognized according to the number of channels utilized on the HDR treatment device.

77767 1 channel
Remote afterloading high-dose-rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel

77768 2 or more channels
Remote afterloading high-dose-rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions

77770 1 channel
Remote afterloading high-dose-rate interstitial or intracavitary radionuclide brachytherapy; includes basic dosimetry, when performed, 1 channel

77771 2-12 channels
Remote afterloading high-dose-rate interstitial or intracavitary radionuclide brachytherapy; includes basic dosimetry, when performed, 2 to 12 channels

77772 over 12 channels
Remote afterloading high-dose-rate interstitial or intracavitary radionuclide brachytherapy; includes basic dosimetry, when performed, more than 12 channels

PROCEDURE GUIDANCE CODES

55860 Exposure of prostate, any approach, for insertion of radioactive substance

76872 Ultrasound, transrectal

76873 Echography, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)

76965 Ultrasonic guidance for interstitial radioelement application

76000 Fluoroscopy (separate procedure), up to one-hour physician time, other than 71023 or 71034 (eg, cardiac fluoroscopy)

76001 Fluoroscopy, physician time more than one hour, assisting a non-radiologic physician (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)

76641 Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete

76642 Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited

76942 Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation

76965 Ultrasound guidance for the interstitial radioelement application

77002 Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)

77012 Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation

77014 Computed tomography guidance for placement of radiation therapy fields

77021 Magnetic resonance guidance for needle placement

Anatomical Region: Skin
17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue

Anatomical Region: Breast
19296 Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy

19297 Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure) (Use 19297 in conjunction with 19301 or 19302)

19298 Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance

Anatomical Region: Musculoskeletal
20555 Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)

Anatomical Region: Trachea and Bronchi
31627 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) with computer-assisted, image-guided navigation

Anatomical Region: Lung
31643 Bronchoscopy (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application (For intracavitary radioelement application, see 77761-77763, 77770, 77771, 77772)

32553 Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple

Anatomical Region: Head and Neck (including Brain)
41019 Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application

0190T Placement of intraocular radiation source applicator

Anatomical Region: Upper Gastrointestinal
43241 Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement

Anatomical Region: Abdomen, Peritoneum, and Omentum
49411 Placement of interstitial device(s) for radiation therapy guidance (e.g., fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate) and/or retroperitoneum, single or multiple

55920 Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application

57155 Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy

57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy

58346 Insertion of Heyman capsules for clinical brachytherapy

58999 Unlisted procedure, female genital system (nonobstetrical)

Anatomical Region: Prostate

55875 Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy.

MEDICARE HOSPITAL OUTPATIENT CODES FOR SOURCES AND DEVICES

When hospitals bill Medicare for services performed in the hospital outpatient setting, Medicare will make payment for the LDR source in addition to the treatment delivery.

C1715 Brachytherapy needle
C1717 Brachytherapy source, non-stranded, high-dose-rate ridium-192, per source
C1728 Catheter, brachytherapy seed administration
C1716 Brachytherapy source, non-stranded, gold-198, per source
C1717 Brachytherapy source, non-stranded, high-dose-rate iridium-192, per source
C1719 Brachytherapy source, non-stranded, non-high-dose-rate iridium-192, per source
C2616 Brachytherapy source, non-stranded, yttrium-90, per source
C2634 Brachytherapy source, non-stranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source
C2635 Brachytherapy source, non-stranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source
C2636 Brachytherapy linear source, non-stranded, palladium-103, per 1 mm
C2637 Brachytherapy source, non-stranded, ytterbium-169, per source
C2638 Brachytherapy source, stranded, iodine-125, per source
C2639 Brachytherapy source, non-stranded, iodine-125, per source
C2640 Brachytherapy source, stranded, palladium-103, per source
C2641 Brachytherapy source, non-stranded, palladium-103, per source
C2642 Brachytherapy source, stranded, cesium-131, per source
C2643 Brachytherapy source, non-stranded, cesium-131, per source
C2645 Brachytherapy planar source, palladium-103, per square millimeter
C2698 Brachytherapy source, stranded, not otherwise specified, per source
C2699 Brachytherapy source, non-stranded, not otherwise specified, per source
A9527 Iodine I-125, sodium iodide solution, therapeutic, per millicurie

CMS' National Policy:

- Title XVIII of the Social Security Act, section 1862 (a)(7)
  - This section excludes routine physical checkups.
- Title XVIII of the Social Security Act, section 1862 (a)(1)(A)
  - This section states that no Medicare payment shall be made for items or services that are not reasonable and necessary for the diagnosis or treatment of illness or injury.
- Title XVIII of the Social Security Act, section 1833 (e)
  - This section prohibits Medicare payment for any claim that lacks the necessary information for processing.
- Medicare Carrier's Manual, section 15022 (B) (1 and 2)
  - This section prohibits payment of the technical component of radiological procedures by Medicare Part B to hospital inpatients.
- Medicare Carrier's Manual, section 15022 (D)(2 and 4)
  - This section describes the services that are bundled with brachytherapy procedures.

INDICATIONS AND LIMITATIONS OF COVERAGE AND/OR MEDICAL NECESSITY

Indications For Coverage

Brachytherapy may be indicated as a primary or adjunctive therapy in a variety of tumors. A dose rate is selected based on the individual needs of the patient. LDR (low-dose-rate) and HDR (high-dose-rate) brachytherapy are two delivery systems for brachytherapy that use radioactive material to deliver a dose of intensive radiation therapy to a specific well-defined local site (treatment volume). In both LDR and HDR the treatment site should be defined and accessible to the applicators that are the delivery medium for the radioactive sources. This is done to treat a primary or metastatic neoplasm, while sparing sensitive, adjacent normal tissues. LDR and HDR procedures may be given with intent to cure, intent to palliate or to obtain local control (either cure or palliation). Both may be given in conjunction with a course of external beam radiation therapy, or as single modalities.

- LDR is usually delivered over one to several days in a hospital setting; however, LDR may consist of permanently implanted sources and be performed as either an ambulatory or in-patient procedure that delivers radiation as the isotope decays.
- HDR is performed by using a remote afterloading device to deliver the radioactive source(s). HDR allows the dose to be delivered customarily in minutes and usually on an outpatient basis and is often given in a series of multiple fractions.
- Pulsed Dose Rate (PDR) Brachytherapy: Uses sources of intermediate strength and delivers a series of doses on a 1-2 hourly schedule over a 1-2 day treatment period. It is also a form of remote afterloading.

Limitations of Coverage

- Although radiographs may be used in brachytherapy simulation, these images should not be reported as port-films.
- Follow-up visits for 90 days after treatment are not separately payable for CPT codes 77750 and 77761-3. A 90-day global period also effectively applies to HDR treatment (CPT codes 77767-8 and 77770-2) when Radiation Treatment Management (CPT code 77427) is reported during the HDR treatment course. CPT codes 77778 and 77789 are not subject to 90-day global period payment restrictions.
- Only a physician authorized as an authorized user by the Nuclear Regulatory Commission or an Agreement State for brachytherapy should work with radioactive materials.
- Products used for the patient's comfort may not be charged as treatment devices (e.g., pillows, pads or cushions).

ICD-10-CM Codes that may be Associated with Medical Necessity

Note: Diagnosis codes are based on the current ICD-10-CM codes that are effective at the time of the Model Policy publication. Any updates to ICD-10-CM codes will be reviewed by ASTRO, and coverage should not be presumed until the results of such review have been published/posted. These ICD diagnosis codes may support medical necessity under this Model Policy.

Regarding non-melanomatous skin cancers, a distinction should be made between electronic brachytherapy and radionuclide brachytherapy. Radionuclide brachytherapy is a historical treatment modality for skin cancers, and a variety of effective treatment techniques and dose schedules have been developed and used for both LDR and HDR treatments. This form of brachytherapy is particularly useful for patients that may benefit from a shorter treatment course or more precise dosimetry that this modality allows as compared to external beam techniques and should be considered a standard radiotherapy option. Electronic brachytherapy, however, has been more recently applied to skin cancer treatment for which sufficient outcomes data are accruing.

TRUNCATED DIAGNOSIS CODES ARE NOT ACCEPTABLE.

System	Site	ICD-10 Codes
Head and Neck	Lip	C00.0 - C00.9
	Tongue	C01 - C02.9
	Major salivary glands	C07 - C08.9
	Gum	C03.0 - C03.9
	Floor of mouth	C04.0 - C04.9
	Other parts of the mouth	C05.0 - C06.9
	Oropharynx	C09.0 - C10.9
	Nasopharynx	C11.0 - C11.9
	Hypopharynx	C12 - C13.9
	Nasal cavities, middle ear and accessory sinuses	C30.0 - C31.9
	Larynx	C32.0 - C32.9
Digestive Organs and Peritoneum	Esophagus	C15.3 - C15.9
	Stomach	C16.0 - C16.9
	Small intestine	C17.0 - C17.9
	Colon	C18.0 - C18.9
	Rectum, rectosigmoid, anus	C19 - C21.8
	Liver, intrahepatic bile ducts	C22.0 - C22.9
	Gallbladder, extrahepatic bile ducts	C23 - C24.9
	Pancreas	C25.0 - C25.9
	Retroperitoneum, peritoneum	C45.1 C48.0 - C48.8
Respiratory and Intrathoracic Organs	Trachea, bronchus and lung	C33 - C34.92
	Pleura	C38.4 C45.0
	Thymus, heart and mediastinum	C37 - C38.8 C45.2
	Stenosis of coronary artery stent	T82.855A
Bone, connective tissue and skin	Bone	C40.00 - C41.9
	Connective and other soft tissue	C47.0 - C49.9
	Skin	C43.0 - C44.99 D03.0 - D03.9
	Kaposi's sarcoma	C46.0- C46.9
	Merkel cell carcinoma	C4A.0 - C4A.9 D3A.00 - D3A.8 C7B.00 - C7B.1

Breast	Female breast	C50.011 - C50.019 C50.111 - C50.119 C50.211 - C50.219 C50.311 - C50.319 C50.411 - C50.419 C50.511 - C50.519 C50.611 - C50.619 C50.811 - C50.819 C50.911 - C50.919 D05.00 - D05.92
	Male breast	C50.021 - C50.029 C50.121 - C50.129 C50.221 - C50.229 C50.321 - C50.329 C50.421 - C50.429 C50.521 - C50.529 C50.621 - C50.629 C50.821 - C50.829 C50.921 - C50.929

Genitourinary organs	Cervix	C53.0 - C53.9
	Uterus	C55 C54.0 - C54.9
	Ovary and adnexa	C56.1 - C57.4
	Other female genital organs	C51.0 - C52 C57.7 - C57.9
	Prostate	C61
	Testis	C62.00 - C62.90
	Penis and other male genital organs	C60.0 - C60.9 C63.00 - C63.9
	Bladder	C67.0 - C67.9
	Kidney	C64.1 - C66.9 C68.0 - C68.9

Other sites	Eye	C69.00 - C69.92
	Brain, other parts of nervous system	C70.0 - C72.9
	Endocrine glands	C73 C74.00 - C75.9
	Benign neoplasms of brain, cranial nerves and meninges	D32.0 - D33.3
	Benign neoplasms of pituitary, pineal, aortic body and other paraganglia	D35.2 - D35.6
	Hypertrophic scar	L91.0

Malignant neoplasm of other and ill-defined sites	Various regions	C76.0 - C76.8 C45.7
Secondary and unspecified malignant neoplasm of lymph nodes	Lymph node metastases	C77.0 - C77.9
Secondary malignant neoplasm of respiratory, digestive and other specified sites	Metastatic disease other than lymph node metastases	C78.00 - C80.1 C45.9
Lymphatic and hematopoietic tissue	Non-Hodgkin's lymphoma	C82.00 - C86.6 C91.40 - C91.42 C96.A C96.0 - C96.9 C96.Z
	Hodgkin's lymphoma	C81.00 - C81.99
	Multiple myeloma	C90.00

Neoplasms of uncertain behavior		Need specific sites
Nervous System		C00- D49

Limitations of Coverage

Brachytherapy is not considered reasonable and medically necessary unless at least one of the criteria listed in the "Indications of Coverage" section of this policy is present.

- A claim for brachytherapy submitted without a valid ICD-10-CM diagnosis code will be returned as an incomplete claim under 1833 (e).
- A claim for brachytherapy submitted without one of the ICD-10-CM diagnoses codes listed in the "ICD-10-CM Diagnosis Codes That Support Medical Necessity" section of this policy.
- CPT Evaluation and Management (E/M) codes are available for use by the physician when seeing new patients in the office, the freestanding clinic, hospital setting or ambulatory service center (ASC).
- The physician's professional component for the brachytherapy procedure includes any necessary hospital admission and hospital care during the time that the patient is undergoing the brachytherapy procedure. Admission, subsequent hospital care and discharge day summary is included in the global fee for brachytherapy procedure.
- When E/M services are performed on the same day as brachytherapy, a –25 modifier should accompany the E/M consultation code to reflect that a separate E/M service was provided on the same day.

Documentation Requirements

Documentation in the patient's medical records must support:

- Documentation supporting the medical necessity of these services, such as ICD-10-CM codes, must be submitted with each claim.
- The treatment goal (curative, palliative or tumor control) must be documented in the medical record.
- The record must contain documentation of the patient's informed consent to treatment.
- A written, signed and dated prescription or treatment plan designed by the radiation oncologist must be on file. The prescription must include the following information: designation of the treatment site, designation of the isotope, designation of the number of source positions, and the planned dose to selected points described during dosimetry.
- Given the multiplicity of services that are inherent in brachytherapy, it is essential that the medical records reflect each service in a clear linear and temporally logical form. Flow charts, where helpful, are recommended. All procedures should be documented with a procedural note. A treatment summary should be prepared.
- Since HDR treatments are typically given as a series (often twice daily, over a period of days or weeks) they should be individually documented.

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The medical literature regarding brachytherapy is extensive. The following list comprises a compilation of selected peer reviewed publications reporting clinical outcomes in patients treated with brachytherapy organized by disease site.

Bladder

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Brain

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Breast

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