

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)

Update! Robotic case designation

- As of 2022, there is a new field to designate a robotic case on the ACGME case log
- Note that this is not a separate CPT code, but a check box to designate if the case is robotic

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

Definitions: “Total Major” vs “defined category”

- “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 Resuscitation 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



Category	Minimum
Skin, Soft Tissue	25
Breast	40
Mastectomy	5
Axilla	5
Head and Neck	25
Alimentary Tract	180
Esophagus	5
Stomach	15
Small Intestine	25
Large Intestine	40
Appendix	40
Anorectal	20
Abdominal	250
Biliary	85
Hernia	85
Liver	5
Pancreas	5
Vascular	50
Access	10
Anastomosis, Repair, or Endarterectomy	10

Category	Minimum
Endocrine	15
Thyroid or Parathyroid	10
Operative Trauma	10
Non-operative Trauma	40
Resuscitations as Team Leader	10
Thoracic Surgery	20
Thoracotomy	5
Pediatric Surgery	20
Plastic Surgery	10
Surgical Critical Care	40
Laparoscopic Basic	100
Endoscopy	85
Upper Endoscopy	35
Colonoscopy	50
Laparoscopic Complex	75
Total Major Cases	850
Chief Year Major Cases	200
Teaching Assistant Cases	25

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