

**RULES
OF
DEPARTMENT OF COMMUNITY HEALTH**

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http://rules.sos.state.ga.us/pages/DEPARTMENT_OF_COMMUNITY_HEALTH/index.html.

**111-2
HEALTH PLANNING**

**111-2-2
Certificate of Need**

111-2-2-.43 Specific Review Considerations for Stereotactic Radiosurgical Services

(1) Applicability. A certificate of need will be required for the establishment of any new or expanded stereotactic radiosurgical service. Any such establishment or expansion shall be reviewed solely under the general considerations of 111-2-2-.09.

(2) Definitions.

- (a) "Expansion" means the addition of units of stereotactic radiosurgical services equipment, regardless of cost, or the expenditure of funds in excess of the current capital expenditure threshold in association with stereotactic radiosurgical services;
- (b) "Stereotactic Radiosurgical Services" means the provision of therapeutic services as a primary treatment or as a boost or adjunct to other treatments through the precise delivery of high dose radiation in a single session or in fractionated sessions of no more than five per course of treatment. Such treatment involves the use of highly focused radiation beams delivered to a specific area of the brain or body to treat abnormalities, tumors, or other functional disorders. Additionally, this treatment typically employs three-dimensional computer-aided planning and a high degree of immobilization of the head or body. There are three basic forms of stereotactic radiosurgery represented by three different technological instruments. Each instrument operates differently and has a different source of radiation. The three are: Particle beam (proton), Cobalt 60 based (photon), and Linear accelerator based. At the time of the adoption of these Rules, the brand names of stereotactic radiosurgical equipment include [Gamma Knife®](#), a photon based unit, and the following linear accelerator based units: [X-Knife®](#), [SynergyS®](#), [Trilogy®](#), [Novalis®](#), and [CyberKnife®](#).

AUTHORITY: O.C.G.A. §§ 31-5A *et seq.* and 31-6 *et seq.*