ACGME case logs

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Case logs

• You are REQUIRED to keep your case logs up to date
• Case logs of every resident are reviewed by the Clinical Competency Committee every 6 months.
• The program leadership HIGHLY RECOMMENDS that you log your cases immediately after the case (e.g. along with the brief op note and orders)
• Accurate case logs are essential in monitoring the clinical volume of our residency and helps guide decisions about the residency’s educational experience
CPT=Current Procedural Terminology

• CPT codes are 5 digit codes that describe specific operations.
• CPT codes are used to determine professional fee billing metrics (RVU)
• CPT codes do not adequately capture all operations
  • E.g. no code for laparoscopic distal pancreatectomy
• For billing, a CPT code must be supported by the appropriate clinical documentation (e.g. operative note)
• For operations for which a CPT code does not exist, use the closest approximation
• For ACGME case log, there is no requirement for clinical documentation (honor system)
Resident roles: definitions

• Surgeon Chief (SC): credit during 12 months of chief year
• Surgeon Junior (SJ): credit during all other years of training
• Teaching Assistant (TA): when a senior resident is working with another resident who will count the case as “SJ”.
  • TA cases count toward TOTAL MAJOR, but not SURGEON CHIEF totals. Minimum 25
• First Assistant (FA): when resident is acting as an assistant and not the primary surgeon
  • Most cases where one resident is scrubbed with the attending should be SJ
  • FA cases do NOT count toward TOTAL MAJOR
• “Total Major” or “Major Credit”
  • Does NOT count FA cases
  • Does NOT count endoscopy (which have a separate requirement)
  • Does NOT count nonop trauma and surgical critical care
  • Does NOT count certain operations (typically “smaller” operations)
    • Designated in case log as “not for major credit” or “non-defined category”
    • Cases should still be logged as they contribute to the 250 minimum by end of PGY2
    • Portacath placement
    • Skin tag excision
    • Be mindful of the code you choose for skin/soft tissue—some codes count for major credit, others do not
Requirements: PGY1-2

• End of PGY2 year requirement: 250
  • Includes both SJ and FA cases
  • At least 200 in defined categories, endoscopy, or e-code
  • Up to 50 in non-defined cases (not for major credit)
    • E.g. port placement, central line placement
Examples of “non-defined category” or not for major credit cases that should still be logged

• Some of these may occur at the bedside and not in the operating room
• 10060 incision and drainage of abscess
• 10120 incision and removal of foreign body, subcutaneous tissues
• 11042 debridement, subcutaneous tissues first 20 sq cm
• 11200 removal skin tag
• 12001 simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk, or extremities (up to 12.5 cm) but >12.5 cm DOES count (different CPT code)
• 20200 Biopsy muscle superficial; 20205 biopsy muscle, deep
• 36589 removal of tunneled central venous catheter
• 36555 insertion of non tunneled central venous catheter < 5 years old
• 36556 insertion of non tunneled central venous catheter > 5 years old
• 36560 insertion of tunneled central venous line with port < 5 years
• 36558 insertion of tunneled central venous catheter > 5 years old
• 32551 tube thoracostomy, includes connection to drainage system
Note that these codes **DO** count for major credit (skin and soft tissue)

- 11604 Excision malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1-4.0 cm
- 11770 Excision pilonidal cyst or sinus, simple
- 21501 Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax
- 21930 Excision, tumor, soft tissue of back or flank, subcutaneous, less than 3cm
- 21935 Radical resection of tumor (e.g. sarcoma) soft tissue of back or flank < 5cm
- Others....
Helpful hint

• If you cannot find the code for a procedure in the ACGME log, try googling the procedure and “CPT code”

• This is often more effective than searching through the ACGME system
E Codes

• E-code: vascular exposures
  • Allows one resident to count exposure, and another resident to count the anastomosis or repair
  • Add “E” to the case ID
    • 35201 repair blood vessel, direct; neck
    • 35206 upper extremity
    • 35216 intrathoracic
    • 35221 intraabdominal
    • 35226 lower extremity
REQUIREMENTS: General Surgery

By the end of PGY5 year:
• **850 TOTAL MAJOR**
• **200 of these must be SURGEON CHIEF**
• **25 TEACHING ASSISTANT**
• Must fill all defined category requirements, including:
  • **85** Endoscopy (not for major credit)
    • 35 upper
    • 50 lower
  • **40** NONOPERATIVE TRAUMA (not for major credit)
    • Of which, at least 10 Team Leader Resucitation CPT 92950
    • 99199 “Unlisted special service, procedure, or report”
      • Major Organ Trauma, no operation required
      • Should be claimed by most senior resident involved in the care
  • **40** SURGICAL CRITICAL CARE (not for major credit)
    • Need each of the 7 critical care conditions:
      • vent management
      • Bleeding
      • Hemodynamic instability
      • Organ dysfunction/failure
      • Dysrhythmia
      • Invasive line management
      • Parenteral/enteral nutrition
<table>
<thead>
<tr>
<th>Category</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skin, Soft Tissue</strong></td>
<td>25</td>
</tr>
<tr>
<td>Breast</td>
<td>40</td>
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<tr>
<td>Mastectomy</td>
<td>5</td>
</tr>
<tr>
<td>Axilla</td>
<td>5</td>
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<tr>
<td><strong>Head and Neck</strong></td>
<td>25</td>
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<tr>
<td><strong>Alimentary Tract</strong></td>
<td>180</td>
</tr>
<tr>
<td>Esophagus</td>
<td>5</td>
</tr>
<tr>
<td>Stomach</td>
<td>15</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>25</td>
</tr>
<tr>
<td>Large Intestine</td>
<td>40</td>
</tr>
<tr>
<td>Appendix</td>
<td>40</td>
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<tr>
<td>Anorectal</td>
<td>20</td>
</tr>
<tr>
<td><strong>Abdominal</strong></td>
<td>250</td>
</tr>
<tr>
<td>Biliary</td>
<td>85</td>
</tr>
<tr>
<td>Hernia</td>
<td>85</td>
</tr>
<tr>
<td>Liver</td>
<td>5</td>
</tr>
<tr>
<td>Pancreas</td>
<td>5</td>
</tr>
<tr>
<td><strong>Vascular</strong></td>
<td>50</td>
</tr>
<tr>
<td>Access</td>
<td>10</td>
</tr>
<tr>
<td>Anastomosis, Repair, or Endarterectomy</td>
<td>10</td>
</tr>
<tr>
<td><strong>Endocrine</strong></td>
<td>15</td>
</tr>
<tr>
<td><strong>Operative Trauma</strong></td>
<td>10</td>
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<tr>
<td><strong>Non-operative Trauma</strong></td>
<td>40</td>
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<tr>
<td>Resuscitations as Team Leader</td>
<td>10</td>
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<tr>
<td><strong>Thoracic Surgery</strong></td>
<td>20</td>
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<tr>
<td>Thoracotomy</td>
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<tr>
<td><strong>Pediatric Surgery</strong></td>
<td>20</td>
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<tr>
<td><strong>Plastic Surgery</strong></td>
<td>10</td>
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<tr>
<td><strong>Surgical Critical Care</strong></td>
<td>40</td>
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<tr>
<td><strong>Laparoscopic Basic</strong></td>
<td>100</td>
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<tr>
<td><strong>Endoscopy</strong></td>
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<tr>
<td>Upper Endoscopy</td>
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<tr>
<td>Colonoscopy</td>
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<tr>
<td><strong>Laparoscopic Complex</strong></td>
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</tr>
<tr>
<td><strong>Total Major Cases</strong></td>
<td>850</td>
</tr>
<tr>
<td>Chief Year Major Cases</td>
<td>200</td>
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<tr>
<td>Teaching Assistant Cases</td>
<td>25</td>
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</table>
Defined category requirements

- Many cases map to more than one defined category
- Basic Laparoscopic = Lap chole and Lap appy
  - Lap chole still counts in defined category “Biliary”
  - Lap appy counts in defined category “Alim tr-large int”
- Advanced Laparoscopic = all other laparoscopic cases
- Thyroid/parathyroid cases count towards both Endocrine and Head/Neck
- Carotid endarterectomy counts as both vascular and head and neck
- Laparoscopic hepatectomy = 47379 “Unlisted laparoscopic procedure, liver”; defined category LIVER and ADV LAP
- Laparoscopic pancreatectomy = 48999 “Unlisted laparoscopic procedure, pancreas”; however, currently this maps only to PANCREAS and not ADV LAP
Defined categories that can be problematic (in our program)

• Plastic surgery
  • Limited exposure
  • No burn experience

• Pediatric surgery
  • Robust operative experience, but many cases may not have a code, or may not have a code recognized as pediatric defined category
  • Fewer “bread and butter” pediatric cases, more specialized cases

• Endoscopy

• Thoracic surgery
  • Count these cases whenever you can
Useful codes that count for major credit in Plastics defined category

• 15734: muscle, myocutaneous or fasciocutaneous flap; trunk
  • AKA **component separation** (anterior or posterior (transversus abdominis release))

• 13160 secondary closure of surgical wound or dehiscence, extensive or complicated
  • Example: reoperation for fascial dehiscence (can also be code 49900—but not a plastics code)

• 14001 Adjacent tissue transfer or rearrangement, trunk defect 10 sq cm to 30 sq cm
  • Example: wide excision of melanoma with advancement flap

• 15100 split thickness skin graft trunk, arm, legs, first 100 sq cm

• 12034 repair, intermediate wounds scalp, axillae, trunk, or extremities 12.6 cm

• 12005 simple repair of superficial wound of scalp, neck, axillae, external genitalia, extremities 12.6-20 cm
  • 12006: 20-30cm, 12007: >30cm

• 12015 simple repair of superficial wounds of face, ears, eyelids, nose, lips 7.6 cm -12.5 cm

• 13102 repair, complex, trunk each additional 5 cm or less

• 13122 repair, complex scalp arms and or legs each additional 5 cm (multiple layers, debridement, tissue rearrangement)
Pediatric surgery codes

• Make sure to use the right code so that you get credit for a pediatric case
• Note there is no pediatric appendectomy code
• There ARE pediatric hernia codes
• 43281 Lap Nissen has both an adult category and pediatric category
  • If you do the operation on a pediatric patient, make sure to count it as a pediatric case
• Port, Broviac insertion and removal do not count as defined category cases
• There is no pediatric ECMO cannulation code in the ACGME case log
Cases with multiple residents/procedures

• Only one resident can count a single operation on a single patient for major credit (SJ or SC)
  • Exceptions: TA/SJ
  • E-codes (exposure code for vascular cases)
    • One resident can count the exposure, the other can count the rest of the case
  • Does NOT apply when a fellow is involved with the operation (case can be double-counted)
• Only one procedure can be counted by the resident in cases where multiple operations are performed (e.g. en bloc gastrectomy, colectomy, distal pancreatectomy)
  • Although this can be circumvented by providing a different case ID
• Distinct operations on one patient performed by different residents can be counted separately
  • E.g. colectomy and liver resection performed by different teams
  • E.g. cholecystectomy by the intern during a Whipple can be counted separately
  • Closure of fascia and skin on a laparotomy by the intern can be counted separately from the main operation (if the intern was the operating surgeon for the closure)
Summary

• KEEP YOUR CASE LOGS UP TO DATE
• Log your cases immediately after the case (or procedure)
• Be mindful of requirements
  • End of PGY2 year: 250
  • Breast, endoscopy, plastics, peds: very few of these cases occur in your chief year so the requirements need to be met earlier
• Not updating your case log is an excellent way to irritate your program director