Worksheet for the L4E exercise – Each case may have more than one L4E							
ID	**1**	**2**	**3**	**4**	**5**	**6**	**COMMENTS**
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Worksheet for the L4E exercise – Each case may have more than one L4E							
ID	**1**	**2**	**3**	**4**	**5**	**6**	**COMMENTS**
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Worksheet for the L4E exercise – Each case may have more than one L4E							
ID	**1**	**2**	**3**	**4**	**5**	**6**	**COMMENTS**
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Worksheet for the L4E exercise – Each case may have more than one L4E							
ID	**1**	**2**	**3**	**4**	**5**	**6**	**COMMENTS**
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Worksheet for the L4E exercise – Each case may have more than one L4E							
ID	**1**	**2**	**3**	**4**	**5**	**6**	**COMMENTS**
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Worksheet for the L4E exercise – Each case may have more than one L4E							
ID	**1**	**2**	**3**	**4**	**5**	**6**	**COMMENTS**
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Rules for Level 4 Equivalent Model

The first (BCMA guideline – Modified) shows how cases are categorized to each level and the second document (Guidelines to using the L4E Model for workload study) shows the detail rules for each organ system.

1. BCMA guideline (MODIFIED)

For levels 1 to 4:

Counting of number of levels on a case – Each specimen with a separate medical and legal responsibility will be counted separately. Therefore
- 2 vas for sterilization is level 2 x 2,
- bilateral reduction mammoplasties is level 4 x 2,
- 3 colonic biopsies for adenoma will be level 4 x 3

Exceptions are:

- if the biopsies are from one organ and is for one disease but submitted in single or multiple containers, if the biopsy pieces are 4 or less, they are categorized in the respective level, but if the pieces are 5 or more, it is categorized one level up to account for the work done.
  e.g. multiple biopsies for Barrett's esophagus, if the biopsy fragments are 4 or less, considered to be level 4 x 1, if 5 or more, considered to be level 5 x 1
  - follow up ulcerative colitis biopsies in 4 containers with one biopsy in each container, total biopsy fragments is 4 , considered to be level 4 x 1
  - follow up ulcerative colitis biopsies in 4 containers with 2 biopsies in each container, total biopsy fragments is 8 , considered to be level 5 x 1
  - sextant prostate core biopsies, submitted in 1, 2 or 6 containers, because the biopsy fragments number 6, considered to be level 5 x 1

Levels 5 & 6: although specimens/organs are submitted in multiple container, but are related, they will be counted as one
e.g. Total abdominal hysterectomy and bilateral salpingo-oophorectomy for any malignancy be considered level 6 x 1, whether the specimen/s are submitted in one or more containers.
- Total abdominal hysterectomy and bilateral salpingo-oophorectomy for any benign condition be considered level 5 x 1, whether the specimen/s are submitted in one or more containers
- Two ovaries submitted for neoplastic condition, whether submitted together or separately is considered level 5 x 1

Category 1 : gross only examination, if the pathologist deems that microscopic examination is required, the specimen will not belong here.

- Amputated fingers or toes
- Aneurysm contents,
- Atheromatous plaques
- Bone for identification
- Calculus
- Foreskin from children (<16 yrs)
- Intervertebral disc fragments
- Meniscus
- Nasal cartilage
- Other plastic procedures
- Prosthesis
- Skin from rhitidectomy
- Teeth
- Tonsils under age 16
- Varicose veins
- Etc

Category II - Confirmation of normality Small specimens submitted for confirmation of normality by gross and microscopic examination

- appendix, incidental removal
- fallopian tube, sterilization
- finqers/toes, amputation, traumatic, requiring histology
- hernia sac, any location
- Hydrocele sac
- nerve, vagotomy
- products of conception – therapeutic abortion
- skin: plastic repair
- sympathetic ganglion
- testis, castration for carcinoma prostate
- vaginal mucosa, incidental to vaginal repair

- vas deferens: sterilization
- etc.

Category III - Confirmation of common degenerative and inflammatory conditions and common benign

- Abscess
- aneurysm - arterial/ventricular
- appendix, other than incidental
- artery, atheromatous plaque requiring histoloqv
- bartholin's gland cysts
- bone fragment(s), other than pathologic fracture
- bursa/synovial cysts
- carpal tunnel tissue
- cartilage, shavings
- chotesteatoma
- colon, colostomy stoma
- conjunctiva for pterigium
- cornea
- diverticulum - esophagus/small bowel
- dupuytren's contracture tissue
- femoral head, other than fracture
- fissure/fistula in ano
- foreskin, other than newborn
- ganglion cyst
- hematoma
- hemorrhoids
- hydatid of morgagni
- intervertebral disc
- joint, loose body
- meniscus
- mucocele, salivary
- neuroma - mortons/traumatic
- pilonidal cyst/sinus
- polyps, inflammatory - nasal/sinusoidal
- products of conception –missed /spontaneous abortion
- qall bladder
- **skin (<2cms in size) – all benign skin disorders other than benign skin adenexal tumors and basal cell carcinoma**
- soft tissue, debridement
- soft tissue, lipoma
- spermatocele
- tendon/tendon sheath
- testicular appendage
- thrombus or embolus
- tonsil and/or adenoids
- varicocele
- vein, varicosity

Category IV - Small specimens for diagnosis (Small specimens for diagnosis to include all endoscopic biopsies as well as small organs removed for benign conditions)

- artery, biopsy
- bone marrow biopsy
- bone, exostosis
- brain/meninges, other than for tumour resection
- breast biopsy, needle core; breast, reduction mammoplasty
- bronchus. biopsy
- cell block, any source
- cervix, biopsy
- endocervix, curettings/biopsy
- esophagus, biopsy
- extremity, amputation, traumatic
- fallopian tube, biopsy
- fallopian tube, ectopic pregnancy
- femoral head, fracture
- fingers/toes, amputation, non-traumatic
- **FNA – performing initial screen and reporting to clinician like intraoperative consult**
- **FNA –performing the procedure (procurement)**
- **FNA interpretation**
- GI biopsy
- Gingival/oral mucosa, biopsy
- heart valve
- joint, resection
- larynx, biopsy
- leiomyomas(s), uterine myomectomy - w/o uterus
- lip, biopsy/wedge resection
- parathyroid qland
- peritoneum, biopsy
- placenta, other than third trimester
- pleura/pericardium - biopsy/tissue
- polyp, cervical/endometrial
- polyp, colorectal
- polyp, stomach/small bowel
- prostate, needle biopsy
- prostate, TUR
- salivary gland, biopsy
- sinus, paranasal, biopsy
- **skin (<2 cms) – all malignant and borderline skin tumors (that require assessment for re-excision) other than basal cell carcinoma; and all inflammatory skin disorders**
- **Skin (=>2cms) – all biopsies regardless of diagnosis (other than for plastic surgery)**
- soft tissue, other than tumour/mass/lipoma/debridement
- spleen
- synovium
- testis, other than tumour/biopsy/castration
- thyroglossal duct/branchial cleft cyst
- tongue, biopsy
- trachea. biopsy
- urogenital tract, biopsy
- uterus w/wo tubes and ovaries, for prolapse

- lung, transbronchial biopsy
- lymph node, biopsy
- material passed per vagina or through other orifice
- nasal mucosa, biopsy
- nasopharynx/oropharvnx. Biopsy
- odontogenic/dental cyst
- omentum, biopsy
- ovary w/wo tube, non-neoplastic
- ovary, biopsy/wedge resection
- vagina, biopsy
- vulva/labia, biopsy
- etc.

Category V – Complex biopsies or small whole organs (These specimens include specialized biopsies and excisions. Specimens of category IV that are multiple or that require special studies may be elevated to this category.)

- adrenal, resection
- bone- biopsy/currettings
- bone fragment(s) pathologic fracture
- brain, biopsy
- brain/meninges, tumour resection
- breast, lumpectomy alone;
- cervix, cone biopsy or LEEP
- colon, segmental resection, other than for tumour
- extremity, amputation, non-traumatic
- eye, enucleation
- FNA – performing the procedure and initial stain and screen on the specimen to determine adequacy and provisional diagnosis like an intraoperative consult.
- kidney – biopsy
- kidney, partial/total nephrectomy
- larynx, partial/total resection
- liver, biopsy - needle/wedge
- liver, partial resection
- lung, wedge biopsy or wedge excision
- lymph nodes, regional resection
- mediastinum, mass; muscle, biopsy
- nerve, biopsy
- myocardium, biopsy

Category VI - Large complex organ requiring extensive gross dissection and microscopic assessment (all radical surgeries for malignancies)

- bone, resection
- breast, mastectomy, partial or full, w/wo regional lymph nodes
- colon, segmental resection for tumour
- colon. total resection
- esophagus, partial/total resection
- extremity, disarticulation
- fetus, w/dissection
- larynx, partial/total resection -w/w0 regional lymph nodes
- lung - total/lobe/segment resection
- neoplastic vulva - total/subtotal resection.
- pancreas - total/subtotal resection
- prostate, radical resection
- small intestine resection for tumour
- soft tissue tumour, extensive resection
- stomach - subtotal/total resection tumour
- testis. tumour
- thyroidectomy plus neck dissection
- tongue/tonsil - resection for tumour
- urinary bladder, partial/total resection
- uterus w/wo tubes and ovaries

Specimens in alphabetical order and their levels	
Abscess	3
adrenal, resection	5
Amputated fingers or toes	1
aneurysm - arterial/ventricular	3
Aneurysm contents,	1
appendix, incidental removal	2
appendix, other than incidental	3
artery, atheromatous plaque requiring histoloqv	3
artery, biopsy	4
Atheromatous plaques	1
bartholin's gland cysts	3
bone- biopsy/currettings	5
Bone for identification	1
bone fragment(s) pathologic fracture	5
bone fragment(s), other than pathologic fracture	3
bone marrow biopsy	4
bone, exostosis	4
bone, resection for tumor	6
brain, biopsy	5
brain/meninges, other than for tumour resection	4
brain/meninges, tumour resection	5
breast biopsy, needle core; breast, reduction mammoplasty	4
breast, lumpectomy alone;	5
breast, mastectomy, partial or full, w/wo regional lymph nodes	6
bronchus. biopsy	4
bursa/synovial cysts	3
Calculus	1
carpal tunnel tissue	3
cartilage, shavings	3
cell block, any source	4
cervix, biopsy	4
cervix, cone biopsy or LEEP	5
chotesteatoma	3
colon, colostomy stoma	3
colon, segmental resection for tumour	6
colon, segmental resection, other than for tumour	5
colon. total resection for tumor	6
conjunctiva for pterigium	3
Cornea	3
diverticulum - esophagus/small bowel	3
dupuytren's contracture tissue	3
endocervix, curettings/biopsy	4
esophagus, biopsy	4
esophagus, partial/total resection for tumor	6
extremity, amputation, non-traumatic	5
extremity, amputation, traumatic	4
extremity, disarticulation	6
eye, enucleation	5
fallopian tube, biopsy	4
fallopian tube, ectopic pregnancy	4
fallopian tube, sterilization	2
femoral head, fracture	4
femoral head, other than fracture	3
fetus, w/dissection	6
fingers/toes, amputation, non-traumatic	4

Specimens in alphabetical order and their levels	
finqers/toes, amputation, traumatic, requiring histology	2
fissure/fistula in ano	3
FNA – performing initial screen and reporting to clinician like intraoperative consult	4
FNA – performing the procedure and initial stain and screen on the specimen to determine adequacy and provisional diagnosis like an intraoperative consult.	5
FNA interpretation	4
FNA –performing the procedure (procurement)	4
Foreskin from children (<16 yrs)	1
foreskin, other than newborn	3
ganglion cyst	3
GI biopsy	4
Gingival/oral mucosa, biopsy	4
heart valve	4
Hematoma	3
Hemorrhoids	3
hernia sac, any location	2
hydatid of morgagni	3
Hydrocele sac	2
intervertebral disc	3
Intervertebral disc fragments	1
joint, loose body	3
joint, resection	4
kidney – biopsy	5
kidney, partial/total nephrectomy	5
larynx, biopsy	4
larynx, partial/total resection	5
larynx, partial/total resection -w/w0 regional lymph nodes for tumor	6
leiomyomas(s), uterine myomectomy - w/o uterus	4
lip, biopsy/wedge resection	4
liver, biopsy - needle/wedge	5
liver, partial resection	5
lung - total/lobe/segment resection for tumor	6
lung, transbronchial biopsy	4
lung, wedge biopsy or wedge excision	5
lymph node, biopsy	4
lymph nodes, regional resection	5
material passed per vagina or through other orifice	4
mediastinum, mass; muscle, biopsy	5
Meniscus	1
meniscus	3
mucocele, salivary	3
Nasal cartilage	1
nasal mucosa, biopsy	4
nasopharynx/oropharvnx. Biopsy	4
neoplastic vulva - total/subtotal resection for tumor	6
nerve, biopsy myocardium, biopsy	5
nerve, vagotomy	2
neuroma - mortons/traumatic	3
odontogenic/dental cyst	4
omentum, biopsy	4
Other plastic procedures	1
ovary w/wo tube, non-neoplastic	4
ovary, biopsy/wedge resection	4

Specimens in alphabetical order and their levels	
pancreas - total/subtotal resection for tumor	6
parathyroid qland	4
peritoneum, biopsy	4
pilonidal cyst/sinus	3
placenta, other than third trimester	4
pleura/pericardium - biopsy/tissue	4
polyp, cervical/endometrial	4
polyp, colorectal	4
polyp, stomach/small bowel	4
polyps, inflammatory - nasal/sinusoidal	3
products of conception – therapeutic abortion	2
products of conception –missed /spontaneous abortion	3
prostate, needle biopsy	4
prostate, radical resection for tumor	6
prostate, TUR	4
Prosthesis	1
qall bladder	3
salivary gland, biopsy	4
sinus, paranasal, biopsy	4
skin (<2 cms) – all malignant and borderline skin tumors (that require assessment for re-excision) other than basal cell carcinoma; and all inflammatory skin disorders	4
skin (<2cms in size) – all benign skin disorders other than benign skin adenexal tumors and basal cell carcinoma	3
Skin (=>2cms) – all biopsies regardless of diagnosis (other than for plastic surgery)	4
Skin from rhitidectomy	1
skin: plastic repair	2
small intestine resection for tumour	6
soft tissue tumour, extensive resection	6
soft tissue, debridement	3
soft tissue, lipoma	3
soft tissue, other than tumour/mass/lipoma/debridement	4
Spermatocele	3
spleen	4
stomach - subtotal/total resection tumour	6
sympathetic ganglion	2
synovium	4
Teeth	1
tendon/tendon sheath	3
testicular appendage	3
testis, castration for carcinoma prostate	2
testis, other than tumour/biopsy/castration	4
testis. tumour	6
thrombus or embolus	3
thyroglossal duct/branchial cleft cyst	4
thyroidectomy plus neck dissection for tumor	6
tongue, biopsy	4
tongue/tonsil - resection for tumour	6
tonsil and/or adenoids	3
Tonsils under age 16	1
trachea. Biopsy	4
urinary bladder, partial/total resection for tumor	6
urogenital tract, biopsy	4
uterus w/wo tubes and ovaries for tumor	6

Specimens in alphabetical order and their levels	
uterus w/wo tubes and ovaries, for prolapse	4
vagina, biopsy	4
vaginal mucosa, incidental to vaginal repair	2
Varicocele	3
Varicose veins	1
vas deferens: sterilization	2
vein, varicosity	3
vulva/labia, biopsy	4

2. Guidelines to using the L4E Model for workload study

Introduction:

The initial work done in the Fraser Health Authority, Kamloops and Southern VIHA with respect to capturing the Anatomic pathology workloads demonstrated significant variation in the way the workload was captured, especially the way the BCMA fee guide was interpreted and the L4E model of Raymond Maung applied. In order to minimize the variation in interpretation, the representatives from VIHA, FHA and IHA (Kamloops) agreed on certain conventions and assumptions.

The 2002 BCMA guide divides the surgical biopsies into six categories based on case complexity. It also lays down rules regarding multiple specimens, but these are open to inter-observer interpretation bias. An attempt will be made to define these rules and assumptions in greater detail. It must be pointed out that the system of categorization of cases that is proposed and that will be used for workload assessment, although generally based on the 2002 BCMA anatomic fee schedule, has been modified in that each specimen will be given a separate fee assignment. It must be stressed that this categorization and assignment of fee codes for each specimen does not reflect the way various pathology groups are currently billing for AP work.

Conventions and Assumptions:

Dealing with multiple specimens per case: We agreed to assign fee codes to all specimens in any individual case belonging to categories 1 through 4 of the BCMA fee guide. Thus, two vas deferens/ fallopian tubes submitted in one or separate containers will be counted as two fee code 2s. Likewise five nevi submitted in one or multiple containers will be assigned five category 3s.

However, it was agreed that fee categories 5 and 6 are supposed to capture case complexity and that cases be assigned one category 5 or 6 in spite of the presence of multiple specimens. **For example** a case of a breast excisional biopsy/mastectomy submitted with lymph nodes and multiple margins in multiple separate containers is assigned one category 6.

Same for colon/ lung/ bladder/ prostate/ stomach resections. These cases may be submitted in multiple containers with lymph nodes and margins often submitted in separate containers. Such cases would be assigned one category 6 in spite of the presence of multiple containers. There may be exceptions to this rule. One does encounter cases with bilateral mastectomies with lymph node resections. Such a case would count as two category 6s.

Rules for skin biopsies:

1. Each specimen will be assigned a code where there is more than one specimen per case.
2. All malignant lesions, i.e., squamous cell carcinoma, melanoma, etc will be assigned a category 4 with the **exception of basal cell carcinoma which is a category 3.**
3. The codes are assigned on the basis of final pathologic diagnosis and not on the grounds of clinical diagnosis or the type of procedure – punch, incisional or excisional biopsy.

4. Benign nevi are category 3. Dysplastic/atypical nevi are categorized as level 4. The categorization of nevi into the dysplastic or atypical categories may be based on clinical or pathological grounds and these nevi will be categorized as a level 4 irrespective of the grade of atypia/ dysplasia.
5. All benign tumors/lesions (except benign adnexal tumors) are assigned a category 3. Some examples of benign tumors/lesions include hemangioma, pyogenic granuloma, dermatofibroma, seborrheic keratosis, actinic keratosis, lichenoid keratosis, verruca vulgaris, fibroepithelial polyps, etc.
6. All adnexal tumors, benign or malignant, will be assigned a fee code 4.
7. All inflammatory dermatoses will be assigned a fee code 4.
8. Re-excisions to be categorized on the basis of original diagnosis **and/or** size of the specimen. Thus a re-excision for squamous cell carcinoma or melanoma is a category 4, while that for basal cell carcinoma is a 3. However, re-excisions greater than 2 cm are a category 4, regardless of the original diagnosis.

"and/or" may make if clearer.

9. Size based criterion**:** All excisional biopsies greater than 2 cm, irrespective of diagnosis, are categorized as 4.
   For Basal cell carcinoma, re-excisions greater than 2 cm are assigned a fee code 4, while as re-excisions less than 2 cm are assigned fee code 3.
10. Non-specific diagnoses including non-specific ulcer; acanthosis; hyperkeratosis; nonspecific inflammation are to be coded as category 4, the rationale being that although non-specific, these cases may require a significant input including deeper levels, etc, before a final non-specific diagnosis is rendered.
11. Scars excised for cosmetic purposes (burn or trauma related) will be coded as a category 3 irrespective of the size of the specimen.

Rules for GI biopsies:

1. An increasing number of patients have biopsies taken from several areas of the GI tract in the same sitting. It is not unusual to have specimens from the same patient submitted from the esophagus, stomach, duodenum, ileum and/or colon. Each of these specimens is assigned a category 4. Thus, for example, in a case where biopsies from GE junction, duodenum and colon are submitted in separate containers, one would assign three category 4s.
2. If five or more tissue fragments are submitted from a site, in one or separate containers, a single category 5 rather than multiple 4s will be assigned. Examples are multiple biopsies taken from the lower esophagus for diagnosis or follow up of patients with Barrett's metaplasia or from the colon in patients with follow up of Ulcerative colitis for dysplasia. It is usual practice to receive more than 5 tissue fragments in these cases, mostly in different containers, but sometimes within one container. Such cases are assigned a single category 5.
3. Colonic polyps will each be assigned a category 4. Thus if four colonic polyps are received on a single patient in different containers, each would count as a separate category 4 specimen and the case would be assigned four category 4s.
4. Anal canal polyps (FEPs) are a category 4, while as those from the perianal skin are a category3.
5. Core biopsy of **liver** irrespective of the diagnosis is a category 5.

Rules for female genital tract:

1. Hysterectomy with/ without tubes and ovaries is assigned one category 5, except when performed for prolapse when it is categorized as a 4 or for malignant neoplastic lesions, when a single category 6 is assigned.
2. Uterus and ovary may be submitted in one container and the other ovary with a benign cyst, inflammation or endometriosis in a second container. Such cases should be counted as a single category 5.
3. Borderline ovarian tumor is assigned a single category 5. Bilateral borderline ovarian tumors are assigned a single category 6 for the entire case. This may be accompanied by a uterus as well. It still qualifies for a single Category 6.
4. Two ovaries submitted in separate containers get one category 4, 5 or 6, depending on the disease process. These will not be counted as two separate specimens.
5. Paratubal cysts are counted as a single category 4.
6. Hysterectomy specimens may come with portions of small/ large bowel or urinary bladder. The entire case will be categorized as a single 5, if the final diagnosis is a benign entity such as endometriosis or a single category 6, if a malignant diagnosis is established.
7. Endometrial curettings and endocervical curettings are often submitted from the same patient in two separate containers. Each is assigned a category 4.
8. Cone biopsy or LEEP excision of cervix for dysplasia is a category 5. If an endometrial curetting sampling is submitted as well, this is given a category 4 in addition to the category 5 for cone biopsy. Often cone biopsy, endocervical and endometrial curettings will be submitted in the same case. Such a case would be assigned a category 5 (for the cone and endocervical curettings) and 4 for endometrial curettings. The endocervical curettings in this case do not get a separate categorization.
9. Both endometrial and endocervical polyps are assigned category 4.
10. Endometrial curettings and an endometrial polyp may be submitted in two separate containers. These together account for one category 4.
11. Cases with cervical biopsy and endocervical curettings performed for evaluation for dysplasia and submitted in two separate containers are assigned a single category 4.
12. Vulvar biopsy for Vulvar dystrophies is assigned a category 4. If more than one biopsy is submitted in separate containers, all will be assigned a category 4.
13. Singleton placenta is categorized as a 4, while as twin placentas as a 5.

Rules for breast specimens:

1. Breast needle core biopsies: Category 4. If more than 4 cores in container, the case should be assigned a category 5.
2. Bilateral needle core biopsies of breast: Assign each side a category 4 o5 as per above.
3. Breast lumpectomy alone- benign or malignant is a category 5.
4. Breast – mastectomy partial/full with or without nodes is a category 6.
5. Breast lumpectomies for cancer may have additional margins submitted in separate containers. The entire case gets one category 5.
6. Breast reduction mammoplasty is category 4. Bilateral mammoplasty specimens to be counted as 2 category 4s.
7. Breast implant is a category 1. Bilateral implants to be counted as two category 1s.
8. Breast capsules, where gross and micro have both been done, are assigned category 3. Bilateral capsules will be counted as two 3s.
9. Gynecomastia is categorized as a single 3 if unilateral and in cases where bilateral specimens are examined, these are counted as two categories 3.

Rules for Miscellaneous:

1. Nasal polyps and paranasal sinus curettings for chronic sinusitis are categorized as 3 and two levels 3 in case of bilateral specimens.
2. Products of conception will often be submitted in more than one container. This should be assigned one category 3 rather than multiples 3s, as long as the specimens have been entered as a single accession. **If these are therapeutic abortions, a category 2.**
3. Bilateral tonsils will be counted as two levels 1, 2 or 3 depending on whether or not micro was done and on the age of the patient.
4. Larynx/Vocal cord biopsies from more than one site (say, from rt and left vocal cords) will be counted as a single category 4 or 5 depending on the total number of biopsy fragments. A category 5 if five or more fragments, otherwise a category 4.

Rules for FNA procurement:

1. If FNA is performed by a pathologist and a rapid Diff-Quick assessment for specimen adequacy is not done, the case is assigned a category 4 for procurement.
2. If FNA is performed by a pathologist who also does a quick assessment for specimen adequacy, a category 5 is assigned.
3. If FNA is performed by a radiologist, a category 4 is assigned only if a rapid Diff Quick assessment was performed by the pathologist, otherwise no value is assigned as the specimen is procured by a radiologist.
4. All FNA interpretations will be assigned a category 4.

I have compiled the rules we discussed and agreed upon in a teleconference with Raymond Maung from Kamloops and Doug Sawyer from Victoria. I am sure more rules will be defined and refined as we move on to further iterations of our initial work.