

June 1989

M-2 MANUALS

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Department of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC 20420

M-2, Part I

February 9, 1990

1. Transmitted is Veterans Health Services and Research Administration Manual M-2, "Clinical Affairs," Part I, "General," Chapter 1, "Consultants and Attendings." Brackets have not been used to indicate changes.

2. Principal change is:

Paragraph 1.05: Consultants and Attendings Processing is added containing instructions for processing and maintenance of the Consultant and Attending (C/A) system, and preparation and handling of VA Forms 10-2418, 10-2418a, 10-2418b, and 10-2418c.

3. **Filing Instructions**

Remove pages	Insert pages
Cover through xi	Cover through v
1-1 through 1-1	1-i through 1-9
Contents 2-i through 18-i	
Contents 20-i through 31-i	

4. **RESCISSIONS:** M-2, Part I, Chapter 1, dated July 6, 1971, and VHS&RA Circular 10-84-108 are rescinded.

JOHN A. GRONVALL, M.D.
Chief Medical Director

Distribution: **RPC: 1024**
FD

Printing Date: 2/90

DEPARTMENT OF
VETERANS AFFAIRS

CLINICAL AFFAIRS
GENERAL

M-2, Part I

Veterans Health Services and
Research Administration

February 9, 1990M-2, Part I
Chapter 27

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Chapter 27

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Washington, DC

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Chapter 27

Department of Veterans Affairs
Veterans Health Services and
Research Administration
Washington, DC

February 9, 1990

Department of Veterans Affairs, Veteran Health Services and Research Administration Manual M-2, "Clinical Affairs," Part I, "General," is published for the compliance of all concerned.

JOHN A. GRONVALL, M.D.
Chief Medical Director

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RESCISSIONS

The following material is rescinded.

1. COMPLETE RESCISSIONS

a. **Manuals**

Par. 112f, M10-3

Pars. 129f and 169, M10-6

M-2, part I, changes 2 through 5 through 9, 11, 12, 13, 14, 16, 18 through 21, 25, 30, 32 through 40, 41, 44, 45, 49, 50, 51, 52, 55, 57, 60.

MP-1, part I, chapter 2, section A and appendices D and E

b. **Interim Issues**

II 10-156

II 10-161

II 10-184

II 10-188

II 10-270

II 10-292, pars. I, II, III, App. A

II 10-300

II 10-381

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II 10-71-33

II 10-71-26 by M-2, part I, chg. 67

II 10-82-53 de facto by chg. 74

II 10-83-7 by chg. 74

c. **Circulars**

261, 1946, Sec.1

10-62-70

10-65-33

10-82-137 by chg. 68

10-82-215 by chg. 75

10-84-8 by chg. 78

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d. **Regulations and Procedure**

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R&P 6202

R&P 6203

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R&P 6206

e. **Technical Bulletins**

Par. 2, TB 10A-191

Pars. 1b, 2 through 5, 6a and 9c, TB 10A-246

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Technical Bulletins (con't)

TB 10A-256

TB 10A-295 (except sec. XXI)

TB 10A-359

TB 10A-324 (This completes the rescission of TB 10A-324.)

f. AB Station Letters and Other Communications

<u>Date</u>	<u>Subject</u>
December 5, 1949	Officer of the Day Reports
March 3, 1952	Furnishing of Meals to Officers of the Day
April 8 1952	Domiciliary Care for Paraplegics
April 16 1952	Transfer of Quadriplegic Patients
April 17, 1952	Accomplishment of Recheck Examinations and Treatment of Intercurrent Conditions Involving Paraplegics at VA Hospitals Other Than Paraplegia Centers.
June 23, 1952	Monthly Report of Service-Connected Blinded Veterans and Blinded Military Personnel
August 18, 1952	Proposals for Membership, American College of Physicians
September 19, 1952	Establishment of Paraplegia Organizational Segment
January 4, 1954	Certificate of Medical Feasibility, VA Form 4555b

g. Instructions (pertaining to Public Law 702, 80th Cong., as amended)

Pars. 2d and 2e, Inst. 1-B
 Inst. 1C
 Inst. 1-D

2. LIMITED RESCISSIONS

The following material is rescinded insofar as it pertains to this manual.

a. Manuals

M10-3, par. 115h
 M10-6, pars. 9b, 42e, 70c, 86, and 132h
 M10-11, pars. 22b, 92e, 96d, 133b, and 172

b. Circulars

10-65-57, pars.2 and 3

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c. **Regulations and Procedure**

R&P 6130

d. **Technical Bulletins**

TB 10A-324

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CHAPTER 1. CHIEF OF STAFF RESPONSIBILITIES

1.01 GENERAL

a. The Chief of Staff, or the individual acting in this capacity, will be a doctor of medicine.

1.02 RESPONSIBILITIES

a. The Chief of Staff is fully responsible to the medical center Director for programs of patient care and for the educational and research activities of the clinical services. To carry out these responsibilities, the Chief of Staff:

(1) Formulates and recommends plans for a comprehensive program of medical care.

(2) Develops the requirements of staff, facilities, equipment and supplies needed to carry forward such an integrated program, utilizing necessary reviews and controls.

(3) Appraises the effectiveness of the various medical programs in meeting the needs of patient care.

b. The Chief of Staff acts as ex officio member of the Deans Committee or the Medical Advisory Committee and is the professional liaison of the medical center with these committees and consultant groups.

c. To carry out these broad professional programs, the Chief of Staff develops and maintains currently accepted management practices throughout the Clinical Services. The Chief of Staff develops and presents the budgetary requirements of the Clinical Services and assists in the formulation of the annual budget program.

1.03 ASSOCIATE CHIEF OF STAFF

a. The position of Associate Chief of Staff will be established in the Office of the Chief of Staff when authorized and directed by the Chief Medical Director.

b. Basic policies pertaining to this position are contained in M-3, parts I and II.

1.04 TEMPORARY CHIEF OF STAFF ASSIGNMENTS

a. When the position of Chief of Staff is vacant, the medical center Director may request the temporary assignment of a physician member of the Chief of Staff. Such assignment will be for a period not to exceed 1 year. Requests for the temporary assignment require the approval of the Chief Medical Director on recommendation of the appropriate Regional Director. The assignment may be terminated prior to the expiration date.

b. An employee who is temporarily assigned to a Chief of Staff position will be advanced to the Executive grade for the duration of the assignment. On expiration

or termination of the assignment, the grade and salary of the employee will be adjusted in accordance with the provisions of VA Manual MP-5, part II, chapter 3, paragraph 4d(4),

and chapter 5, paragraph 7. In applying the provisions of paragraph 4d(4), the salary will be adjusted to the salary held previously, unless a higher rate is warranted by reason of periodic step increases. On assignment, the following statement will be placed in the "Remarks" item of VA Form 5-4650, Notification of Personnel Action: "Employee informed of conditions of temporary grade assignment."

1.05 CONSULTANTS AND ATTENDING PROCESSING

a. Responsibility

(1) The Chief of Staff's Office, Personnel Service, the PAID Control Point, and Fiscal Service are responsible for the processing and maintenance of the C/A (Consultant and Attending) system.

(2) The Chief of Staff's Office is responsible for the overall management of the C/A program and for submitting the material to the PAID control point.

(3) The Personnel Officer is responsible for processing the appointments of lump-sum fee basis consultants and attendings. Personnel records will be maintained in a file folder (not SF66) in the personnel office. Appointment and reappointment responsibilities of Personnel Officers are contained in VHS&RA Supplement, MP-5, Part II, Chapter 2, paragraph 2.11, and Appendix 2B.

b. Procedure

(1) Processing for the C/A program involves using four forms, monthly submitting the data, annually renewing authorizations and administratively managing the processing of the information.

(2) Authorization and payment processing will utilize the existing PAID and CALM runs, and all input will be transmitted via ARS (Advanced Record System) or IVATEN to the Austin Data Processing Center.

c. Instructions for accessions, changes, renewals and terminations of authorizations for consultant and attending services:

(1) Instructions for processing and maintenance of the Consultant and Attending (C/A) system, and preparation and handling of VA Forms 10-2418, 10-2418a, 10-2418b, and 10-2418c:

(a) VA FORM 10-2418, AUTHORIZATION FOR CONSULTANT OR ATTENDING SERVICES, is to be prepared by the Chief of Staff's Office when initially authorizing a Consultant or Attending to provide service to VA or when changing, renewing (only for those individuals for which you did not receive a renewal card), or terminating the authorization.

1. Items 1 through 6 are to be completed for station use only but will not be transmitted to the Austin DPC.

a. Item 1 enter the name of VA facility issuing the authorization.

b. Item 2 is the three (3) digit station number found in the consolidated address bulletin.

c. Item 3 is the C/A social security number (SSN) or employer identification number (EIN) (corporation tax number).

d. Item 4 is the C/A address.

e. Item 5 is the beginning and ending date of the authorization. An authorization must be renewed at the beginning of the fiscal year and; therefore, may not be authorized beyond September 30. The number of visits per year and the payment rate per visit must be completed. Add to the rate per visit the amount authorized for per diem and travel to obtain the lump sum fee. If an individual is a Consultant and an Attending, or provides service in more than one specialty, a separate authorization must be completed for each appointment.

f. Item 6 is used as is individually applicable.

(2) **Blocks 1 through 19 must be completed on all transactions and blocks 20 through 25 must be completed for the appropriate transaction. (Refer to exceptions under paragraph 3a(3), Action (22)).**

a. Station Number (1-4). The three-digit station number is found in MP-6, Part 5, Supplement 5.3 or the Consolidated Address and Territorial Bulletin 1, Section V. Leave CC1 Blank.

b. Identification Number (5-13). Either an individual social security number or an employer identification number (corporation tax number) is to be entered. Refer to D3 transaction, paragraph 3a(21), Identification number identifier (55).

c. Name Code (14-16). The first initial of the participant's first name is entered in block 14. Block 15 will be left blank, Block 16 will contain the first letter of the middle name or be left blank if there is no middle initial.

d. Day Number (17-19). Enter the Julian day number of the effective day of action.

e. Transaction Type (20-21). The potential entries required for a single transaction exceed punch card limitations. The entries have been divided into three separate transactions D1, D2, and D3. Prepare only the transaction(s) required to convey the desired data.

(3) **Action (22). Use four codes to input this information.**

a. An **Accession, Code "A"**, is to be entered when a new Consultant or Attending is appointed. All information in transaction types D1, D2, or D3 must be completed. (Exception: The identification number change 56-64 in D3 is left blank and the decimal suffix is left blank, D1, D2, D3).

b. A **Change, Code "C"** is to be entered when information already in the system requires changing. Only the information in items 26-80 which require a change need be completed; those items which remain the same are to be left blank. When a change is to be made to an identification number or a sub-name code, card columns 5-16 should reflect the information currently in the master record. Transaction type may

be D1, D2, or D3 depending upon the information being changed. Change transactions are processed weekly and become effective immediately, retroactive to the first day of the month.

(NOTE: *All changes affecting payment processing must be effective for the entire month.*) Therefore, it is critical that the change should not be processed and become effective before the intended date. Do not submit the change transaction until the third Friday of the month for which the change is to be effective. Example: If a change is going to be made which will be effective with August visits, the change transaction must be submitted with the weekly edit and update between the 3rd Friday in August and the 1st Friday in September. This will preclude July visits from being affected by the change.

c. A **Renewal, Code "R"** is to be entered when annually renewing a previously authorized participant. Further instruction concerning renewals are included under paragraph 3.c. of this regulation.

d. A **Termination, Code "T"** will be entered in field 22 of TT D3 when terminating an authorization. If termination occurs at the end of the authorized period, no transaction is necessary. When termination occurs prior to the end of the previously authorized period, a D3 transaction will be entered with termination action. Terminations should not be submitted until after the payment cycle following the last month in which the C/A worked.

(4) **Decimal Suffix.** A three-digit identifier will be assigned by the Austin DPC for each C/A participant. This field will be left blank on accessions. When completed on all other actions, the number entered must be the same as that on the participant's prepunched VA Form 10-2418a, Consultant/Attending Visit Record. All transactions except the initial accession transaction must contain the decimal suffix assigned by the Austin DPC. If this information is excluded it will reject due to invalid decimal suffix.

(5) **D1 TRANSACTIONS**

(a) Participant's name (26-42). Enter the first initial in card column 26. Enter the middle initial in card column 27 (Leave CC 27 blank if there is no middle initial). Enter the first letter of the last name in CC 28 and complete the remainder of the last name in CCs 29-42. Do not leave blanks to separate initials and last name except as described for CC 27. Do not use more than two initials before beginning the first letter of the last name.

(b) Title (43). The following numeric codes are to be used for the corresponding title: 1 = MD; 2 = DPM (Doctor of Podiatric Medicine); 3 = DO (Doctor of Osteopathy); 4 = PH.D.; 5 = DDS (Doctor of Dental Surgery); 6 = DVM (Doctor of Veterinary Medicine); 7 = RN; 8 = OD (Doctor of Optometry); 9 = DMD (Doctor of Dental Medicine); leave this space blank for all other professional titles.

(c) Title (44). Enter a "C" for Consultant or an "A" for an Attending.

(d) Date of appointment (45-49). Enter the last two digits of the year in CC's 45-46. The three-digit Julian day number should be entered in CC's 47-49 (YYDDD).

(e) Occupation series (50-57). A valid PAID occupation code must be entered here. Such codes are found in MP-6, Part V, Supplement 1.5.

(f) Address line number one (58-80). This line must be completed on all accession actions. Begin with CC 58 and leave one space to separate the various address parts.

This address is where the Consultant and Attending payments will be mailed. If additional space is needed to complete the address, such space is available on the D2 transaction, CCS 26-48.

(6) **D2 Transactions**

(a) Address line number two (26-48). Blank unless address line number one above is insufficient or special address instructions are necessary. If it is necessary to delete the second line address entry this may be accomplished by entering five (5) zeroes in CCS 26-30 of a D2 change transaction.

(b) City (49-61). City name must begin in CC 49 and may not exceed 13 positions. Leave a blank space between words if the name has multiple words. When abbreviations are used, punctuation is to be omitted. Do not enter periods, commas, or apostrophes.

(c) State (62-63). Acceptable two digit state abbreviations are found in the Consolidated Address and Territorial Bulletin 1.

(d) Zip code (64-68). A numeric zip code must be entered.

(7) **D3 Transactions**

(a) Cost center (26-31). Enter the four digit cost center code followed by two zeroes. Cost centers are found in MP-4, part V, Appendix B.

(b) Sub-account (32-35). Enter 2576. Any other entry is invalid.

(c) (36-41). Reserved for use by Austin DPC only.

(d) Number of visits (42-44). Enter the total number of visits authorized during the Fiscal Year. The actual count may not exceed this level. When the authorized visits are to be exceeded, a change transaction must be submitted to reflect the newly established figure; 50 visits will be entered 050.

(e) Amount per visit (45-49). This amount will not exceed \$75 for a Consultant or \$40 for an Attending unless a greater amount has been approved in accordance with MP-5, Part II, Chapter 3; \$75 is written 07500.

(f) Per diem (50-54). Enter the dollars and cents allowable for travel and per diem for each visit. This amount will be locally determined and should not exceed the actual cost per day. In order for the accession transaction to be accepted an appropriate per diem rate or zeroes must be entered or your transaction will be rejected. Review closely the monthly listings to assure the accuracy of the amount per visit and per diem. Submit a D3 change transaction for all individual amounts that are listed incorrectly even though the lump sum may be correct.

(g) Identification number identifier (55). Identify whether the number in CCs 5-13 on an accession transaction, or CCs 56-64 on a change transaction, is the individual's social security number or employer identification number. 1 = SSN; 2 = EIN.

(h) Identification number change 56-64). Complete this item only when a change is made in the identification number. Complete block 55 also.

(i) No pay (65). Leave blank if pay visits are authorized. Enter "Y" if no pay visits

are authorized (CCs 42-54 must contain zeroes), or if an individual is being changed from a pay to no pay status. Enter a ZERO if the C/A was originally authorized no pay visits but is being changed to pay status (CC's 42-54 must contain appropriate data and CC 22 must be "C").

(j) Item 7, approval line, is to be signed by the approving official or designee. The information on this form is to be keypunched on an 80 character data processing card and transmitted via ARS or IVATEN to the Austin DPC as a part of the weekly or end of the month PAID master record updating transmittals.

d. VA FORM 10-2418a, CONSULTANT/ATTENDING VISIT RECORD, is the time card for recording monthly visits. Visits must be recorded on the day they occur. The Chief of Staff's Office will be responsible for completing the visit record. Submit the data on the 5th workday after the end of the month for which visits are being reported.

(1) After VA Form 10-2418 data has been transmitted to Austin, four pre-printed visit record cards will be sent to the VA facility for each authorization submitted. The cards will be pre-printed on the top with the station number, social security number (employer identification number if applicable), name code, transaction type and decimal suffix. When one individual has a dual appointment either at the same or different VA facility, a separate deck of cards will be received for each appointment. Caution must be taken to be certain that the correct time card is used to record the visit when the dual appointment is at the same facility. Be sure that you follow existing manual requirements concerning dual appointment, and remember that the C/A is paid for a day of service. A different decimal suffix will be issued for each appointment. Cards with a common decimal suffix (quarterly issue) are to be used exclusively by on participant's authorization; i.e., if a physician is appointed as a Consultant in Internal Medicine and is an Attending in another specialty, the Internal Medicine visits will be recorded exclusively on one deck of cards and the other specialty on another deck. A narrative data sheet will accompany the deck of visit record cards. Match the appropriate decimal suffix with the narrative information on the data sheet; i.e., the decimal suffix for the Consultant in Internal Medicine will be printed on the narrative line which describe the Consultant. Austin will automatically issue the cards according to their rate of use. Time cards will be issued weekly for accessions and critical changes (name, SSN, station number). Every three months a replenishment will be issued for cards used in the previous months, plus one extra if all three cards were used during the previous quarter. It is just as important to submit the visit record card for a non-paid Consultant/Attending to assure both accurate records and a replenishment for the used cards. If for any reason the prepunched card cannot be used, the duplicate prepared by the facility must contain the decimal suffix assigned by the DPC.

(2) Consultants or Attendings may begin performing services before the facility receives the pre-printed deck of visit record cards. When this occurs, the station number, social security number (or employer identification number if applicable), name code, day number and transaction type are to be completed on the right portion of a blank VA Form 10-2418a. This information is then to be keypunched on the top portion of the card in the appropriate blocks.

(3) Station number (1-4). Enter the three-digit station number found in MP-6, part V, supplement 5.3 or the Consolidated Address and Territorial Bulletin 1, Section V. Leave CC 1 blank.

(4) Social security number (5-13). Enter the social security number or employer identification number.

(5) Name code (14-16). Enter the first initial of the first name in block 14, leave block 15 blank and enter the first initial of the middle name in block 16. If no middle name, leave block 16 blank.

(6) Day Number (17-19). Enter the three-digit Julian day number for the last day of the report period.

(7) Transaction type (20-21). Enter "DB" in all transactions.

(8) Decimal suffix (22-24). Enter the number received on print-out from Austin.

(9) During the month, the Consultant or Attending will record the time in and out next to the number which corresponds to the day that the visit occurs. Non-pay visits should be labeled as such at the time the visit occurs. Mark an "NP" anywhere on the time in or time out line. At the end of each month, the number of visits for pay during the report period are to be entered in blocks 56-57 and the number of non-pay visits in blocks 58-59. Combined visit count is not to exceed nor be less than the number of dates for which visit entries are recorded.

(10) Blocks 17-19 are to be completed monthly for each participant. Enter the Julian day number for the last day of the report period.

(11) At the end of the month the Chief of Staff or designee will sign the completed cards which will then be forwarded to PAID control point.

(12) VA Form 10-2418a is designed to have information keypunched directly onto it. Key punch the Julian day number coded in CC 17-19. This item is not prepunched by the Austin DPC. Entries are to be made in blocks 25-55 to correspond with the dates on which visits are recorded. Key punch an "X" for a PAID visit or a "W" for without pay visit. Key punch the total pay visits and without pay visits as recorded on the left portion of the card in blocks 56-57 and 58-59 respectively.

e. RENEWAL PROCEDURES; VA FORM 10-2418c, CONSULTANT AND ATTENDING RENEWAL CARD will be prepunched by the Austin DPC for every C/A in the system as of August 1 and forwarded to the appropriate facilities during the third full work week in August. The card will have the following data prepunched:

Station Number
 Identification Number
 Name Code
 Day Number
 Transaction Type (D3)
 Action (R)
 Decimal Suffix

The following data will be printed on each card:

C/A Name and Title

Station Number
Identification Number
Cost Center

1-24

Decimal Suffix
 Service
 Number of Visits
 Amount - Dollars/Cents (per visit)
 Per Diem - Dollars/Cents (per visit)

The prepunched portion represents data required for a D-3 transaction to renew participants currently in the system. The printed portion represents data contained in the participants' master record. Review each card thoroughly giving special attention to the "current authorization" portion, and refer to the following instructions for the proper handling of the card. If you do not receive a renewal card, for whatever reason, the person has been dropped from the system and you need to reaccession the person. If you plan to utilize this individual during the current fiscal year, follow the same instructions as contained in paragraph 3c(5), accessioning participants erroneously dropped. If you do not plan to utilize this individual until the next fiscal year, follow the same instructions as contained in paragraph 3c(6).

(1) Renewal - No Changes: Transmit the card as is with the PAID transactions during any Master Record Update (Edit & Update) cycle between the time received and the second E&U cycle in September.

(2) Renewal - Changes to "Current Authorization" Portion: Changes are to be made directly on the prepunched renewal card to number of visits, amount (dollars/cents) and/or per diem (dollars/cents) by coding the new data in the appropriate fields on the right hand portion of the renewal card (no coding is required for the fields that are not changing). Forward the card to keypunch using procedures established at your facility. Keypunch should punch in each card only the data coded for blocks 42 through 54. Transmit the completed card to the Austin DPC as described in paragraph 3.c(1) above.

Note: *These are D-3 transactions and should be batched that way for transmittal.*

(3) Renewal - Changes to Date Other than "Current Authorization": Changes to be made to any field(s) other than those under "current authorization" including changes from non-pay status to pay status or vice versa cannot be made on the prepunched card but will require change transactions prepared and processed under the guidelines currently in existence for the C&A system. **Note:** *To keep the C&A in the system, you must return the prepunched renewal card making any changes to the three fields listed. Other changes should not be submitted until after the third Friday in October. Since changes become effective immediately upon receipt, this will avoid changes becoming effective before the new fiscal year.*

(4) Non-Renewal: Do not transmit the pre-punched renewal card to the Austin DPC if the consultant/attending is not being renewed. All participants for whom no renewal card is transmitted to the DPC will be automatically purged from the C/A file.

(5) Participants erroneously dropped from the file as a result of failure to transmit the renewal card to the Austin DPC in the time frame allowed for renewal can be reestablished by submitting D1, D2, D3 accession transactions using current procedures for accessioning. Prepare routine accession transactions for C/A

appointments authorized between August 1 and September 30. When the decimal suffix is received from Austin for these new accessions or accessions previously submitted for whom you

did not receive a prepunched VAF 10-2418c, prepare a D3 renewal transaction using VAF 10-2418, Authorization for Consultant or Attending Services (enter the Julian day number for October 1, in blocks 17-19, and action code R in block 22) by the second edit and update cycle in September. Key punch the data on Form 5280, General Purpose Card and transmit to Austin during E&U with your other renewal cards. Any accessions submitted after the second edit and update cycle in September must be reaccessioned in the new fiscal year.

(6) New C/A appointments for the coming fiscal year of individuals not appointed during the current fiscal year should not be accessioned until after the third Friday in October.

(7) The Austin DPC will prepare and forward to each field facility by October 1, four (4) decks of VA Form 10-2418b, Consultant/Attending Authorization Renewal Card. Distribution of the cards should be as follows: one deck should be signed by the authorizing official, stamped with the name and address of the issuing office and mailed to the C/A using pre-printed mailing labels furnished with the cards; send one deck to personnel, one deck to fiscal and one deck to the office responsible for the C/A program.

The Offices of Budget and Finance, Data Management and Telecommunications, and Personnel and Labor Relations concur.

(8) Exceptions to Service Fee and Annual Pay Limitation: VHS&RA Supplement, MP-5, part II, chapter 3, outlines procedures to be followed when requesting exceptions to the current maximum service fee and annual pay limitations for consultants and attending. Questions regarding exceptions to service fee and annual pay limitation should be directed to Salary and Wage Administration Service (10BA__ /052B).

(9) Questions should be directed to the Deputy ACMD for Ambulatory Care (11C), VA Central Office.

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CHAPTER 2. NARCOTICS AND ALCOHOLICS CONTROL

2.01 DEFINITIONS. (See DM&S Manual M-2, pt. VII. par. 5.01.)

2.02 POLICY

a. Narcotics will be prescribed only for bona fide medical needs. They will not be prescribed for or dispensed to addicts or habitual users of narcotics solely for the purpose of sustaining addiction. Narcotic drugs will be prescribed on an outpatient basis only for the occasional eligible veteran who is under closely supervised treatment for a condition requiring this type medication. Outpatient prescriptions which may be received from fee-basis or private physicians for unusual or questionable quantities of narcotics will be reviewed by the Clinic Director or Chief of Staff in hospitals where fee-basis medical care is authorized and the case discussed with the prescribing physician. When indicated, the District Supervisor of the Bureau of Narcotics will be contacted for any information he may have which will assist in determining the appropriateness of filling the prescription. A notation of the contact and the information received will be made on the prescription.

b. Alcoholic beverages will not be prescribed or administered on an outpatient basis.

2.03 ORDERING NARCOTICS, EXEMPT NARCOTICS AND ALCOHOLICS

a. Narcotics and alcoholics for nursing or treatment units will be ordered from the pharmacy on VA Form 10-2321. VA Form 10-2321 will be prepared in duplicate on orders for narcotics and in an original only on orders for class "X" exempt narcotic preparations and alcoholics. Orders will be limited to one item per form. Forms will be completed in ink or typewritten, and the original only will be signed by the registered nurse. Class "M" exempt narcotic preparations may be ordered on VA Form 10-2566, Pharmacy Order, together with other drugs and medicines for routine use on wards and clinics.

b. Narcotics and exempt narcotics for individual patients (eligible outpatients, or special prescriptions for inpatients) will be dispensed by pharmacists only on presentation of a properly completed VA prescription form, or other prescription form when executed by proper authority.

2.04 PRESCRIBING NARCOTICS AND ALCOHOLICS

a. At hospitals, a physician or dentist who desires to prescribe from a stock of alcoholics or narcotics which has insured to a nursing unit will write, sign and date, in ink, his order on VA Form 10-1158, Clinical Record, Doctor's Orders. All orders for narcotics to be administered from ward stock will be written for periods not to exceed 72 hours and will be reentered on VA Form 10-1158 for each succeeding period of 72 hours or less.

b. In regional office outpatient clinics and VA outpatient clinics, individual doses of narcotics administered to patients will be ordered on SF 509, Clinical Record, Doctor's Progress Notes.

c. Entries will be signed by the prescribing physician or dentist.

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2.05 INSPECTION

a. Directors of hospitals, domiciliaries, VA outpatient clinics and managers of regional offices with outpatient clinics will be responsible for establishing on adequate system of narcotic and alcoholic inspection to insure the safety and control of narcotic and alcoholic stock. One or more responsible inspecting officials will be appointed in writing by Directors or Managers to make a monthly physical inspection of the alcoholic, narcotic and class "X" exempt narcotic preparations on hand in the pharmacy, narcotic stocks on hand in wards, clinics or other using services, and inspection of pertinent records maintained at the station. In case of inaccuracy in balances or records, the inspecting official or officials will endeavor to determine the cause of the error. A report of inaccuracies and the findings will be made to the Director or Manager, who will take any indicated corrective action.

b. Inspection in Pharmacy

(1) The inventory and inspection of pharmacy stock and records will be made in the presence of the Chief, Pharmacy Service, or his pharmacist designee. The inspecting official will date and sign the VA Form 10-2320, Alcoholics, Narcotics, and Exempt Narcotics Register, for each drug or preparation at the time of the inspection, certifying the accuracy of the records. The inspecting official also will review alcoholic usage rate records for the wards and clinics.

(2) The inspecting official will determine when narcotics and/or beverage type alcoholics are unserviceable or excess and will authorize their disposition. (See DM&S Manual M-2, pt. VII, ch. 5.) Record of disposition, to be made in the "Excess Alcoholic and Narcotic File," will be signed by the Chief, Pharmacy Service, and inspecting official.

c. The Chief, Pharmacy Service, will submit monthly, or as otherwise directed, to the appointed responsible inspecting official or officials, a complete list by wards and clinics of the numbers of VA Forms 10-2638, Narcotics Record, which should be available on the nursing units. This list will be used by the inspecting official in his monthly check of ward and clinic narcotic stocks and records to assure that all records and stocks are available for inspection. (No form will be provided or reproduced for the preparation of the required list.)

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d. Inspection in Wards and Clinics

(1) Prior to the inspection, records will be assembled in an order to be determined locally. The inventory and inspection of ward and clinic stocks and records will be made in the presence of the head nurse or, in her absence, the nurse in charge.

(2) The inspecting official will certify by memorandum to the Director or Manager, the accuracy of the records and inventory of narcotics in the units which he has inspected. The wards and clinics will be specified. He will certify also to his review of alcoholic usage rate records in the pharmacy. The list used by the inspecting official in conducting his inspection will be returned promptly to the pharmacy.

(3) The inspecting official will determine when alcoholics or narcotics are deteriorated or in excess of the needs of the ward or clinic.

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In the case of alcoholics, this will be indicated on the face of the VA Form 10-2321 which has been prepared as a turn-in slip in accordance with instructions in DM&S Manual M-2, part VII, chapter 5.) In the case of narcotics, this will be indicated by the following entries on the appropriate VA Form 10-2638:

- (a) "Date" in the "Date" column.
- (b) "Return to pharmacy for disposition" in "Name of Patient" column.
- (c) Signature of inspecting official in "Administered by" column.
- (d) Entries will be made on the line following the last entry for administration of the drug.

2.06 PROCEDURE IN CASE OF LOSS

a. Accidental Loss, Breakage, or Destruction of Small Quantities. In cases of accidental loss, breakage, or destruction of small quantities of narcotics (such as single doses) in pharmacies, wards, or clinics, the appropriate record will be balanced and a brief explanation of the circumstances entered on the VA Form 10-2638, or VA Form 10-2320, as indicated. Entries and explanation will be signed by the person responsible for the loss or breakage and called to the attention of his or her immediate superior at the earliest opportunity. The immediate superior will countersign VA Form 10-2638 or VA form 10-2320. If the explanation is not considered satisfactory, the incident will be reported through responsible supervisors to the Chief of Staff or Clinic Director for investigation and necessary action.

b. Recurring Shortages, Theft, or Suspected Theft

(1) In cases of recurring shortages, loss of significant quantities of narcotics (several doses), or if there is indication that narcotics have been stolen, report will be made through appropriate channels to the Chief of Staff or Clinic Director. Losses discovered during monthly inspections will be reported directly to the Chief of Staff or Clinic Director by the inspecting official. If circumstances warrant, local law enforcement officers should be notified. As soon as possible after preliminary investigation, a statement of the facts, including persons involved and a list of narcotics missing, will be forwarded to the District Supervisor of the

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Bureau of Narcotics. If appropriate, the statement will include the fact that local authorities have been notified. A copy of the statement shall be retained and filed with the narcotics record.

(2) In case of suspected theft by substitution, reports will be made through appropriate channels to the Chief of Staff or Clinic Director, who will have tests made on the suspected material by the pharmacist or other qualified analyst. Adjustment will be made in the record by the Chief of Staff or Clinic Director, or his professional designee, for quantities used in the testing procedure. If substitution is confirmed, immediate investigation will be initiated and procedure followed as prescribed above for stolen narcotics.

(3) Upon completion of investigation, quantities of narcotics lost, used of or analysis in connection with the investigation, or otherwise removed from stock involved, will be dropped from the record with appropriate written explanation opposite the entry.

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Records will be balanced, and will entries and explanatory remarks signed by the Chief of Staff or Clinic Director.

(4) In all cases requiring investigation, reports, including the amount of narcotics, the persons and circumstances involved, and action taken will be forwarded to the Chief Medical Director. In cases requiring lengthy or detailed investigation before findings can be established, a preliminary report will be forwarded as soon as possible and summary reports will follow. (See VA Manual MP-1, pt. I, ch. 2.)

2.07 CERTIFICATION OF EMPLOYEES AS EXEMPT OFFICIALS TO DIRECTORS OF INTERNAL REVENUE

a. Pursuant to Treasury Department Narcotic Regulation 5, amended by Treasury Decision No. 48, each official authorized to handle narcotics must be certified pm a separate U.S. Treasury Department Form 1964, Certification of Exempt Official (Narcotics). This form must be submitted prior to July 1 of each year to the district in which the VA installation is located. (TD Form 1964 may be obtained from the District Director of Internal Revenue.)

b. The purpose of the certification is to exempt the "Civil Officer" who handles narcotics from registration and payment of the special tax. Each individual will be certified separately on TD Form 1964, and will be given an exemption identification number by the Treasury Department.

c. The TD Form 1964 is to be signed by a superior of the individual being certified. In the case of physicians, dentists, pharmacists, and supply officers, this may be the Director of the hospital, domiciliary, VA Outpatient Clinic or Manager of a regional office with outpatient clinic. TD Form 1964 for physician-managers and directors of clinics, certifying them as authorized to administer and dispense narcotics, will be prepared and signed by the Chief Medical Director or his designee.

d. Newly appointed physician-managers and directors of clinics, or those who move to the jurisdiction of a different District Director of Internal Revenue, should be certified immediately by the Chief Medical Director, or his designee, to the appropriate District Director.

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e. A physician or dentist prescribing narcotics for a patient on VA prescription forms, will enter his exemption identification number on the form, in addition to his title and official address. (NOTE: VA Form 10-2321, Alcoholics and Narcotics Order, is used to order narcotics from the pharmacy for wards and clinics. An exemption identification number etc., is not required on this form since it is an internal VA form used only for transfer of official stocks within the station.)

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