

**PATHOLOGY AND LABORATORY MEDICINE SERVICES (P&LMS)
PRODUCTIVITY AND STAFFING**

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive defines the policy for monitoring and assessing doctorate level productivity and staffing within Pathology and Laboratory Medicine Service (P&LMS).

2. SUMMARY OF CONTENT: This new directive establishes policy for monitoring and assessing doctorate level productivity and staffing within Pathology and Laboratory Medicine Service (P&LMS).

3. RELATED ISSUES: VHA Directive 1106 and VHA Handbook 1106.01.

4. RESPONSIBLE OFFICE: The Pathology and Laboratory Medicine Services, Diagnostic Services (10P11P) is responsible for the content of this VHA directive. Questions may be directed to P&LMS Program Office at 202-632-8418.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Executive in Charge

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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PATHOLOGY AND LABORATORY MEDICINE SERVICES (P&LMS) PRODUCTIVITY AND STAFFING

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for monitoring and assessing doctorate level productivity and staffing (excluding trainees) within Pathology and Laboratory Medicine Service (P&LMS), and reviewing the annual physician productivity report to maintain service productivity and staffing at VA medical facilities. **NOTE:** *VHA Handbook 1065.01, Productivity and Staffing Guidance for Specialty Providers Group Practice, dated May 4, 2015 specifically does not apply to Pathology and Laboratory Medicine Services (P&LMS) Productivity and Staffing.* **AUTHORITY:** Title 38 United States Code (U.S.C.) 1706 and 8110.

2. BACKGROUND

a. In January 2003, the Deputy Under Secretary for Health for Operations and Management charged a VHA Advisory Group on Physician Productivity with developing productivity models for physicians in VHA. To address the Under Secretary for Health charge, VHA's Office of Productivity, Efficiency, and Staffing (OPES) developed Physician Productivity, Benchmarks, and Study Data as a data source.

b. In December 2012, a Department of Veterans Affairs (VA) Office of Inspector General (OIG) audit of VA physician staffing levels in Specialty Care Services discovered that of the 33 Specialty Care Services, that had productivity measures and standards in place, only two specialty care services had effective methodologies for determining an ensuring appropriate staffing levels.

c. It was concluded that, despite expressed concerns over individual physician productivity measures, VHA must proceed and implement physician productivity standards at the service level and incorporate those standards into an effective staffing model. In addition, medical facility management must receive specific guidance for the development and annual review of staffing plans.

3. DEFINITIONS

a. **Clinical Administrative Time.** Clinical administrative time is the clinical activity in pathology that does not generate Relative Value Units (RVU). The Full Time Equivalent Employees (FTEE) devoted to clinical administrative time is not to be included in the FTEE used for calculation of median productivity measures and must be treated as administrative, non-clinical time in Managerial Cost Accounting (MCA) labor mapping.

b. **Clinical Full Time Equivalent Employee (FTEE).** Clinical FTEE is the FTEE portion of doctorate level VA employee (excluding trainees) devoted to clinical direct patient care as assigned in MCA labor mapping. This portion of FTEE will be used in productivity calculations. Clinical direct patient care is defined for pathologists as those activities involving the manipulation of patient specimens and data to generate and

ensure the integrity of laboratory results and laboratory direction as outlined in VHA Handbook 1106.01, Pathology and Laboratory Medicine Service (P&LMS) Procedures, dated January 29, 2016.

c. **Current Procedural Terminology.** Current Procedural Terminology (CPT) is the American Medical Association's defined numerical code for a service or procedure performed by a healthcare professional. For VHA laboratories, a standard list of CPT Codes has been defined for pathologist workload reporting and is available on the P&LMS Web site: http://vaww.lab.med.va.gov/Data_and_Coding_Resources_P.asp. **NOTE:** *This is an internal VA Web site that is not available to the public.*

d. **Delegated Non-physician.** A delegated non-physician is a non-physician subordinate to whom clinical administrative duties are delegated. A delegated non-physician may include Doctor of Philosophy (Ph.D.), Physician's Assistant (P.A.), Medical Technologist (M.T.), or a Medical Laboratory Specialist (M.L.S.) and refers to an individual who is not a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.).

e. **Delegation of Duties.** As indicated by 42 Code of Federal Regulations (CFR) 493, certain supervisory and technical activities may be delegated to qualified non-physicians or divided between physicians. Categories of Clinical Administrative Time are considered to represent a total time involvement at the service level regardless of whether an individual category is delegated or not. Delegation of duties to non-physician staff should result in corresponding labor mapping changes to the workload for those individuals.

f. **Estimated Clinical FTEE.** The estimated clinical FTEE is the total FTEE required to support daily clinical activities in a VA medical facility laboratory. The estimated clinical FTEE does not include hospital or service administrative functions, human resource, education, research, or coverage for vacations or sick-leave. Such FTEE represents the sole effort required for clinical operation of the lab and is the sum of RVU-generating and non-RVU-generating clinical workload. Estimated Clinical FTEE is calculated with the following equation: Estimated Clinical FTEE = (Total Service Clinical Administrative FTEE) + (Total Service Work Relative Value Unit (wRVU)/Current Facility Complexity Level Median Pathology wRVU per Clinical FTEE from OPES Standards Table [posted in periodic Practice Management Reports]). **NOTE:** *Labor mapping guidance and a sample calculation is provided in Appendix C and on the P&LMS Web site: http://vaww.lab.med.va.gov/Data_and_Coding_Resources_P.asp. NOTE: This is an internal VA Web site that is not available to the public.*

g. **Facility Complexity Level Median Pathology.** Total Service Work Relative Value Unit (wRVU). The median wRVU per Pathologist FTEE for a VA medical facility's complexity level. This value is supplied in Office of Productivity Efficiency and Staffing (OPES) Specialty Physician Productivity Standards Performance & Outlier Report. Report is available on the OPES Web site: <https://opes.vssc.med.va.gov/pages/default.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

h. **Laboratory Director.** Laboratory director means the signatory of the Clinical Laboratory Improvement Amendments (CLIA) laboratory certificate as described in VHA Handbook 1106.01.

i. **Laboratory Management Index Program.** Laboratory Management Index Program (LMIP) is the name given to the functionality in Veterans Health Information and Technology Architecture (Vista) software designed to capture and tabulate both technical and professional workload as it relates to the performance of ordered/billable tests in VA laboratories.

j. **Labor Mapping.** For pathology specialty, there is a significant amount of non-RVU generating clinical activity involving the day-to-day management of clinical laboratories. This workload, referred to as clinical administrative time, will be mapped as administrative time using the MCA's Decision Support System (DSS) labor mapping rules and is not included in the calculation for pathologist clinical FTEE. Pathology non-clinical labor mapping guidelines can be found on the P&LMS Web site:

http://vaww.lab.med.va.gov/Data_and_Coding_Resources_P.asp. **NOTE:** *This is an internal VA Web site is not available to the public.*

k. **Managerial Cost Accounting.** MCA means the process of accumulating, measuring, analyzing, interpreting, and reporting cost information useful to both internal, and external groups concerned with the way the organization uses, accounts for, safeguards and controls its resources to meet its objectives. MCA assists budgeting, financial accounting, and reporting and provides useful information to leadership.

l. **Pathologist Clinical FTEE.** The number of Pathologist Clinical FTEE is computed from the Personnel and Accounting Integrated Data file and is contained within the physician productivity cube. Only the portion of FTEE spent in direct clinical care is considered in the clinical FTEE calculation; the portions of FTEE devoted to education, research, and administration, as determined using current MCA labor mapping rules, are excluded from the clinical FTEE calculation. Traditionally this has not included in the FTEE devoted to clinical non-RVU generating activity. As a result, a significant amount of clinical activity is not accounted for. This clinical activity will be accounted for in the revised MCA labor mapping.

m. **Pathology Service Workload.** The pathology service workload is the number of CPT codes performed and necessary to render a professional opinion or diagnosis on patient specimens submitted for analysis.

n. **Pathology Staffing Model.** The pathology staffing model is the combined method utilizing an adapted MCA workload assignment procedure coupled with a conversion of RVU to FTEE. This method is based on existing published staffing models with the intent to indicate the total estimated FTEE required to support the clinical activities of a facility's Pathology and Laboratory Medicine Services.

o. **Relative Value Unit (RVU).** An RVU is a measure of the difficulty and expense of a professional service. The RVU associated with each CPT Code is determined by the

Centers for Medicare & Medicaid Services (CMS) as published in the CMS Medicare Fee Schedule. RVU are primarily designed for reimbursement purposes, but have been widely employed to measure workload as well. The total RVU consists of three components: physician work, practice expense and malpractice expense. Only the RVU component defining physician work will be used for calculating laboratory physician productivity. **NOTE:** *The RVU used in this directive and by CMS differ from those defined by MCA. MCA RVU is the time (in number of minutes) it takes to perform a procedure.*

p. **Work Relative Value Unit (wRVU).** The number of RVUs associated with each CPT code is determined by CMS and published annually in the CMS Medicare Fee Schedule. A zero RVU assigned by CMS to a CPT code indicates there is no third-party reimbursement for that service. Several CPT codes used in pathology are assigned a zero wRVU by CMS, but reflect services that are valued within VHA. OPES has inputted wRVU values that reflect work provided regardless of CMS reimbursement. These differ from CMS RVUs for items such as Autopsy-related CPT codes. The Autopsy weights were developed by the VHA Pathology Productivity Workgroup and are based on a study conducted by the Autopsy Committee of the College of American Pathologists. wRVU are specific to VA and may not directly correlate to CMS determined RVUs.

4. POLICY

It is VHA policy that each VA medical facility Director must calculate an estimate of the Clinical FTEE necessary to provide clinical services for P&LMS with comparison to current P&LMS MCA labor mapped clinical FTEE, including any delegation of duties to non-physician staff, to inform and optimize pathology and laboratory medicine service productivity and staffing workforce at VA medical facilities.

NOTE: *Estimated Clinical FTEE will be calculated with the following equation: Estimated Clinical FTEE = (Total Service Clinical Administrative FTEE) + (Total Service wRVU/Current Facility Complexity Level Median Pathology wRVU per Clinical FTEE), from the Specialty Physician Productivity Standards Performance & Outlier Report available on the OPES Web site: <https://opes.vssc.med.va.gov/pages/default.aspx>.*

NOTE: *This is an internal VA Web site that is not available to the public.*

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive; and

(2) Approving productivity standards, in concert with the Assistant Deputy Under Secretary for Health for Patient Care Services.

b. **Deputy Under Secretary for Health Operations and Management (10N).** The Deputy Under Secretary for Health Operations and Management, supported by the policy developed by Deputy Under Secretary for Health Policy and Services, is

responsible for ensuring all medical facilities review and utilize the productivity and staffing policy for pathology services to inform and optimize their pathology and laboratory medicine service productivity and staffing workforce.

c. **Deputy Under Secretary for Health for Organizational Excellence (10E)**. The Deputy Under Secretary for Health for Organizational Excellence is responsible for coordinating with the Director, Office of Productivity, Efficiency, & Staffing (OPES) to provide the annual median pathology service wRVU/clinical FTEE for each VA medical facility complexity level to assist VISN and Medical Center leadership to optimize resources.

d. **Assistant Deputy Under Secretary for Health for Patient Care Services (10P4)**. The Assistant Deputy Under Secretary for Health for Patient Care Services, in concert with the Under Secretary for Health, is responsible for approving productivity standards.

e. **National Director, Pathology and Laboratory Medical Service (P&LMS)**. The National Director of P&LMS is responsible for:

(1) Providing oversight and enforcement of this policy.

(2) Providing guidance on productivity standards for laboratory services based on the size and complexity of the laboratory; depth and breadth of services offered; extent of Community Based Outpatient Clinic (CBOC) oversight and staffing; and that is subject to the approval of Patient Care Services (PCS) and the Under Secretary for Health (see Appendices A and C).

f. **Veterans Integrated Service Network Director**. The Veterans Integrated Service Network (VISN) Director is responsible for reviewing the annual physician productivity report and maintaining service productivity and staffing at their VA medical facilities.

g. **VA Medical Facility Director**. The VA medical facility Director is responsible for:

(1) Ensuring that each Chief of Staff (COS) and all pathology service chiefs engage in assessment activities, including the annual review of P&LMS productivity.

(2) Reviewing P&LMS productivity reports.

(3) Reviewing and implementing plans to improve service productivity, as appropriate.

(4) Verifying the Person Class Code in the VistA Person File for P&LMS providers.

h. **Facility Chief of Staff**. The VA medical facility COS is responsible for ensuring that the P&LMS Service Chief assesses and measures service level productivity on an annual basis, including performing needs assessments for the hiring of additional

providers (permanent staff, contract, or fee for service) in P&LMS (see VA Directive 1663, Health Care Resources Contracting-Buying, Title 38 U.S.C. 8153).

i. **VA Medical Facility P&LMS Service Chief.** The VA medical facility P&LMS Service Chief is responsible for:

- (1) Assigning workload and contracting professional services.
- (2) Providing, at a minimum, a yearly assessment and measurement of productivity at the service level, including an estimate of the required FTEE to cover P&LMS needs.
- (3) Reviewing MCA labor mapping and adherence to pathologist workload reporting standards on an annual basis.
- (4) Developing plans for adjusting provider productivity and staffing, timeliness of care, telehealth, and patient access, as needed.
- (5) Collaborating with various discipline-specific Chiefs of Service to ensure support of appropriate staffing standards.

j. **Laboratory Director.** The VA medical facility Laboratory Director is responsible for:

- (1) Coordinating with the P&LMS Chief to ensure that proper MCA labor mapping is performed for laboratory staff.
- (2) Maintaining and reporting delegated clinical administrative duties within the laboratory to the P&LMS Chief for use in MCA labor mapping.

k. **Laboratory Information Manager or Laboratory Automated Data Processing Application Coordinator.** The Laboratory Information Manager (LIM) or Laboratory Automated Data Processing Application Coordinator (Lab ADPAC) is responsible for:

- (1) Maintaining VistA laboratory files that support pathology workload reporting.
- (2) Reviewing and updating VistA laboratory files to be consistent with standard workload coding for pathology as identified in Appendix A.
- (3) Implementing VistA file changes necessary to capture pathology-performed workload as outlined in Appendix B.

NOTE: LIMITATIONS OF RVU BASED PRODUCTIVITY MEASURES. *With regard to pathology services, RVU productivity data may not be useful as a measure of individual physician productivity due to disparate RVU value assignment. This data is most applicable to the overall service and not individuals. The use of the Average RVU per FTEE to set individual targets and individual performance is assessed by the P&LMS Service Chief on a case by case basis.*

6. REFERENCES

- a. 38 U.S.C. 8110.
- b. VHA Directive 1065.01, Productivity and Staffing Guidance for Specialty Provider Group Practice, dated May 4, 2015.
- c. VA Directive 1663, Health Care Resources Contracting-Buying, Title 38 U.S.C. 8153, dated August 10, 2006.
- d. VHA Handbook 1106.01, Pathology and Laboratory Medicine Service (PALMS) Procedures, dated January 29, 2016.
- e. December 27, 2012 OIG Report, *Audit of VHA's Physician Staffing Levels for Specialty Care Services* (11-01827-36).
- f. Accounting for the Professional Work of Pathologists Performing Autopsies, John H. Sinard, et al., Autopsy Committee of the College of American Pathologists, *Archives of Pathology and Laboratory Medicine*—Vol 137(2);228-232, February 2013.

STANDARD TABLES OF NATIONAL LABORATORY TEST (NLT) AND CURRENT PROCEDURAL TERMINOLOGY CODES FOR PATHOLOGIST WORKLOAD REPORTING IN DEPARTMENT OF VETERANS AFFAIRS LABORATORIES**1. PROCEDURAL NOTES**

NOTE: Check the Pathology and Laboratory Medicine Service (PLMS) website for the most up-to-date coding information:

http://vaww.lab.med.va.gov/Data_and_Coding_Resources_P.asp. **NOTE:** This is an internal VA Web site that is not available to the public.

a. Table 1 lists standard pathologist workload coding for surgical pathology, cytology, autopsy and electron microscopy. Table 2 lists standard pathologist workload coding for clinical pathology consultations. Table 3 lists standard pathologist workload coding for clinical pathology test interpretations. These tables identify all pathologist-performed procedures that have the Centers for Medicare and Medicaid Services (CMS) assigned Work Relative Value Units (wRVU).

b. Tables 1 and 2 are to be used in conjunction with Appendix B outlining the directions for creating Anatomic Pathology (AP) Pick Lists that laboratories should be using use to enter pathologist workload into Veterans Health Information Systems and Technology Architecture (VistA).

c. The suffixed National Laboratory Test (NLT) workload codes identified in the tables are the only NLT workload codes that the Department of Veterans Affairs (VA) laboratories should use to report pathologist workload in VistA because the unique suffixed workload code permits the assignment of a specific Current Procedural Terminology (CPT) code.

d. Suffixed NLT workload codes are defined in the standard tables for both onsite and referred testing needs:

(1) For onsite workload performance in all areas of the laboratory, pathologist NLT codes must be suffixed with “.5184” or with “.5186” where specifically indicated in the standard table.

(2) For send-out workload reporting, pathologist NLT codes must be suffixed with “.8000” or with “.8100” where specifically indicated in the standard table.

(3) Laboratories must no longer use suffixes “.0000” or “.9999” on pathologist NLT workload codes.

e. The use of suffixed NLT workload codes is necessary for both Laboratory Management Index Program (LMIP) and Managerial Cost Accounting (MCA) to distinguish onsite performed testing from send out testing and to distinguish professional performed codes from technical performed codes.

f. The MCA system will map the standard pathologist NLT workload codes, as suffixed with “.5184” and “.5186” in these tables, to specific Intermediate Product Numbers which will map to the Anatomic Pathology Department in MCA for cost accounting purposes.

g. All suffixed NLT workload codes identified in the standard tables must have the following VistA File 64 field settings so that workload is credited and sorted appropriately for LMIP and MCA:

(1) Billable Procedure = Yes.

(2) Decision Support System (DSS) Feeder Key = Blank (This field must be blank. Change to “Blank” if the field is already set to “Yes”).

(3) Workload (WKLD) Code Lab Section = Anatomic Pathology.

h. The CPT code listed to the right of the suffixed NLT code in the same row of the table must be the only CPT code linked to that specific NLT Prefix code + Suffix code combination in VistA Lab files:

(1) No other CPT code should be linked to this specific suffixed NLT code in VistA Lab files.

(2) Standard suffixed NLT workload code and CPT code combinations will eliminate the problem of incorrect CPT codes passing to Patient Care Encounter (PCE) and assigning Relative Value Units (RVU) in the Physician Productivity cube inappropriately.

(3) Use caution when linking CPT Codes to NLT workload codes that have the “.8000” and “.8100” send-out suffixing so that the Physician Productivity Cube will not assign wRVU to pathologists for work that was performed elsewhere.

i. Laboratories should create AP Pick Lists using the suffixed NLT workload code and CPT code combinations identified in these tables:

(1) Direct entry of CPT codes or suffixed NLT codes at VistA AP coding prompts is expressly discouraged. Laboratories should only use their AP Pick List Electronic Signature (ES) Display Order numbers when entering pathologist workload data into their VistA AP package to ensure the passing of the correct CPT codes to PCE.

(2) Old Pick Lists that do not conform to these suffixed NLT workload code and CPT code combinations must be edited or recreated.

(3) Refer to Appendix B for creating Pick Lists and assigning ES Display Order numbers to the NLT Prefix code + Suffix code combinations listed in the standard tables.

(4) Refer to Appendix B for creating Pick Lists and assigning ES Display Order numbers to the NLT Prefix code + Suffix code combinations listed in the standard tables.

j. The wRVU values identified the last column of the standard tables will be applied to the respective pathologist CPT codes (in the same row) that are extracted from PCE encounters when the Office of Productivity, Efficiency and Staffing (OPES) Physician Productivity cube calculates pathologist productivity:

(1) CMS publishes these wRVU values annually. Values listed in this appendix are current for calendar year 2015. OPES staff is responsible for annually updating the CMS wRVU values used in the Physician Productivity cube.

(2) All the CPT codes identified in the standard tables have a wRVU assignment that is greater than zero.

(3) Where CMS does not provide a wRVU, Ingenix Gap Codes or imputed wRVU values have been implemented. Use the following link provided to access additional information posted on the OPES Web site:

<https://opes.vssc.med.va.gov/pages/default.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

2. STANDARD CODE TABLE 1

a. Table 1 lists the Standard NLT Code-CPT code combinations for use in Surgical Pathology, Cytology, Autopsy and Electron Microscopy for both testing laboratories and laboratories that send their AP specimens offsite to another VA or reference lab for testing.

b. Pathologist workload should be entered into the AP software package via the Lab CPT Billing Option using ES Display Order numbers from locally created AP Pick Lists at the coding prompts.

Table 1

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
10021	Fine needle aspiration; without imaging guidance	88669.5184	None Applicable (N/A)	Fine Needle Aspiration (FNA) by Pathologist without (w/o) Imaging	1.27
10022	Fine needle aspiration; with imaging guidance	88616.5184	N/A	FNA Deep Guidance	1.27
38220	Bone marrow; aspiration only	85110.5184	N/A	Bone Marrow Aspiration	1.08
38221	Bone marrow biopsy; needle or trocar	88614.5184	N/A	Bone Marrow Biopsy by Pathologist	1.37
85097	Bone marrow, smear interpretation	85203.5184	85203.8000	Bone Marrow Aspirate Smear Interpretation	0.94
88000 ¹	Necropsy, (autopsy), gross examination only; without Central Nervous System (CNS)	88529.5184	88529.8000	Autopsy Gross Only	7.50

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
88020 ¹	Necropsy, (autopsy), gross and microscopic; without CNS	88531.5184	88531.8000	Autopsy Complete w/o Brain	15.40
88025 ¹	Necropsy, (autopsy), gross and microscopic; with brain	88532.5184	88532.8000	Autopsy Complete with Brain	19.60
88027 ¹	Necropsy, (autopsy), gross and microscopic; with brain and spinal cord	88533.5184	88533.8000	Autopsy Complete with Brain/CNS	21.78
88036 ¹	Necropsy, (autopsy), limited, gross and/or microscopic; regional	88534.5184	88534.8000	Autopsy Limited	9.30
88037 ¹	Necropsy, (autopsy), limited, gross and/or microscopic; single organ	88606.5184	88606.8000	Autopsy Single Organ	4.20
88104	Cytopathology, fluids, washings or brushings, except	88757.5184	88757.8000	Cytology Smear Non-Gynecologic al (GYN)	0.56

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	cervical/vaginal (C/V); smears with interpretation				
88106	Cytopathology, fluids, washings or brushings, except C/V; simple filter method with interpretation	85205.5184	85205.8000	Cytopathology Fluids, Brushing, Washing w/o Cervical Filter Only	0.37
88108	Cytopathology concentration technique, smears and interpretation (e.g., Saccomanno technique)	88568.5184	88568.8000	Smear Cytopathology Prep of Specimen Saccomanno	0.44
88112	Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except C/V	88384.5184	88384.8000	Cytopathology liquid-based non GYN	0.56

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
88120	Cytopathology, in situ hybridization (e.g., FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	88599.5184	88599.8000	FISH Interphase (FISH-Interphase fluorescence in situ hybridization)	1.20
88121	Cytopathology, in situ hybridization (e.g., FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer assisted technology	88599.5186	88599.8100	FISH Interphase	1.00
88125	Cytopathology, forensic (e.g., sperm)	88125.5184	88125.8000	Forensic Cytopathology	0.26
88141	Cytopathology, cervical or vaginal (any reporting	88610.5184	88610.8000	Cytology Smear GYN Physician Interpretation	0.42

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	system), requiring interpretation by physician				
88160	Cytopathology, smears, any other source; screening and interpretation	88674.5184	88674.8000	Cytology Smears Any Other Source, Screen Interpretation (S/I)	0.50
88161	Cytopathology, smears, any other source; preparation, screening and interpretation	88612.5184	88612.8000	Cytology Smear Non GYN <5 Slides	0.50
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains	88613.5184	88613.8000	Cytology Smear Non GYN >5 Slides	0.76
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for	88537.5184	88537.8000	Fine Needle Consult	0.69

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	diagnosis, first evaluation episode, each site				
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	88240.5184	88240.8000	Fine Needle Aspirate	1.39
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis; each separate additional evaluation episode, same site	88561.5184	88561.8000	Cytology Misc.	0.42
88182	Flow cytometry, cell cycle or DNA analysis	88376.5184	88376.8000	Flow Cytometry, Cell Cycle or DNA ploidy	0.77
88187	Flow cytometry, interpretation; 2 to 8 markers	88392.5184	88392.8000	Flow Cytometry, Interpretation	1.36

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
				, 2 to 8 Markers	
88188	Flow cytometry, interpretation; 9 to 15 markers	88393.5184	88393.8000	Flow Cytometry, Interpretation , 9 to 15 markers	1.69
88189	Flow cytometry, interpretation; 16 or more markers	88394.5184	88394.8000	Flow Cytometry, Interpretation , 16 or More Markers	2.23
88291	Cytogenetics and molecular cytogenetics, interpretation and report	88538.5184	88538.8000	Cytogenetic	0.52
88300	Level I Surgical pathology, gross examination only	88551.5184	88551.8000	Surgical Pathology Level I	0.08
88302	Level II Surgical pathology, gross and microscopic examination	88518.5184	88518.8000	Surgical Pathology Level II	0.13
88304	Level III Surgical pathology, gross and	88553.5184	88553.8000	Surgical Pathology Level III	0.22

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	microscopic examination				
88305	Level IV Surgical pathology, gross and microscopic examination	88555.5184	88555.8000	Surgical Pathology Level IV	0.75
88307	Level V Surgical pathology, gross and microscopic examination	88557.5184	88557.8000	Surgical Pathology Level V	1.59
88309	Level VI Surgical pathology, gross and microscopic examination	88559.5184	88559.8000	Surgical Pathology Level VI	2.80
88311	Decalcification procedure	88420.5184	88420.8000	Decalcification Tissue	0.24
88312	Special stain including interpretation and report; Group I for microorganisms	88300.5184	88300.8000	Stain Group1	0.54
88313	Special stain including interpretation and report;	88305.5184	88305.8000	Stain Group 2	0.24

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	Group II, all other, except stain for microorganisms, stains for enzyme constituents or immunocytochemistry and immunohistochemistry				
88314	Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)	88699.5184	88699.8000	Chemical Histochemistry	0.45
88319	Group III, for enzyme constituents	88700.5184	88700.8000	Enzyme Histochemistry	0.53
88321	Consultation and report on referred slides prepared elsewhere	88507.5184	88507.8000	Consultation Referred Slides	1.63

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
88323	Consultation and report on referred material requiring preparation of slides	88508.5184	88508.8000	Consultation Referred Specimen	1.83
88325	Consultation, comprehensive , with review of records and specimens, with report on referred material	88603.5184	88603.8000	Consultation and Report, Comprehensive	2.50
88329	Pathology consultation during surgery	88510.5184	N/A	Pathology Surgery Consult	0.67
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	88569.5184	N/A	Frozen Section	1.19
88332	Pathology consultation during surgery; each additional tissue block	88353.5184	N/A	Frozen Section Add Rush Block	0.59

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	with frozen section(s)				
88333	Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), initial site	88061.5184	N/A	Misc AP Test 1	1.20
88334	Pathology consultation during surgery; cytologic examination (e.g., touch prep, squash prep), each additional site	88062.5184	N/A	Misc AP Test 2	0.73
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to 88342)	89026.5184	89026.8000	Immuno Cytochemistry	0.53

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88058.5184	88058.8000	Immunoperoxidase Stain	0.70
88344	Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure	89026.5186	89026.8100	Immunocytochemistry	0.77
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	88059.5184	88059.8000	Immunofluorescence Stain	0.74
88348	Electron microscopy; diagnostic	88208.5184	88208.8000	Electron Micro Thin Section	1.51
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to	88891.5184	88891.8000	Misc Stain 10	0.56

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	code for primary procedure)				
88355	Morphometric analysis; skeletal muscle	92924.5184	92924.8000	Morphometric Analysis, Skeletal Muscle	1.85
88356	Morphometric analysis; nerve	88396.5184	88396.8000	Morphometric Analysis, Nerve	2.80
88358	Morphometric analysis; tumor	88379.5184	88379.8000	Analysis Tumor, Morphometric	0.95
88360	Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quant or semiquant, per specimen, each single antibody stain procedure; manual	88397.5184	88397.8000	Morphometric Anal, Tumor, Histo, manual	1.10

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
88361	Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/neu, estrogen receptor/progesterone receptor), quant or semiquant, per specimen, each single antibody stain procedure; using computer assisted technology	88398.5184	88398.8000	Morphometric Anal, Tumor, Histo, Computer Assisted	1.18
88362	Nerve Teasing preparations	88581.5184	88581.8000	Nerve Tissue	2.17
88363	Examination and selection of retrieved archival (i.e., previously diagnosed) tissue(s) for molecular analysis (e.g., Kirsten Rat Sarcoma (KRAS))	88344.5184	88344.8000	Case Review Cytology	0.37

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	mutational analysis)				
88364	In situ hybridization (e.g. FISH) per specimen; each additional single probe stain procedure (List separately in addition to code for the primary procedure 88365)	88401.5184	88401.8000	Hybridization , In Situ, Each Probe	0.67
88365	In situ hybridization (e.g., FISH), per specimen; initial single probe stain procedure	88381.5184	88381.8000	Tissue Hybridization , Interpretation / Report	0.88
88366	In situ hybridization (e.g., FISH), per specimen; each multiplex probe stain procedure	88381.5186	88381.8100	Tissue Hybridization , Interpretation / Report	1.24

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
88367	Morphometric analysis, in situ hybridization (quant or semi-quant) using computer assisted technology, per specimen; initial single probe stain procedure	88399.5184	88399.8000	Morphometric Anal, In situ Hybrid, Computer Assist	0.73
88368	Morphometric analysis, in situ hybridization (quant or semi-quant) each probe; manual, per specimen; initial single probe stain procedure	88400.5184	88400.8000	Morphometric Anal, In situ Hybrid, Manual	0.88
88369	Morphometric analysis, in situ hybridization (quant or semi-quant) manual, per specimen; each additional single probe stain procedure	88400.5186	88400.8100	Morphometric Anal, In situ Hybrid, Manual	0.67

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
88371	Protein analysis of tissue by Western Blot, with interpretation and report	88382.5184	88382.8000	Protein Western Blot Anal Tissue with (w/) Interpretation / Report	0.37
88372	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each	88383.5184	88383.8000	Protein Western Blot Anal w/Probe	0.37
88373	Morphometric analysis, in situ hybridization (quant or semi-quant) using computer assisted technology, per specimen; each additional single probe stain procedure	88399.5186	88399.8100	Morphometric Anal, In situ Hybrid, Computer Assist	0.43
88374	Morphometric analysis, in situ hybridization	88063.5184	88063.8000	Misc AP Test 3	0.93

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	(quant or semi-quant) using computer assisted technology, per specimen; each multiplex probe stain procedure				
88377	Morphometric analysis, in situ hybridization (quant or semi-quant) each probe; manual, per specimen; each multiplex probe stain procedure	88064.5184	88064.8000	Misc AP Test 4	1.40
88380	Microdissection (e.g., sample preparation of microscopically identified target); laser capture	88502.5184	88502.8000	Tissue Preparation	1.14
88381	Microdissection (e.g., sample preparation of microscopically identified target); manual capture	88502.5186	88502.8100	Tissue Preparation	0.53

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Code for Pathologist Performed Procedures on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Code for Pathologist Performed at a Different VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies; each tissue preparation	93941.5184	93941.8000	Specimen Tissue Exam	0.62
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies; in conjunction with a touch imprint, intraoperative consultation or frozen section, each tissue preparation (use in conjunction with 88329-88334)	93941.5186	93941.8100	Specimen Tissue Exam	0.45

¹The Autopsy wRVU values were developed by the Veterans Health Administration (VHA) Pathology Productivity Workgroup and are based on a study conducted by the

Autopsy Committee of the College of American Pathologists (Accounting for the Professional Work of Pathologists Performing Autopsies, John H. Sinard, et al, Autopsy Committee of the College of American Pathologists, Arch Pathol Lab Med—Vol 137(2): 228-232, February 2013).

3. STANDARD CODE TABLE 2

a. Table 2 lists the standard NLT Code-CPT Code combinations for Clinical Pathology consultations where a detailed pathologist interpretation and report is required.

b. Clinical pathology consults should be accessioned into the VistA, AP software package as this is the only way to guarantee that this workload is credited to the performing pathologist in LMIP, MCA, PCE and the OPES cube.

c. Pathologist workload should be entered into VistA via the AP Lab CPT Billing Option using locally created Pick List numbers at the coding prompts.

d. CPT Codes should not be entered into Computerized Patient Record System (CPRS) for these consults, because workload will not credit for LMIP or MCA and the assignment of the CPT Code to the correct provider may not occur.

e. Laboratories remain responsible for deciding CPRS and AP report content.

Table 2

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Codes for Pathology Procedures Performed on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Codes for Pathology Procedures Performed by Another VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
80500	Clinical pathology consultation; limited, without review of patient's history and medical records	88071.5184	88071.8000	Consultation and Report	0.37

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Codes for Pathology Procedures Performed on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Codes for Pathology Procedures Performed by Another VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
80502	Clinical pathology consultation; comprehensive , for a complex diagnostic problem, with review of patient's history and medical records	88071.5186	88071.8100	Consultation and Report	1.33
85060	Blood smear, peripheral, interpretation by physician with written report	88389.5184	88389.8000	Blood Smear, Peripheral, Interpretation/ Report By physician	0.45
85396	Coagulation/fibrinolysis assay, whole blood (e.g., viscoelastic clot assessment, including use of any pharmacologic additive(s), as indicated, including interpretation and report, per day	85180.5184	85180.8000	Report Hematology	0.37

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Codes for Pathology Procedures Performed on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Codes for Pathology Procedures Performed by Another VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	85151.5184	85181.8000	Report blood bank	0.94
86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	86412.5184	86412.8000	Transfusion Reaction	0.94
86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (e.g., use of	86835.5184	86835.8000	Transfusion Procedure Not Otherwise Specified (NOS)	0.94

CPT or HCPCS CODE	CPT Descriptor	Suffixed NLT Workload Codes for Pathology Procedures Performed on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Codes for Pathology Procedures Performed by Another VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	outdated blood, transfusion of Rh incompatible units), with written report				

4. STANDARD CODE TABLE 3

- a. Table 3 lists the recommended NLT code-CPT code combinations for clinical pathology performed tests that require professional interpretation and report (e.g., Chemistry (CH)-subscript tests such as serum protein electrophoresis, immunofixation electrophoresis, and crystal identification in body fluids).
- b. Reporting of physician performed CPT codes for the clinical pathology interpretations identified in Table 3 is different from the standardized method of CPT reporting described for pathologist performed procedures identified in Tables 1 and 2.
- c. Pathologist LMIP workload and CPT coding for the clinical pathology tests listed in Table 3 shall occur at verification of the CH-Subscript test in VistA.
- d. CPT codes from the associated CH-subscript tests for outpatients will pass to PCE and will credit wRVU to the provider identified on the patient encounter in the OPES Physician Productivity cube.
- e. This is the preferred method for reporting of pathologist workload for this category of work because it will not require reaccessioning of these clinical pathology (CP) tests into the AP lab package to enter pathologist performed workload and it mitigates chances of duplicate workload being credited in the OPES productivity cube when CPT codes are also passing to PCE for technical performance of these tests.

f. For all CH-Subscript tests, the “Responsible Official” assigned to the laboratory created accession area for these tests will be identified in PCE as the Provider on the resulting encounter:

(1) The “Responsible Official” is the pathologist name that is entered in the “Responsible Official” field when the accession area that the tests belong to was created in File 68.

(2) The Responsible Official field is defined in VistA as: “The responsible official in the laboratory. Usually the Chief of Laboratory Service or designee”.

(3) The “Responsible Official” assigned to the accession area may or may not be the pathologist that performs the interpretative test. This is acceptable for reporting purposes because physician productivity in the OPES cube is concerned with service level performance at each facility, rather than individual physician performance.

g. Laboratories must review their accession area “Responsible Official” assignments to ensure they have assigned a VA-salaried, pathology person class physician, from their station that has mapped clinical Full Time Equivalent Employee (FTEE) so that the wRVU generated from CPT Codes in Table 3 will be included for productivity calculations in the OPES Physician Productivity cube.

h. Pathology & Laboratory Medicine Service (P&LMS) recognizes that PCE will block CPT codes from the CH-subscript tests that are accessioned using inpatient hospital locations. However, it is estimated that these missing inpatient wRVU volumes will be small and should not negatively impact pathology performance in the Physician Productivity cube because of all the other procedures implemented to standardize and maximize CPT code reporting elsewhere.

i. Laboratories must ensure that the CH-Subscript tests associated with these CPT codes have the following in File 60:

(1) A billable, verified NLT workload code from Table 3 for pathologist interpretation of the test.

(2) A billable, verified NLT workload code for technical performance of the test.

(3) Only a single CPT code, as identified in Table 3, passes to PCE at verification of the associated CH-subscript test. The single CPT Code should pass to PCE from one of the following file locations in the test in File 60:

(a) From the CH-subscript File 60 test: SITE SPECIMEN CPT (field 100 multiple, subfield 96).

(b) From the CH-subscript File 60 test: HCPCS CPT (field 507).

(c) From the CH-subscript File 60 test: Default CPT (field 506).

(d) From File 64: Suffixed NLT workload code used to report Pathologist LMIP workload identified in Table 3.

Table 3

CPT or HCPCS CODE	CPT Code Description	Suffixed NLT Workload Codes for Pathology Procedures Performed on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Codes for Pathology Procedures Performed by Another VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C and/or F)	81079.5184	81079.8000	Hemoglobin electrophoresis	0.37
84165	Protein; electrophoretic fractionation and quantitation, serum	81355.5184	81355.8000	Electrophoretic Fractionation	0.37
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (e.g., urine, CSF)	84027.5184	84027.8000	Protein Electrophoretic Cerebrospinal Fluid (CSF)	0.37
84181	Western Blot, with interpretation and report, blood or other body fluid	89224.5184	89224.8000	Western Blot	0.37

CPT or HCPCS CODE	CPT Code Description	Suffixed NLT Workload Codes for Pathology Procedures Performed on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Codes for Pathology Procedures Performed by Another VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
84182	Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	89224.5186	89224.8100	Western Blot	0.37
85390	Fibrinolysins or coagulopathy screen; interpretation and report	85395.5184	85395.8000	Fibrinolysis DIL or Plate	0.37
85576	Platelet, aggregation (in vitro), each agent	81843.5184	81843.8000	Platelet Function	0.37
86153	Cell enumeration using immunologic selection and identification in fluid specimen, physician interpretation and report, when required (Used in conjunction with technical	89050.5184	89050.8000	Cell Count Body Fluid	0.69

CPT or HCPCS CODE	CPT Code Description	Suffixed NLT Workload Codes for Pathology Procedures Performed on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Codes for Pathology Procedures Performed by Another VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	workload capture and billing of CPT Code 86152, performance of cell enumeration)				
86255	Fluorescent noninfectious agent antibody; screen, each antibody	87773.5184	87773.8000	Interpretation and Report	0.37
86256	Fluorescent antibody titer	86724.5184	86724.8000	Antibody Titer	0.37
86320	Immunoelectrophoresis; serum	81088.5184	81088.8000	Protein Electrophoresis	0.37
86325	Immunoelectrophoresis; other fluids (e.g., urine, CSF) with concentration	84180.5184	84180.8000	Urine/Fluid Protein Electrophoresis	0.37
86327	Immunoelectrophoresis, crossed (2-dimensional assay)	84155.5184	84155.8000	Protein Total	0.42
86334	Immunofixation/Immunosubtraction electrophoresis serum	82039.5184	82039.8000	Immunofixation Electrophoresis	0.37

CPT or HCPCS CODE	CPT Code Description	Suffixed NLT Workload Codes for Pathology Procedures Performed on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Codes for Pathology Procedures Performed by Another VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
86335	Immunofixation/Immunosubtraction electrophoresis urine, CSF	82038.5184	82038.8000	Immunofixation Electrophoresis Urine	0.37
87164	Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection	87710.5184	87710.8000	Dark field Examination	0.37
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites	85008.5184	85008.8000	Blood film Examination	0.37
89060	Crystal identification by light microscopy w or w/o polarizing lens analysis, tissue or any body fluid (except urine), body fluids	81539.5184	81539.8000	Crystals Identification	0.37
G0452	Molecular pathology procedure;	87771.5184	87771.8000	Nuclear Molecular Diag	0.37

CPT or HCPCS CODE	CPT Code Description	Suffixed NLT Workload Codes for Pathology Procedures Performed on Inpatient, Outpatient and Non-Patient Specimens	Suffixed NLT Workload Codes for Pathology Procedures Performed by Another VA or Contract Lab	NLT CODE NAME in VistA	CMS wRVU (Assigned in OPES Physician Productivity Cube)
	physician interpretation and report				

VISTA IMPLEMENTATION PROCEDURES TO ENABLE STANDARD PATHOLOGY WORKLOAD CAPTURE

1. REQUIRED EQUIPMENT AND VISTA FILE ACCESS

- a. Computer with access to Veterans Integrated System Technology Architecture (VistA) reflection session.
- b. Access to Laboratory Liaison menu [LRLIAISON].
- c. Assigned LRLIAISON security key.
- d. Access to the Department of Veterans Affairs (VA) FileMan to appropriate laboratory files.

2. CREATE OR UPDATE AN ANATOMIC PATHOLOGY PICK LIST IN VISTA

- a. Recommended Pathologist workload entry into VistA is via Electronic Signature (ES) Display Order numbers from locally created Anatomic Pathology (AP) Pick Lists.
- b. Laboratories must create an AP Pick List or update an existing AP Pick List with the standard pathologist National Laboratory Test (NLT) codes and Current Procedural Terminology (CPT) codes from Tables 1 and 2 identified in Appendix A by performing the following procedures as diagrammed in Flowchart A:
 - (1) Compare an existing AP Pick List to the standard tables of pathologist suffixed NLT codes by using a FileMan template as demonstrated in the following uniform resource locator: [How to search for existing Pick List.mp4](#). **NOTE:** *This is an internal VA Web site that is not available to the public.*
 - (2) Add a new standard suffixed NLT code to the AP Pick List if not already on current AP Pick List as demonstrated in the following: [How to add new workload code, assign Electronic Signature Display Order number, and assign CPT code to workload code.mp4](#). **NOTE:** *This is an internal VA Web site that is not available to the public.*
 - (3) Link the appropriate active CPT code to the newly created standard suffixed NLT code in VistA File 64 as demonstrated in the following: [How to add new workload code, assign Electronic Signature Display Order number, and assign CPT code to workload code.mp4](#). **NOTE:** *This is an internal VA Web site that is not available to the public.*
 - (4) Remove existing AP Pick List NLT codes that are not identified in the standard list of pathologist suffixed NLT codes as demonstrated in the following: [How to remove an existing workload code from Pick List.mp4](#). **NOTE:** *This is an internal VA Web site that is not available to the public.*
 - (5) If necessary, perform extensive file clean-up procedures so the only pathologist NLT-CPT code combinations in the VistA workload code file are those identified on the standard Tables 1 and 2.

(6) Steps to create a standard AP Pick List and clean up existing AP Pick Lists as depicted in Figure 1 - Flowchart A:

(a) Find current AP Picklist in VistA.

(b) Check that the selected Picklist has a NLT workload code that matches exactly, both prefix and suffix, a workload code identified in the standard tables described in Appendix A:

1. If the two codes match, then move to Step (c).

2. If the two codes do not match, then proceed to Step (f) to add a new NLT code.

(c) Check that the selected picklist NLT-CPT linkage matches the standard list:

1. If they match, then proceed to Step (d).

2. If they do not match, then link the matching CPT Code from the standard list to the NLT workload code.

(d) Determine if you have compared all codes from both lists:

1. If no, return to Step (b).

2. If yes, proceed to Step (e).

(e) Determine if there are workload codes on the standard list that do not exist on your picklist:

1. If no, proceed to Step (i).

2. If yes, proceed to Step (f).

(f) Add new NLT codes from the standard list to the current picklist:

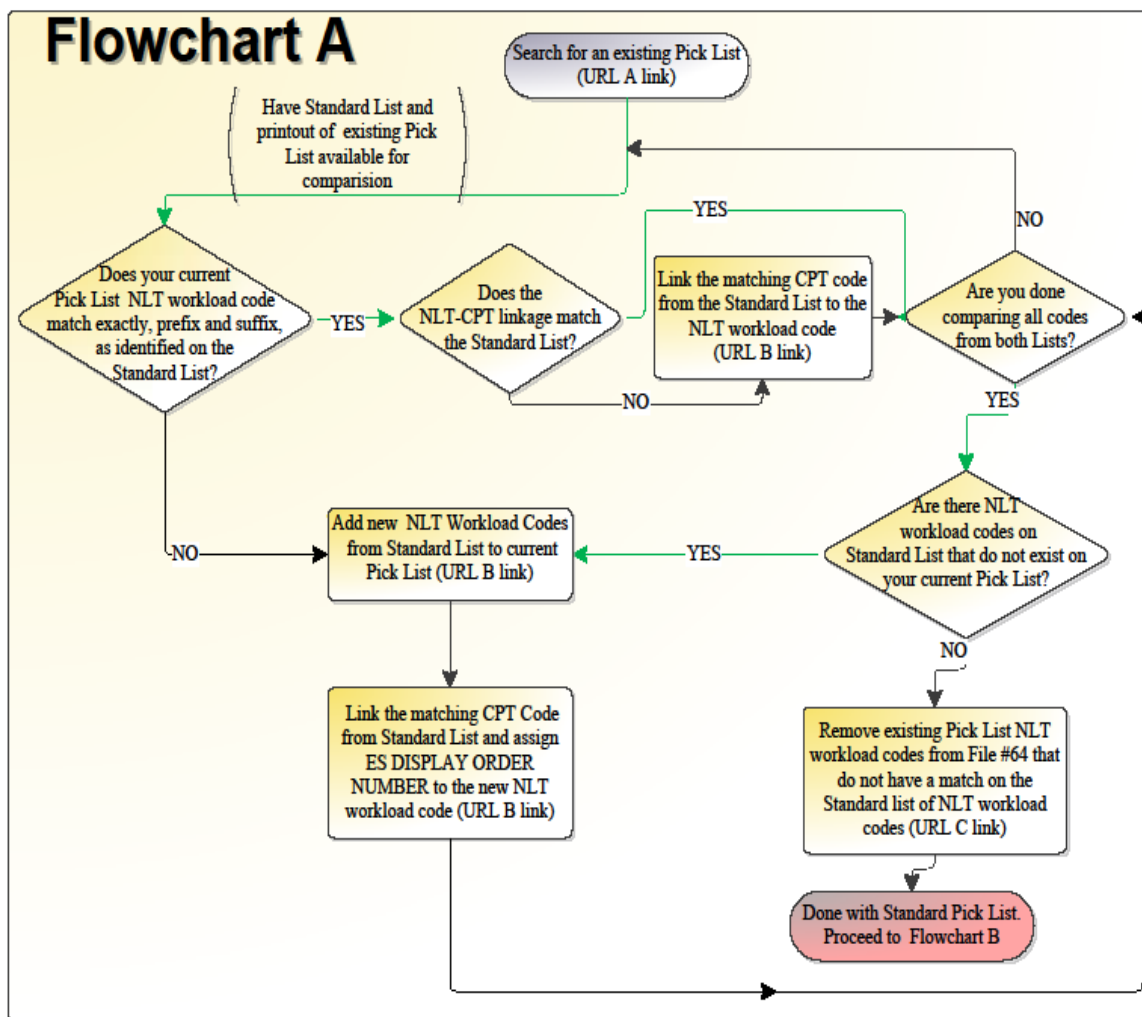
1. Link the matching CPT Code from the standard list and assign ES DISPLAY ORDER NUMBER to the new NLT workload code.

2. Return to Step (d).

(g) Remove any existing picklist NLT codes from File #64 that do not have a match on the standard list.

(h) Picklist standardization is complete; move to Flowchart B.

Figure 1 – Flowchart A



3. CREATE AN OUTPATIENT LOCATION (TYPE CLINIC) IN VISTA FOR ACCESSIONING INPATIENT SPECIMENS

a. Create an outpatient hospital location in VistA File 44 to use exclusively for the accessioning of anatomic pathology specimens from inpatients. Each laboratory can decide what to name the new location, but it is recommended the location indicate the clinic is for Anatomic Pathology professional services. Some recommended names include: AP Pro Fee Clinic, Lab AP Clinic, Path Pro Fee Clinic, etc.

(1) An outpatient (type CLINIC) location is required to create a visit encounter and pass CPT codes in the Patient Care Encounter (PCE) System.

(2) Inpatient locations do not create visits in PCE and do not pass CPT codes even though pathologist performed CPT codes reported on inpatient specimens are billable/reimbursable services.

(3) This recommended workaround forces the creation of a PCE Visit for every Anatomic Pathology case regardless of the actual inpatient location so all pathologists performed CPT codes pass to PCE and all performed workload is credited in the Office of Productivity, Efficiency and Staffing (OPES) Physician Productivity Cube.

(4) Create the new outpatient (type CLINIC) location by following the procedure diagrammed in Figure 2 - Flowchart B and as demonstrated in the following Web site: [How to create a new hospital location entry in VistA.mp4](#) **NOTE:** *This is an internal VA Web site that is not available to the public.*

(5) Limitations of procedure:

(a) The Report Routing Location will be incorrect. Laboratories must determine if this will cause report printing problems for some services and will have to resolve the issue locally.

(b) There will be no separation of Inpatient and Outpatient workload for Laboratory Management Index Program (LMIP) and Managerial Cost Accounting (MCA). All resulting patient workload counts will accrue in the Outpatient category for workload statistics.

(6) Steps to create a new hospital location as depicted in Figure 2 – Flowchart B:

(a) At accession of patient specimens, check if the patient's location is set to an Outpatient location in VistA:

1. If yes, proceed to Step (d).

2. If no, proceed to Step (b).

(b) Determine if there is an existing Outpatient location that can be used:

1. If yes, proceed to (d).

2. If no, proceed to Step (c).

(c) Create a new Clinic location in File #44 to ensure the passing of CPT to PCE.

(d) Check to see that the CPT Code is passing to PCE:

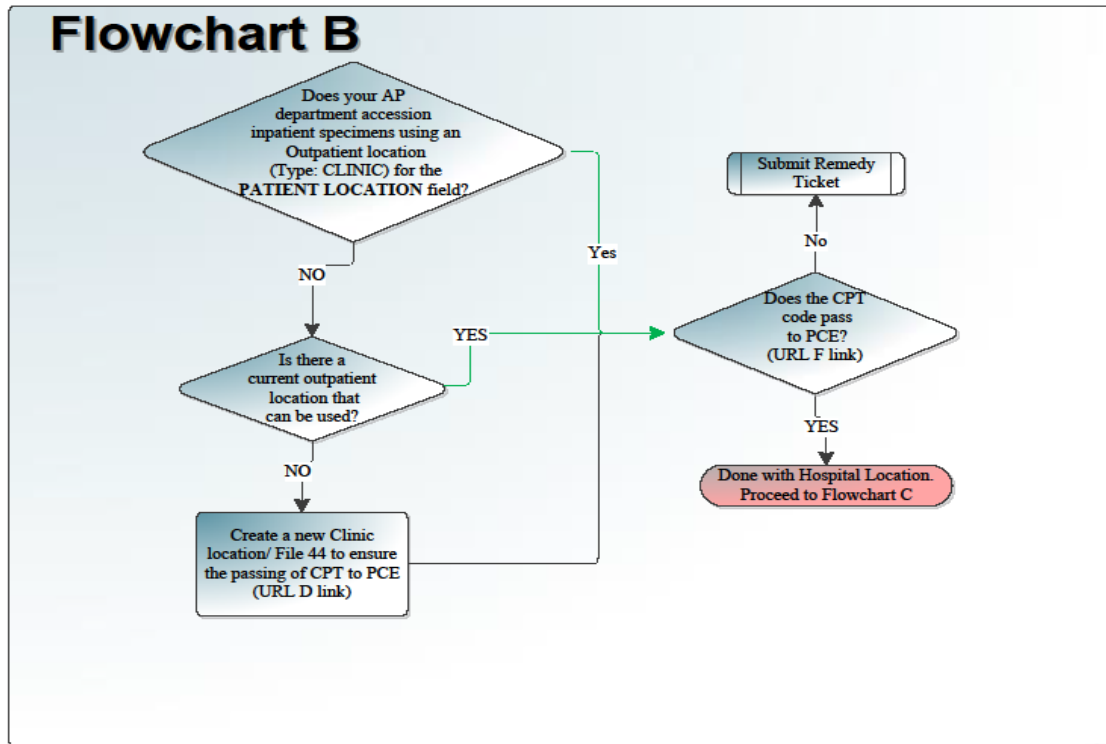
1. If yes, proceed to Step (f).

2. If no, proceed to Step (e).

(e) Submit a remedy ticket to fix the passage of CPT to PCE.

(f) Hospital location is standardized; proceed to Flowchart C.

Figure 2 - Flowchart B



4. CREATE AN ACCESSION AREA IN VISTA FILE 68 WITH AP SUBSCRIPT FOR CLINICAL PATHOLOGY CONSULTS

a. Create an accession area in File 68 with AP subscript as diagrammed in Figure 3 - Flowchart C for the log-in of specific clinical pathology consultation tests in the lab package so the pathologist-performed workload identified in Table 2 of Appendix A can be entered into Vista.

(1) Accessioning clinical pathology consultations into a AP subscript accession area in the AP lab package is the only way to guarantee the performing pathologist will receive workload credit for this work in LMIP, MCA, PCE and in the OPES cube.

(2) Create the accession area with AP subscript as demonstrated in the following Web site:

<http://vaww.infoshare.va.gov/sites/diagnosticservices/plms/limworkgroup/lmip/howtocreateanewaccessionare.mp4>. **NOTE:** This is an internal VA Web site that is not available to the public.

(3) Steps to create a new accession area in the lab package for CP consults with AP subscript allowing the capture of physician workload component as depicted in Figure 3 – Flowchart C:

(a) Check to see if the pathologists want LMIP/CPT credit for interpreting/reporting a particular Clinical Consultation or Report:

1. If yes, proceed to Step (b).

2. If no, proceed to Step 5: *Verify CPT Codes are Passing to PCE From Pathologist Entered Workload.*

(b) Check to see if there is an accession area in AP for clinical tests:

1. If yes, proceed to Step (d).

2. If no, proceed to Step (c).

(c) Create a new accession area in File #68.

(d) Check to see if the CPT Code is passing to PCE:

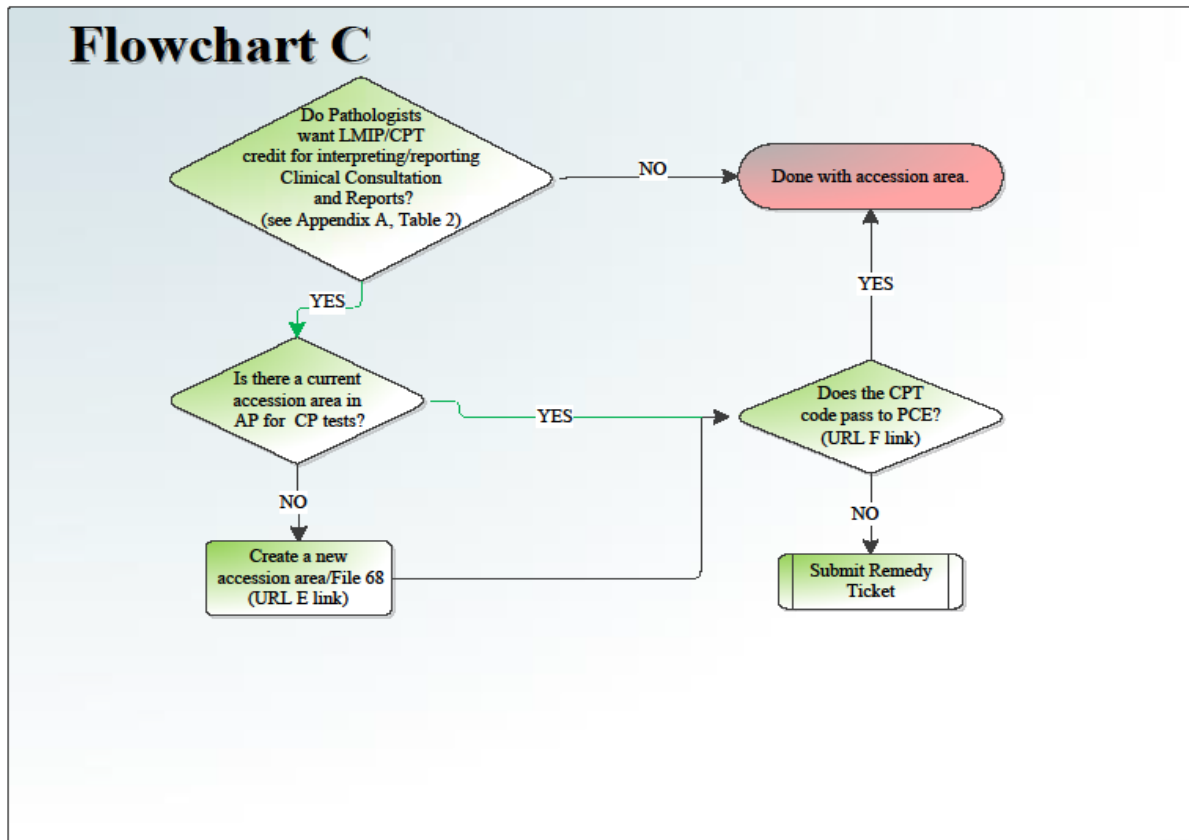
1. If yes, proceed to Step (f).

2. If no, proceed to Step (e).

(e) Submit a remedy ticket to fix the passage of CPT to PCE.

(f) Process complete.

Figure 3 - Flowchart C



5. VERIFY CPT CODES ARE PASSING TO PCE FROM PATHOLOGIST ENTERED WORKLOAD

Use the following: [How to verify CPT code passes to PCE.mp4](#) to learn how to verify pathologist reported CPT codes are passing to PCE and are present on encounters so the codes can be picked by the OPES physician productivity cube.

NOTE: This is an internal VA Web site that is not available to the public.

6. REFERENCE LIST OF WEB SITES ACTIVE IN THIS DOCUMENT

NOTE: The following links are internal VA Web sites that are not available to the public.

a. <http://vaww.infoshare.va.gov/sites/diagnosticservices/PLMS/limworkgroup/LMIP/How%20to%20search%20for%20existing%20Pick%20List.mp4>

b. <http://vaww.infoshare.va.gov/sites/diagnosticservices/PLMS/limworkgroup/LMIP/How%20to%20create%20new%20workload%20code,%20assign%20Pick%20List%20number,%20and%20link%20to%20CPT%20code.mp4>

- c. <http://vaww.infoshare.va.gov/sites/diagnosticservices/PLMS/limworkgroup/LMIP/How%20to%20clean%20up%20a%20current%20Pick%20List.mp4>
- d. <http://vaww.infoshare.va.gov/sites/diagnosticservices/PLMS/limworkgroup/LMIP/How%20to%20add%20a%20new%20Hospital%20Location.mp4>
- e. <http://vaww.infoshare.va.gov/sites/diagnosticservices/PLMS/limworkgroup/LMIP/How%20to%20create%20a%20new%20Accession%20Area.mp4>
- f. <http://vaww.infoshare.va.gov/sites/diagnosticservices/PLMS/limworkgroup/LMIP/How%20to%20verify%20CPT%20code%20passes%20to%20PCE.mp4>

PATHOLOGY PHYSICIAN LABOR MAPPING GUIDELINES

1. PHYSICIAN LABOR MAPPING TABLES OF NON-CLINICAL TIME FOR
PATHOLOGISTS

NOTE: Check the Pathology and Laboratory Medicine Service (PLMS) website for the most up-to-date labor mapping information:

http://vaww.lab.med.va.gov/Data_and_Coding_Resources_P.asp. **NOTE:** This is an internal VA Web site that is not available to the public.

Table 1: Research Mapping Allocations for All Complexity Groups

Research Activity	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Principal Investigator (PI) Merit review	0.380	15.2
Chair on the Department of Veterans Affairs (VA) Cooperative Studies Program (CSP)	0.500	20
Site PI on Merit/VA CSP	0.250	10
PI National Institute of Health (NIH) Release of Information (ROI)*	0.380	15.2
VA Career Development Award (CDA)	0.750	30
Major Foundation Awards	0.250	10
PI of VA Center of Excellence	0.500	20
Mentor of VA CDA	0.060	2.4
New Investigator	0.500	20
Chair, Institutional Review Board (IRB) or Institutional Animal Care and Use Committee (IACUC)	0.500	20
Chair, Institutional Bio-safety Committee (IBC) / Subcommittee on Research Safety (SRS) or Research and Development Committee	0.130	5.2
Member, IRB, IACUC	0.130	5.2
Member, IBC/SRS, Research and Development (R&D) Committee	0.060	2.4

Research Activity	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Other Research duties not covered above approved by the Chief of Staff (COS), (e.g. peer reviewer of manuscripts referred for abstracts, editor of book, monograph, or other publications)	0.025	1

NOTE: NIH grants are managed through the affiliate or the nonprofit corporation. VA time allocation varies dependent on the particular research project.

Table 2: Administrative Mapping Allocations for Complexity Group 1a

Administrative Activity for Complexity Group 1a	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Chief of Staff (COS)	1.000	40.0
Assistant/Associate Chief of Staff (ACOS) or Deputy COS	1.000	40.0
Service Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 25 direct report FTEE [including in-house fee providers])	0.700	28.0
Service Chief of Small Service (i.e., Dental, Neurology; < 25 direct report FTEE [including in-house fee providers])	0.400	16.0
Assistant Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 25 direct report FTEE [including in-house fee providers])	0.550	22.0
Assistant Chief of Small Service (i.e., Dental, Neurology; < 25 direct report FTEE [including in-house fee providers])	0.350	14.0
Section Chief of Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 5 direct report FTEE [including in-house fee providers])	0.400	16.0

Administrative Activity for Complexity Group 1a	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Section Chief of Small Section (i.e., Allergy / Immunology, Urology; < 5 direct report FTEE [including in-house fee providers])	0.300	12.0
Program Lead within Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 5 direct report FTEE [including in-house fee providers])	0.200	8.0
Program Lead within Small Section (i.e., Allergy / Immunology, Urology; < 5 direct report FTEE [including in-house fee providers])	0.150	6.0
Chair, Hospital Committee	0.125	5.0
Supervision, for every 15 direct reports (if not in a formal position listed above)	0.100	4.0
Committee Membership or Performance Improvement Activities	0.025	1.0
Other Administrative duties not covered above approved by COS	0.025	1.0

Table 3: Administrative Mapping Allocations for Complexity Group 1b

Administrative Activity for Complexity Group 1b	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Chief of Staff (COS)	1.000	40.0
ACOS or Deputy COS	0.750	30.0
Service Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 15 direct report FTEE [including in-house fee providers])	0.600	24.0

Administrative Activity for Complexity Group 1b	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Service Chief of Small Service (i.e., Dental, Neurology; < 15 direct report FTEE [including in-house fee providers])	0.300	12.0
Assistant Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 15 direct report FTEE [including in-house fee providers])	0.450	18.0
Assistant Chief of Small Service (i.e., Dental, Neurology; < 15 direct report FTEE [including in-house fee providers])	0.250	10.0
Section Chief of Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 4 direct report FTEE [including in-house fee providers])	0.300	12.0
Section Chief of Small Section (i.e., Allergy / Immunology, Urology; < 4 direct report FTEE [including in-house fee providers])	0.200	8.0
Program Lead within Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 4 direct report FTEE [including in-house fee providers])	0.150	6.0
Program Lead within Small Section (i.e., Allergy / Immunology, Urology; < 4 direct report FTEE [including in-house fee providers])	0.100	4.0
Other Educational Duties approved by COS to include teaching didactic sessions, developing educational products, presentations at grand rounds, participation in interviews for prospective students, completion of trainee evaluations, education administration, service on university affiliate committees, scholarly activities (i.e., abstracts, workshops) entered as average hours per week over a year period of time.	0.025	1
Committee Membership or Performance Improvement Activities	0.025	1.0
Other Administrative duties not covered above approved by COS	0.025	1.0

Table 4: Administrative Mapping Allocations for Complexity Group 1c

Administrative Activity for Complexity Group 1c	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Chief of Staff (COS)	1.000	40.0
ACOS or Deputy COS	0.500	20.0
Service Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 10 direct report FTEE [including in-house fee providers])	0.500	20.0
Service Chief of Small Service (i.e., Dental, Neurology; < 10 direct report FTEE [including in-house fee providers])	0.300	12.0
Assistant Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 10 direct report FTEE [including in-house fee providers])	0.350	14.0
Assistant Chief of Small Service (i.e., Dental, Neurology; < 10 direct report FTEE [including in-house fee providers])	0.250	10.0
Section Chief of Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 3 direct report FTEE [including in-house fee providers])	0.200	8.0
Section Chief of Small Section (i.e., Allergy / Immunology, Urology; < 3 direct report FTEE [including in-house fee providers])	0.200	8.0
Program Lead within Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 3 direct report FTEE [including in-house fee providers])	0.100	4.0
Program Lead within Small Section (i.e., Allergy / Immunology, Urology; < 3 direct report FTEE [including in-house fee providers])	0.100	4.0
Chair, Hospital Committee	0.125	5.0
Supervision, for every 15 direct reports (if not in a formal position listed above)	0.100	4.0
Committee Membership or Performance Improvement Activities	0.025	1.0

Administrative Activity for Complexity Group 1c	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Other Administrative duties not covered above approved by COS	0.025	1.0

Table 5: Administrative Mapping Allocations for Complexity Group 2

Administrative Activity for Complexity Group 2	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Chief of Staff (COS)	1.000	40.0
ACOS or Deputy COS	0.400	16.0
Service Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 5 direct report FTEE [including in-house fee providers])	0.500	20.0
Service Chief of Small Service (i.e., Dental, Neurology; < 5 direct report FTEE [including in-house fee providers])	0.300	12.0
Assistant Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 5 direct report FTEE [including in-house fee providers])	0.350	14.0
Assistant Chief of Small Service (i.e., Dental, Neurology; < 5 direct report FTEE [including in-house fee providers])	0.250	10.0
Section Chief of Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 2 direct report FTEE [including in-house fee providers])	0.200	8.0
Section Chief of Small Section (i.e., Allergy / Immunology, Urology; < 2 direct report FTEE [including in-house fee providers])	0.200	8.0
Program Lead within Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 2 direct report FTEE [including in-house fee providers])	0.100	4.0

Administrative Activity for Complexity Group 2	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Program Lead within Small Section (i.e., Allergy / Immunology, Urology; < 2 direct report FTEE [including in-house fee providers])	0.100	4.0
Chair, Hospital Committee	0.125	5.0
Supervision, for every 15 direct reports (if not in a formal position listed above)	0.100	4.0
Committee Membership or Performance Improvement Activities	0.025	1.0
Other Administrative duties not covered above approved by COS	0.025	1.0

Table 6: Administrative Mapping Allocations for Complexity Group 3

Administrative Activity for Complexity Group 3	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Chief of Staff (COS)	1.000	40.0
ACOS or Deputy COS	0.300	12.0
Service Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 5 direct report FTEE [including in-house fee providers])	0.300	12.0
Service Chief of Small Service (i.e., Dental, Neurology; < 5 direct report FTEE [including in-house fee providers])	0.100	4.0
Assistant Chief of Large Service (i.e., Medicine, Mental Health Surgery; > 5 direct report FTEE [including in-house fee providers])	0.200	8.0

Administrative Activity for Complexity Group 3	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Assistant Chief of Small Service (i.e., Dental, Neurology; < 5 direct report FTEE [including in-house fee providers])	0.200	8.0
Section Chief of Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 2 direct report FTEE [including in-house fee providers])	0.100	4.0
Section Chief of Small Section (i.e., Allergy / Immunology, Urology; < 2 direct report FTEE [including in-house fee providers])	0.100	4.0
Program Lead within Large Section (i.e., Cardiology, Pulmonary / Critical Care; > 2 direct report FTEE [including in-house fee providers])	0.050	2.0
Program Lead within Small Section (i.e., Allergy / Immunology, Urology; < 2 direct report FTEE [including in-house fee providers])	0.050	2.0
Chair, Hospital Committee	0.125	5.0
Supervision, for every 15 direct reports (if not in a formal position listed above)	0.100	4.0
Committee Membership or Performance Improvement Activities	0.025	1.0
Other Administrative duties not covered above approved by COS	0.025	1.0

Table 7: Clinical Administrative Mapping Allocations for All Complexity Groups

Clinical Administrative Time All Complexity Groups	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Directorship, Basic Lab Services, <1,000,000 Annual Onsite Standardized Billable Test (SBT) (to include chemistry, hematology/urinalysis, serology/immunology, microbiology basic blood bank and management of send-out tests)	0.200	8
Directorship, Basic Lab Services, 1,000,000 – 2,500,000 Annual Onsite SBT (to include chemistry, hematology/urinalysis, serology/immunology, microbiology, basic blood bank and management of send-out tests)	0.300	12
Directorship, Basic Lab Services, >2,500,000 Annual Onsite SBT (to include chemistry, hematology/urinalysis, serology/immunology, microbiology, basic blood bank and management of send-out tests)	0.400	16
Directorship, Off-Site Laboratory, <100,000 Annual Onsite SBT, each Laboratory	0.0125	0.5
Directorship, Off-Site Laboratory, >100,000 Annual Onsite SBT, each Laboratory	0.025	1
Directorship, Community Based Outpatient Clinic (CBOC) performing non-waived testing, each CBOC	0.020	0.8
Directorship, Community Based Outpatient Clinic (CBOC) performing waived testing, each CBOC	0.010	0.4
Directorship, Anatomic Pathology Services in Surgical Pathology	0.040	1.6
Directorship, Anatomic Pathology Services in Cytology	0.040	1.6
Directorship, Anatomic Pathology Services in Autopsy	0.010	0.4
Directorship, Blood Bank with Transfusion Services	0.050	2
Directorship, Blood Bank Chair of the Transfusion Utilization Committee and Program	0.025	1
Directorship, Blood Bank with Bone Marrow Transplant Services	0.100	4
Directorship, Specialty Testing, Molecular Pathology (where direct test interpretation is required)	0.025	1

Clinical Administrative Time All Complexity Groups	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per Week
Directorship, Specialty Testing, Flow Cytometry	0.025	1
Directorship, Specialty Testing, Coagulation (i.e., Marker of Coagulation and Hemostasis Activation (MOCHA) panels, Lupus anticoagulant panels, thrombosis panels)	0.025	1
Directorship, Specialty Testing, Complex Microbiology	0.025	1
Directorship, Specialty Testing, Toxicology/Mass Spectrophotometry	0.025	1
Clinical support of Program, Initiative, or Research at the Hospital, Veterans Integrated Service Network (VISN) or National level	0.025	1
Clinical support of VISN or National level reference testing	0.025	1
Screening of laboratory send out testing	0.100	4
Chair, Hospital Committee (meeting time one hour per month)	0.050	2
Committee Membership or Performance Improvement Activities (meeting time one hour per month)	0.025	1
Assay Validation/Creation of Laboratory Developed Tests	Amounts determined (TBD) by Chief of Pathology & Laboratory Medicine Service (P&LMS)	Amounts TBD by Chief of P&LMS
Other clinical administrative duties not covered above approved by P&LMS Chief	0.025	1

Table 8: Education Mapping Allocations for All Complexity Groups

Education Activity	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per week
Associate Chief of Staff for Education (ACOSE) or similar title (includes others who serve in the functional role of the Designated Education Officer (DEO)), # in facilities with 100 or > Graduate Medical Education (GME) positions	1	40
ACOSE or similar title like DEO, # in facilities with 50 - 99 GME positions	0.5	20
ACOSE or similar title like DEO, # in facilities with 20 - 49 GME positions	0.4	16
ACOSE or similar title like DEO # in facilities with 1 - 19 GME or Associated Health (AH) positions	0.3	12
Program Director for VA-based Physician/Associated Health Program where number in program > 10	0.5	20
Program Director for VA-based Physician/Associated Health Program where number in program = 5 - 10	0.4	16
Program Director for VA-based Physician/Associated Health Program where number in program = 1 - 4	0.4	16
VA-based Program Director for an Affiliate-sponsored Physician or AH Program	0.5	20
Associate Program Director for VA or Affiliate-based Physician/Associated Health Program	0.5	20
Core Clinical Faculty	0.375	15
Other Clinical Faculty	0.25	10
VA Site Director for Non-VA based Pathology Resident Program \leq 10 residents	0.03	1.2
Medical School Clerkship Director (or analogous Associated Health Position)	0.5	20
Other Educational Duties approved by COS to include teaching didactic sessions, developing educational products, presentations at grand rounds, participation in interviews for prospective students, completion of trainee evaluations, education administration, service on university	0.025	1

Education Activity	Maximum Suggested Full Time Equivalent Employees (FTEE) Allocation	Maximum Suggested Hours per week
affiliate committees, scholarly activities (i.e., abstracts, workshops) entered as average hours per week over a year period of time.		

2. SAMPLE CALCULATION OF ESTIMATED CLINICAL FTEE FOR A FACILITY

a. Use the following formula to estimate how many Clinical Full Time Equivalent Employees are required to operate clinical laboratory services at a facility.

(1) Estimated Clinical Full Time Equivalent Employees (FTEE) = (Total Service Clinical Administrative Time (FTEE)) + (Total Service work relative value unit (wRVU)/Current Facility Level Median Pathology wRVU/FTEE).

(2) This calculation adds the total service level FTEE that is labor mapped to non-Relative Value Unit (RVU) generating Clinical Administrative Time to the FTEE configured from taking the total amount of Pathology wRVU a laboratory generates divided by the median Pathology wRVU per Clinical FTEE identified for that facility’s complexity group in the Office of Productivity, Efficiency and Staffing (OPES) Physician Productivity Standards Table.

NOTE: This is a complex algorithm, for assistance please contact VHA CO P&LMS PMO Theresa.Weber@va.gov ; VHA CO National Director’s office Michael.Icardi@va.gov

b. Example Calculation #1

Complexity Group1a site with 4 Community Based Outpatient Clinics:

(1) Determine Total Service Clinical Administrative Time (FTEE) using the Physician Labor Mapping Tables above by selecting the clinical services provided and tallying the value:

Table 4: Simple Group 1a Facility

LABOR MAPPING ACTIVITY	CLINICAL ADMINISTRATIVE TIME CATEGORY	FTEE ALLOCATION
Core lab - 1a facility (1 million - 2.5 million Onsite SBT)	Directorship, Basic Lab	0.3

LABOR MAPPING ACTIVITY	CLINICAL ADMINISTRATIVE TIME CATEGORY	FTEE ALLOCATION
Blood gas lab	Directorship, Off-Site Laboratory	0.0125
Moh's laboratory	Directorship, Off-Site Laboratory	0.0125
4 CBOC (0.010 X4)	Directorship, Community Based Outpatient Clinic (CBOC), waived testing only	0.04
Surgical Pathology	Directorship Anatomic Pathology	0.04
Cytology	Directorship Cytology	0.04
Autopsy	Directorship Autopsy	0.01
Blood bank with Transfusion	Directorship Blood Bank Transfusion services	0.05
Daily Transfusion Rounds	Daily conference	0.125
Flow Cytometry	Directorship Specialty Testing	0.025
Mycology	Directorship, complex microbiology	0.025
Virology	Directorship, complex microbiology	0.025
MALDI-TOF	Directorship, complex microbiology	0.025
Toxicology/Mass Spec	Directorship Specialty Testing	0.025
Tumor board	Support Hospital level program	0.025
Blood utilization committee	Committee Membership/Performance improvement	0.025
Infection Control committee	Committee Membership/Performance improvement	0.025
Ebola preparedness committee	Support Hospital level program	0.025
Hospital water safety initiative	Support Hospital level program	0.025

LABOR MAPPING ACTIVITY	CLINICAL ADMINISTRATIVE TIME CATEGORY	FTEE ALLOCATION
Support of oncology clinical trials testing (P&LMS chief approved)	Support Hospital level research	0.025
Support of Women's Health Research (P&LMS chief approved)	Support Hospital level research	0.025
VISN performance improvement committee	Support VISN level program	0.025
Urology case review (P&LMS chief approved)	Support Hospital program	0.025
Hospital performance improvement committee	Committee Membership/Performance improvement	0.025
Chair Laboratory performance improvement committee	Chair hospital committee	0.05
Radiation safety committee	Committee Membership/Performance improvement	0.025
Laboratory Journal club (P&LMS Chief approved)	Other clinical administrative activity	0.025
Validation of new clinical analyzer (P&LMS Chief approved)	Other clinical administrative activity	0.025
Total Service Clinical Administrative Time (FTEE)		1.13

(2) Obtain the Total wRVU for Pathology subspecialty from the OPES Physician Productivity Cube for the facility. This example is using the facility Fiscal Year (FY) 2013 annual Pathology wRVU value of 18756.

(3) Obtain the median Pathology wRVU/FTEE figure for the facility's complexity group from the OPES Physician Productivity Standards Table. This example is using a median Pathology wRVU for complexity group 1a value of 3897.

(4) Plug the values from steps 2,b,(1) and 2,b,(2) and 2,b,(3) into the calculation listed in step 2,a,(1) above:

(a) Estimated Clinical FTEE = (1.13 FTEE) + (18756 wRVU ÷ 3897 wRVU/FTEE)

(b) Estimated Clinical FTEE = (1.13 FTEE) + (4.8 FTEE)

(c) Estimated Clinical FTEE to run the Clinical services for the facility = 5.93

(5) This laboratory would use the resulting 5.93 Estimated Clinical FTEE figure as guidance to upper management when assessing how many FTEE is required to operate the pathology clinical service at this facility.

c. Example Calculation #2

A multi-institution combined service of Complexity Group 1a, Complexity Group 2, and Complexity Group 3 medical centers:

(1) Determine Total Service Clinical Administrative Time (FTEE) using the Physician Labor Mapping Tables above for each facility individually.

(a) Facility #1

Table 5: Complex Group 1a Facility

LABOR MAPPING ACTIVITY	CLINICAL ADMINISTRATIVE TIME CATEGORY	FTEE ALLOCATION
Core lab - 1a facility (>2.5 million Onsite SBT)	Directorship, Basic Lab	0.400
Blood gas lab	Directorship, Off-Site Laboratory	0.013
ER stat lab	Directorship, Off-Site Laboratory	0.013
MICU waived lab	Directorship, Off-Site Laboratory	0.013
Moh's laboratory	Directorship, Off-Site Laboratory	0.013
4 CBOC (0.010 X4)	Directorship, CBOC, waived testing only	0.060
Surgical Pathology	Directorship Anatomic Pathology	0.040
Cytology	Directorship Cytology	0.040
Autopsy	Directorship Autopsy	0.010
Blood bank with Transfusion	Directorship Blood Bank Transfusion services	0.050
Daily Transfusion Rounds	Daily conference	0.125
Flow Cytometry	Directorship Specialty Testing	0.025
Mycology	Directorship, complex microbiology	0.025

LABOR MAPPING ACTIVITY	CLINICAL ADMINISTRATIVE TIME CATEGORY	FTEE ALLOCATION
Virology	Directorship, complex microbiology	0.025
MALDI-TOF	Directorship, complex microbiology	0.025
Toxicology/Mass Spec	Directorship Specialty Testing	0.025
Tumor board (0.025X3)	Support Hospital level program	0.075
Blood utilization committee	Committee Membership/Performance improvement	0.025
Infection Control committee	Committee Membership/Performance improvement	0.025
Ebola preparedness committee	Support Hospital level program	0.025
Hospital water safety initiative	Support Hospital level program	0.025
Support of oncology clinical trials testing (P&LMS chief approved)	Support Hospital level research	0.025
Support of Women's Health Research (P&LMS chief approved)	Support Hospital level research	0.025
VISN performance improvement committee	Support VISN level program	0.025
Urology case review (P&LMS chief approved)	Support Hospital program	0.025
Genetic Medicine Consult Coordination (P&LMS Chief approved)	Support Hospital program	0.025
Grand Rounds (P&LMS Chief approved)	Other clinical administrative activity	0.025
Morbidity and Mortality conference (P&LMS Chief approved)	Other clinical administrative activity	0.025

LABOR MAPPING ACTIVITY	CLINICAL ADMINISTRATIVE TIME CATEGORY	FTEE ALLOCATION
Hospital performance improvement committee	Committee Membership/Performance improvement	0.025
Chair Laboratory performance improvement committee	Chair hospital committee	0.050
Radiation safety committee	Committee Membership/Performance improvement	0.025
Laboratory Journal club (P&LMS Chief approved)	Other clinical administrative activity	0.025
Validation of new clinical analyzer (P&LMS Chief approved)	Other clinical administrative activity	0.025
Total Service Clinical Administrative Time (FTEE)		1.400

1. Total wRVU for the fiscal year for this facility is 24264.
2. The median Pathology wRVU per FTEE for this complexity group is 3897.
3. Estimated Clinical FTEE = (1.4 FTEE) + (24624 wRVU ÷ 3897 wRVU/FTEE)
4. The resulting Estimated Clinical FTEE to run the Clinical services for the facility number one is 7.6.

(b) Facility #2

Table 6: Group 2 Facility

LABOR MAPPING ACTIVITY	CLINICAL ADMINISTRATIVE TIME CATEGORY	FTEE ALLOCATION
Core lab – level 2 facility (1- 2.5 million SBT)	Directorship, Basic Lab	0.300
Blood gas lab	Directorship, Off-Site Laboratory	0.0125
4 CBOC (0.010 X4)	Directorship, CBOC, waived testing only	0.040

LABOR MAPPING ACTIVITY	CLINICAL ADMINISTRATIVE TIME CATEGORY	FTEE ALLOCATION
Blood bank with Transfusion	Directorship Blood Bank Transfusion services	0.050
Surgical Pathology	Directorship Anatomic Pathology	0.040
Tumor board	Support Hospital level program	0.025
Blood utilization committee	Committee Membership/Performance improvement accreditation required	0.025
Infection Control committee	Committee Membership/Performance improvement accreditation required	0.025
Hospital water safety initiative	Support Hospital level program	0.025
Hospital performance improvement committee	Committee Membership/Performance improvement accreditation required	0.025
Screening Laboratory Sendout testing	Additional Clinical Administrative Duties	0.125
Monthly Affiliate Deans meeting	Other clinical administrative P&LMS Chief approved	0.025
Pathology Service line meeting	Other clinical administrative P&LMS Chief approved	0.025
Laboratory Journal club	Other clinical administrative activity P&LMS Chief approved	0.025
Total Service Clinical Administrative Time (FTEE)		0.77

1. Total wRVU for the fiscal year for this facility is 10264.

2. The median Pathology wRVU per FTEE for this complexity group is 2432.

3. Estimated Clinical FTEE = (0.77 FTEE) + (10264 wRVU ÷ 2432 wRVU/FTEE)

4. The resulting Estimated Clinical FTEE to run the Clinical services for facility number two is 5.0.

(c) Facility #3

Table 7: Group 3 Facility

LABOR MAPPING ACTIVITY	CLINICAL ADMINISTRATIVE TIME CATEGORY	FTEE ALLOCATION
Core lab – level 3 complexity facility (<1 million SBT)	Directorship, Basic Lab	0.2
4 CBOC (0.010 X4)	Directorship, CBOC, waived testing only	0.04
Blood bank with Transfusion	Directorship Blood Bank Transfusion services	0.05
Blood utilization committee	Committee Membership/Performance improvement accreditation required	0.025
Infection Control committee	Committee Membership/Performance improvement accreditation required	0.025
Hospital water safety initiative	Support Hospital level program	0.025
Hospital performance improvement committee	Committee Membership/Performance improvement accreditation required	0.025
Screening Laboratory Sendout testing	Additional Clinical Administrative Duties	0.125
Monthly Affiliate Deans meeting (P&LMS Chief approved)	Other clinical administrative	0.025
Pathology Service line meeting	Other clinical administrative activities	0.025
Support of VA Homeless Program Research (P&LMS chief approved)	Support Hospital level research	0.025

LABOR MAPPING ACTIVITY	CLINICAL ADMINISTRATIVE TIME CATEGORY	FTEE ALLOCATION
Total Service Clinical Administrative Time (FTEE)		0.59

1. Total wRVU for the fiscal year for this facility is 323.
 2. The median Pathology wRVU per FTEE for this complexity group is 1934.
 3. Estimated Clinical FTEE = (0.59 FTEE) + (323 wRVU ÷ 1934 wRVU/FTEE)
 4. The resulting Estimated Clinical FTEE to run the Clinical services for facility number three is 0.76.
- (2) Calculate total service FTEE: Add all three facility Estimated Clinical FTEE values together to calculate Total Service FTEE as sum of 7.6 + 5.0 + 0.76. Total Service FTEE for this complex multi-facility is 13.4.