Radiation therapy and stereotactic radiosurgery service standards.

(A) Each radiation therapy service shall evaluate the patient and assess tumors.

(1) The evaluation shall be conducted by a radiation oncologist and shall include a medical history, a physical examination, a review of the patient's diagnostic studies and reports, and, when appropriate, consultation by the radiation oncologist with the referring physician.

(2) The assessment of tumors shall include a definition of tumor, location, and the extent and stage of the tumor.

(B) Each radiation therapy service shall provide the following as necessary to meet the needs of the patient:

(1) Consultation;

(2) Treatment planning, including the selection of dose, selection of treatment modality, and selection of treatment technique;

(3) Determination of optimal treatment program and calculation of dose;

(4) Simulation of treatment; and

(5) Clinical treatment management and patient education.

(C) Each stereotactic radiosurgery service shall establish policies and implement procedures for the follow-up of patients who are treated with curative intent and patients who are treated with palliative intent by the radiation oncologist and/or the neurosurgeon.

(1) A radiation oncologist and/or a neurosurgeon shall establish a post-treatment follow-up plan for each patient.

(2) Each stereotactic radiosurgery service shall establish policies and procedures to provide for the long term follow-up of patients treated with curative intent. The follow-up of patients treated with curative intent shall be for a five-year period whenever feasible or practical. The follow-up shall include documentation of the outcome of therapy including the results of treatment such as tumor control or survival, and significant sequelae.

(3) If the stereotactic radiosurgery service is unable to conduct the follow up as planned, the service shall document the reason in the patient's medical record.

(D) Radiation therapy shall be provided only upon written order of a radiation oncologist. Each radiation therapy service shall communicate with referring physicians regarding the radiation therapy.
(E) Stereotactic radiosurgery shall be provided only upon written order of a radiation oncologist and/or a neurosurgeon. Each stereotactic radiosurgery service shall communicate with referring physicians regarding the stereotactic radiosurgery.

(F) Each radiation therapy service and stereotactic radiosurgery service shall comply with the requirements pertaining to the Ohio cancer incidence surveillance system established under sections 3701.261 to 3701.263 of the Revised Code and Chapter 3701-4 of the Administrative Code.

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