

**Manual M-2, Clinical Affairs/Programs. Part I, General**

**Chapter 1, Chief of Staff Responsibilities (Paragraphs 1.01 through 1.05)**

**Rescinds Chapter 1 dated July 6, 1971**

This document includes:

Memorandum, dated **July 23, 1985**

Contents page for M-2, dated **June 1989**

Title page and title page verso for M-2, Part I, dated **February 9, 1990**

Contents page and Rescissions pages for M-2, Part I, dated **April 7, 1995**

Contents page for Chapter 1, dated **February 9, 1990**

Text for Chapter 1, dated **February 9, 1990**

Transmittal sheet located at the end of the document:

Sheet dated **February 9, 1990**

**Changes prior to 1990 located at the end of the document:**

Change 50, dated **July 6, 1971**

Change 15, dated **October 5, 1961**



Veterans  
Administration

# Memorandum

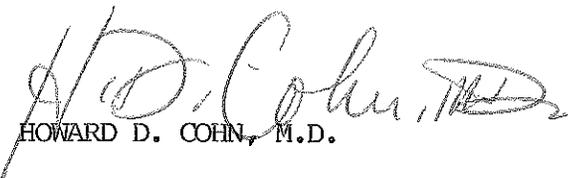
Date:

From: Actg. ACMD for Clinical Affairs (11)

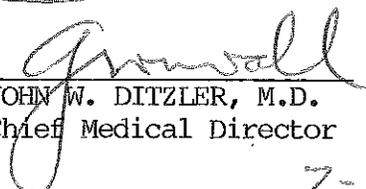
Subj: Redesignation of Manual M-2

To: Director, Regulations and Publications (10A1B)

VA Department of Medicine and Surgery Manual M-2, "Professional Services," has been redesignated as VA Department of Medicine and Surgery Manual M-2, "Clinical Affairs."

  
HOWARD D. COHN, M.D.

APPROVED/DISAPPROVED:

  
JOHN W. DITZLER, M.D.  
Chief Medical Director

7-23-85

RECEIVED  
07/29/85  
JUL 25 1985

Regulations and Publications  
Management Staff (10A1B)

**DEPARTMENT OF  
VETERANS AFFAIRS**

*PROGRAMS*

**CLINICAL AFFAIRS  
GENERAL**

**M-2, Part I  
February 9, 1990**

**Veterans Health Services and  
Research Administration  
Washington, DC**

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. GRONWALL, M.D.  
Chief Medical Director

Distribution: RPC: 1024  
FD

Printing Date: 2/90

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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.

VHA Supplement MP-1, Part I, Chapter 2, Section A and Appendices D and E, change 43, dated October 27, 1987 (Effective October 1, 1992).

VHA Supplement MP-1, Part I, Chapter 2, Section A, change 44, dated July 26, 1991 (Effective October 1, 1992).

M-2, Part I, Chapter 35, dated August 7, 1992 and Supplements 1 and 2.

**b. Interim Issues**

II 10-156

II 10-161

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

II 10-300

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II 10-68-31

II 10-71-33

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

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

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**c. Circulars/Directives**

261, 1946, Sec.1

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**c. Circulars/Directives Continued**

- 10-92-105 and Supplement 1
- 10-93-004
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- 10-93-130
- 10-93-136
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**d. Regulations and Procedure**

- R&P 6202
- R&P 6203
- R&P 6205
- R&P 6206

**e. Technical Bulletins**

- Par. 2, TB 10A-191
- Pars. 1b, 2 through 5, 6a and 9c, TB 10A-246
- 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 current 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 Congress, 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

**a. Manuals - Continued**

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

**c. Regulations and Procedure**

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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

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. Key punch 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

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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.

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

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M-2, Part I

MAR 19 1990

February 9, 1990

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

2. Principal change is:

Paragraph 1.05: Consultants and Attending 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

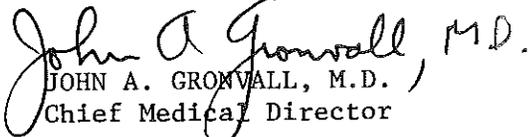
**Remove pages**

Cover through xi  
1-1 through 1-1

**Insert pages**

Cover through v  
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 Medicine and Surgery  
Veterans Administration  
Washington, D.C. 20420

M-2, Part I  
Change 50

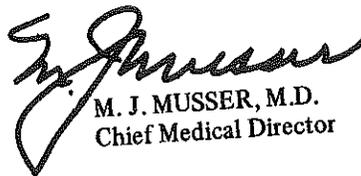
July 6, 1971

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

*NOTE: The purpose of this change is to authorize, with the Chief Medical Director's approval, temporary time-limited assignment as Chief of Staff.*

Page v: Under "1.03" insert "1.04 Temporary Chief of Staff Assignments - - - - - 1-1".

Page 1-1: Remove this page and substitute page 1-1 attached. (Par. 1.04 added.)

  
M. J. MUSSER, M.D.  
Chief Medical Director

Distribution: RPC: 1024  
FD

*reple by 2/2/90*

10E

Department of Medicine and Surgery  
Veterans Administration  
Washington 25, D.C.

M-2, Part I  
Change 15

October 5, 1961

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

NOTE: The purpose of this change is as follows:

- a. To add chapter 1 defining organizational responsibility.
- b. To reduce the number of categories listed in paragraph 9.01, within which VA stations are designated by the Chief Medical Director as being specially staffed and equipped to perform highly specialized treatment procedures, to reflect progressive trends in medical care.
- c. To revise paragraph 9.04 to bring its provisions in line with current thinking.
- d. To eliminate appendix A listing designated stations in order to simplify dissemination of required information to the field.
- e. To add chapter 13, "General Post Fund."

*chg 37* — Pages v and vi: Remove these pages and substitute pages v and vi attached. (Contents brought up to date.)

*chg 116* — Page 1-1: Insert new page attached. (Ch. 1 added.)

Pages 9-1 through 9-6: Remove these pages and substitute pages 9-1 through 9-6 attached. (Pars. 9.01a and a.1, 9.04 and fig. 1 changed; par. 9.02 changed as directed by change 10; par. 9.03 deleted; par. 9.04c.1 added.)

Page 13-1: Insert new page attached. (Ch. 13 added.)

Pages A-1 through A-10: Remove these pages. (App. A deleted.)

*Wm. S. Middleton*  
WILLIAM S. MIDDLETON, M.D.  
Chief Medical Director

Distribution:

Same as M-2, Part I