35th Annual Continuing Medical Education and Scheifstein Lecture
Saturday, May 22, 2004
Sheraton University Conference Center, Syracuse, New York

This year’s CME course continues the tradition of educational lectures from top-notch nationally-recognized experts in pathology. This year’s offerings not only cover anatomic and clinical pathology, but will bring in business consultants to help you understand the market forces that affect the financial success of your practice. The tuition is free to NYSSPath members, and is still incredibly reasonable for non-members ($100 for non-member pathologists, and $25 for non-member residents, and $25 for cytotechnologists who wish to attend the cytopathology lecture). If you have not received a brochure, please visit our website at nysspath.org. You may also register the day of the meeting.

SCHLEIFSTEIN LECTURE
Borderline Neoplasms of the Ovary
Endometrial Intraepithelial Neoplasia:
A New Classification Scheme

This year’s Schleifstein lecturer is Stanley Robboy, M.D. Dr. Robboy is Professor and Vice Chairman, Department of Pathology, Diagnostic Pathology, Professor of Obstetrics & Gynecology, and Head, Gynecologic & Obstetrical Pathology at Duke University in Durham, NC. In addition to his numerous scientific endeavors, he has a strong history of leadership in the government and professional affairs aspects of pathology, and he is currently a Governor of the College of American Pathologists. NYSSPath is proud to have him give the Schleifstein Lecture and he will be departing from the usual protocol by presenting two topics: Borderline Neoplasms of the Ovary and Endometrial Intraepithelial Neoplasia. We hope to have his latest pathology textbook, Pathology of the Female Genital Tract (Churchill Livingstone, 2002) available at the bookseller’s table.

OTHER CME LECTURES
Molecular Infectious Disease Testing:
Updates of the Technology, Caveats, and Interpretation of Results
Betz Forbes, Ph.D.

Dr. Forbes is well known to many pathologists practicing in Central New York as she was Professor of Pathology and Director of Clinical Microbiology and Virology at SUNY Upstate for many years. Dr. Forbes is currently Professor of Pathology and Director of Clinical Microbiology at Virginia Commonwealth University in Richmond, VA. Although molecular infec
I really hope that you are able to attend NYSSPath’s 35th annual CME seminar, being held in Syracuse on Saturday, May 22, 2004. The tuition is free to NYSSPath members as a member benefit, and the tuition is otherwise still very reasonable for non-members. Our speakers are superb and although our topics are geared to those in general pathology practices, there is something for everyone and we invite academic pathologists as well as cytotechnologists to peruse the offerings.

It was also my specific intent to offer topics concerning the business of pathology. Al Sirmon and Randal Sanderson of Pathology Service Associates will not only be giving a lecture during the formal CME course, but will also be sponsoring a buffet reception following the meeting. An informal presentation during the reception will focus on optimizing your billing for maximum return and assessing market potential and opportunity for future growth. Questions and discussion are encouraged. It is our intention that pathologists in private practice be given resources to improve their bottom line. If you are interested in attending the reception, or want additional information, please feel free to contact me at linda.trapkin@sjhsyr.org.

I recently became aware that some pathologists may be confused about the proper CPT billing codes for immunohistochemical stains that need a quantitative, as well as qualitative, analysis. Examples might include Estrogen and Progestin Receptors and Her-2/neu. If you are using your microscope and manually performing a qualitative or semi-quantitative tumor immunohistochemical analysis, the proper CPT code is 88342. However, if you use computer-assisted analyses, the correct CPT code is 88361.

CPT code 88342, of course, is the code for all manual qualitative/semi-quantitative immunostains, e.g. cytokeratin. Don’t forget that Medicare rules dictate that you can only charge once for any given stain on a single specimen. For example, you receive a lung biopsy of a tumor of unknown origin and process 2 blocks (CPT 88305 x 1) and you decide to perform a series of immunostains to evaluate possible primary sites. You may decide to order TTF, CK7, and CK20 on both blocks; however, you can only charge for 3 stains (88342 x 3). If you were to receive 2 separate biopsy specimens (and therefore could charge 88305 x 2), then you could perform a set of 3 different stains on each block and charge 88342 x 3 on each specimen part.

This issue of the newsletter also notes that both the ASCP and the CAP are soliciting pathologists to become more involved in their respective organizations. If you always suspected that, if given a chance, you could do a better job, please please please consider these chances to prove that you can. I think you will find it challenging, frustrating, and, ultimately, rewarding.

The CAP’s House of Delegates has been studying topics that impact the future of the House, including how delegates to the House will be elected. New York has 11 delegates and 11 alternate delegates, and currently New York’s delegation is chosen by NYSSPath’s leadership, with an eye to see that delegates cover the entire state. However, the House may take a more active role in selecting delegates and, therefore, all CAP members in New York will receive a letter soliciting self-nominations for serving as a delegate. The House is a very important grassroots forum for pathologists to express what is important to them and what they hope the CAP will be able to do for them as pathologists, the pathology profession, and for our patients. The House meets twice a year- in the fall with the CAP annual meeting (CAP ’04 is in Phoenix this September) and in the spring in conjunction with the USCAP meeting.

At the last House meeting (March 2004, Vancouver, BC), several resolutions were presented but none elicited more emotion than S2004-4 concerning Direct Payment for Pathologists. The heart of this resolution concerned a growing practice of fee splitting- whereby pathology groups are told they will lose the outpatient biopsies of a referring physician group (e.g. gastroenterologists, dermatologists, urologists) unless they allow the referring physicians to bill for the professional pathology component of the biopsy, and then pay the pathologists at a negotiated lower amount then the 88305 paid to the clinicians by the third party payer (not Medicare patients, though- for which such schemes are illegal). Those pathology groups that refuse, lose the business completely, while groups that accept such arrangements often see little money per specimen, while their volumes skyrocket as some clinicians soon learn to take multiple biopsies, making sure each is in a separate container. Although the political and legal issues surrounding attempts to block such practices are tricky, the resolution asked that the CAP affirms that the practice of non-pathologist billing for pathology services as a marked up fee is unethical, insupportable as acceptable practice, and should be prohibited by all third party payers and state licensure agencies.
谧 disease testing has been offered in many laboratories for several years, Dr. Forbes will also be covering HPV testing—something that has affected even those pathologists who only practice anatomic pathology and/or cytopathology.

Fluid Cytology Dilemmas
Kristen Atkins, M.D.

Dr. Atkins completed her fellowship in cytopathology at the Medical College of Virginia where she was mentored by Dr. Celeste Powers, a nationally prominent cytopathologist who spent several years at SUNY Upstate as Director of Cytopathology before moving south. Dr. Atkins then spent a few years at MCV as assistant professor in the department of pathology and honed her skills as a lecturer by giving ASC workshops and ASCP teleconferences. In 2003, Dr. Atkins joined the faculty at University of Virginia where she is currently an assistant professor in the department of pathology. Her NYSSPath lecture is open to cytotechnologists.

Immunohistochemical Approaches to the Tumor of Unknown Primary
Bruce Horten, M.D.

Dr. Horten is the Medical Director of IMPATH’s Eastern Region. IMPATH continues to be an important reference laboratory for many pathologists whose own histology laboratories cannot offer the large menu of immunohistochemical stains that are often needed to make a diagnosis or offer prognostic indicators.

Marketing Your Pathology Practice for Improved Business Outcomes
Al Sirmon, CPA, CEO,
Randal Sanderson, National Director of Marketing,
Pathology Service Associates, LLC

NYSSPath is pleased to be able to offer pathologists in New York this lecture by Al Sirmon and Randal Sanderson. Many pathologists in community hospital-based practices have seen lucrative outpatient work leave the hospital, and sometimes the state, and go to regional and national commercial laboratories. We all know that this is more a matter of successful marketing than medical competence. Pathology Service Associates offers support to independent pathology practices by offering billing and collection services, coding compliance and billing performance reviews, market analysis and marketing support, coding and compliance support, medical and management educational services, and pricing for pathology equipment and supplies. Those pathologists who wish additional information on these issues are invited to a buffet reception following the CME meeting (contact Patricia Bice, NYSSPath administrative assistant, for more information about the reception at nysspathsecy2004@yahoo.com)

American Society for Clinical Pathology
NYSSPath Liaison: Martin Salwen, M.D.

Dr. Salwen reports that at the last meeting of the ASCP, the workshops were the usual excellent programs, as good (or better) than the workshops he’s taken in other years, although he notes that there was nowhere near the range of choices that are usually available at annual meetings. He summarized that there were good workshops, fair attendance, and few of the colleagues that he’s used to seeing at annual meetings. The Council session was on Sunday morning, the last day of the meeting. It was poorly attended with most States absent although most of the ASCP officers were present. After assurances that they loved the Council and held it in high regard, it was clear that the Council is to be replaced by another Council whose member are appointed by the ASCP president (with help from State Pathology Societies). It was acknowledged publicly and privately that informal meetings had begun.

Dr. Salwen’s observations were confirmed when Dr. David Keren, ASCP President, sent letters in March, 2004, to state societies describing two new outreach initiatives. One involves improving information exchanges between the ASCP and state/local societies by asking each state to name an ASCP liaison/representative. If you consider the ASCP your primary national society and are willing to take on the commitment of this position, please let Pat Bice, NYSSPath’s administrative assistant know by May 18 (nysspathsecy2004@yahoo.com) so that your nomination can be discussed at NYSSPath’s annual Council meeting. Dr. Keren’s letter also announced the formation of a new nine member ASCP Fellow Council to replace the ASCP Advisory Council. The nine members will be chosen from the state and local liaisons.

New York Legislation Issues
Legislative chair: Vernon Pilon, M.D.

Drs. Pilon and Trapkin participated in a teleconference with Barry Ziman, Assistant Director for State Affairs with the CAP, and Pat Zlogar, Albany lobbyist hired by the CAP. The topics covered were as follows:

1. Governor Pataki’s proposed Wadsworth Budget.

The NYSDOH has a pending suit brought about by the American Association of Bioanalysts that notes that Wadsworth’s laboratory inspection/accreditation fees cannot, by statute, be more than the costs of the program; however, it is well known that these fees
New York Legislation Issues
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fund many of Wadsworth’s programs. In response, Wadsworth’s portion of the proposed budget asks for a new fee-setting structure that could possibly lead to even higher fees.

2. Technologists Licensure Legislation.
Once again, a bill has been introduced that would lead to the state licensure of laboratory personnel. Arguments against licensure view possible bureaucratic requirements for educational and certification levels to be unnecessary barriers to workforce entry and advancement. Studies have shown that 7 of 11 states with licensure have mean pay levels for laboratory workers that are below the national mean pay. And if licensure exacerbates the workforce shortages, the impetus to outsource jobs from New York may increase.

3. Deemed status for the CAP’s laboratory program.
Approximately 250 of the 1000 laboratories that Wadsworth inspects also participate in the CAP’s laboratory accreditation program. NYSSPath and the CAP are continuing their efforts to get deemed status for the CAP by considering a legislative remedy.

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