

Case Log Mapping Update: September 2019

Review Committee for Neurological Surgery

The Review Committee has made the following minor adjustments to the Case Log categories that were announced in June 2019.

- The term “adult” was removed from the name of the non-pediatric defined case categories. There are a specific subset of CPT codes that are mapped to the four pediatric defined case categories. Those codes also map to the similarly named defined case categories that had been labeled as “adult.” When entering such a CPT code, the patient type – adult or pediatric – must be selected for the case to count toward the appropriate category. For all other CPT codes, whether or not adult/pediatric is selected when entering the case, the case will count toward the now unlabeled (non-pediatric) defined case category.
- The defined case category “Adult CSF Diversion” was renamed “Cranial: CSF Diversion/ETV/Other” to better reflect the types of cases mapped to this category.
- The defined case category “Radiosurgery” was removed from the Cranial area and is listed separately, as are the defined case categories “Peripheral Nerve” and “Peripheral Device Management.” Cases in these defined case categories are not exclusively either cranial or spinal, and so are more appropriately counted separately.

There are no changes to the previously announced minimum requirements.

Previously Announced Case Log Mapping Update: June 2019

Following a rigorous analysis of past neurological surgery Case Log data, the Review Committee determined that a major revision of CPT code categories and expected minimum case numbers was needed. The revision was based on the following principles:

- A case minimum is not a competency standard; it reflects an estimation of the exposure that should be adequate for core neurological surgery education and training.
- In aggregate, the list should reflect the full range of neurosurgical procedures that contribute to core neurological surgical education and training.
- The total of all case minimums is not necessarily sufficient exposure to ensure ability to practice independently.
- Flexibility must be preserved, and variability allowed, to reflect differences in institutions' service models, faculty members' choices among standard-of-care practice options, and residents' career interests.
- Case numbers are not a substitute for faculty member and program director oversight with respect to competence.

Major changes in case categories are:

- Extracranial Vascular (DC6) added to Vascular Lesion (DC3) as Adult Vascular Lesion: Extracranial
- Epilepsy (DC19) listed in Adult group (no change in minimum)
- Functional (DC8) separated into new minimum categories: Cranial Functional (Cranial category); Extracranial Functional (Spine category); and Peripheral Device Management
- Peripheral Nerve (DC14) moved out of spine and listed separately along with new functional category
- Critical Care changes include: combine ICP monitor and EVD (DC20/21) into one new category (EVD/transdural monitor); revise VP shunt tap/programming (DC22) to three new categories (CVP line placement, percutaneous tap intracranial, and percutaneous tap intraspinal); delete cervical spine traction (DC23); add new category (angiography)

The use of DC numbering was eliminated. Revised minimum case numbers were established for most Senior + Lead cases, and new minimum case numbers were established for Lead cases in many categories. The new case minimums and implementation timeline are shown in the document, **Neurological Surgery Case Log Defined Case Categories and Required Minimum Numbers (Effective 7/1/2019)**. This includes a new requirement that at least 80 of the required 400 lead cases involve microdissection. Definitions for case participation levels and for microdissection are available in the **Case Log Guidelines** document, which also describes the revised rules for claiming credit (including a new requirement for providing a case ID), and lists the case areas and case types within those areas that could potentially involve microdissection. The microdissection box must be checked when logging a case that involves microdissection.

The total number of Senior + Lead and Lead cases within the four major case areas (Adult Cranial, Adult Spinal, Pediatric, and Critical Care) are, by design, greater than the sum of the minimums for the subcategories. This allows residents to claim additional credit for case types of particular interest.

The **Institutional Case Report Form** has been revised to be consistent with the changes in the Case Log System. Effective July 1, 2019, the revised form must be used for all complement increase and site change requests.

Previously Announced Case Log Mapping Update: April 2018

The Review Committee has made the following changes to the CPT code mappings:

The following previously untracked CPT codes have been added to DC16 Pediatric Trauma

- 61550** Craniectomy for craniosynostosis; single cranial suture
- 61552** Craniectomy for craniosynostosis; multiple cranial sutures
- 61556** Craniectomy for craniosynostosis; frontal or parietal bone flap
- 61557** Craniectomy for craniosynostosis; bifrontal bone flap
- 61558** Extensive craniectomy for multiple cranial suture craniosynostosis (e.g., cloverleaf skull) not requiring bone grafts
- 61559** Extensive craniectomy for multiple cranial suture craniosynostosis (e.g., cloverleaf skull); recontouring with multiple osteotomies and bone autografts (e.g., barrel-stave procedure) (includes obtaining grafts)

All existing entries where the code reflected “non-tracked” have been updated.

Previously Announced Case Log Mapping Update: August 2017

- **62380** has been added to DC12 Adult lumbar discectomy.
- Arteriography and stereotactic frame placement were previously tracked critical care defined case categories. These are now reportable but non-tracked categories.
- All CPT codes listed as reportable but non-tracked categories (craniofacial, spinal tumor/AVM, and miscellaneous/unclassified) that did not also map to a defined case category have been removed, except as noted below. This change will prevent the inadvertent selection of a primary CPT code from the reportable/untracked list when the case should in fact count toward a defined case category.
- **20250** and **20251** were moved from miscellaneous to DC11 Adult spinal posterior cervical.
- **62294** has been moved from miscellaneous to DC3b Endovascular therapy for vascular lesion.
- Several CPT codes previously listed as miscellaneous were remapped to both an adult and a pediatric defined case category. To get the appropriate credit for a case, the defined case category must be selected when the case is entered into the system. These CPT codes are:
 - **22212, 22214, 22216, 22222, 22224, 22226** (DC13 if adult patient; DC17 if pediatric patient)
 - **63172, 63173, 63180, 63182** (DC11 if adult patient; DC17 if pediatric patient)
- Several CPT codes previously listed as non-tracked spinal tumor/AVM were mapped to both an adult and a pediatric defined case category. To get the appropriate credit for a case, the defined case category must be selected when the case is entered into the system. These CPT codes are:
 - **63250, 63265, 63270** (DC11 if adult patient; DC17 if pediatric patient)
 - **63251, 63252, 63266-68, 63271-73** (DC13 if adult patient; DC17 if pediatric patient)
 - **22110, 63275, 63280, 63285** (DC11 if adult patient; DC17 if pediatric patient)
 - **22112, 22114, 22116, 63276-78, 63281-83, 63286, 63287, 63290** (DC13 if adult patient; DC17 if pediatric patient)
 - **63301-03, 63305-07** (DC13 if adult; patient DC17 if pediatric patient)
- **63308** was previously non-tracked but is now mapped to DC10 (cervical), DC13 (thoracic), and DC17. If this code is selected as the primary code, then a DC category must also be selected to ensure appropriate credit.

Previously Announced Case Log Mapping Update: August 2016

The Review Committee made the following changes to the required minimum numbers:

1. While vascular lesion cases must be reported as either craniotomy (DC3a) or endovascular (DC3b), the minimum number of all vascular lesion cases must be 50. This replaces the previous requirement for 40 DC3a cases and 10 DC3b cases.
2. DC24 stereotactic frame placement and DC28 arteriography have been removed as defined case categories. The total number of required critical care procedures is now 60.
3. The total number of all defined cases is now 400.

Previously Announced Case Log Mapping Update: March 2016

The Review Committee corrected the mapping of several CPT codes that affected the following defined case categories:

DC1 Adult Craniotomy for Brain Tumor
DC2 Adult Craniotomy for Trauma
DC3b Adult Endovascular Therapy for Tumor or Vascular Lesion
DC5 Adult Transsphenoidal Sellar/Parasellar Tumors
DC6 Adult Extracranial Vascular Procedures
DC7 Adult Radiosurgery
DC8 Adult Functional Procedures
DC9 Adult VP Shunt
DC11 Adult Posterior Cervical Approaches for Decompression/Stabilization
DC13 Adult Thoracic/Lumbar Instrumentation Fusion
DC15 Pediatric Craniotomy for Brain Tumor
DC16 Pediatric Craniotomy for Trauma
DC18 Pediatric VP Shunt
DC19 Adult and Pediatric Epilepsy

The revised CPT codes are:

- 61150** Burr Hole(s) or trephine, with drainage of brain abscess or cyst
Previously mapped to DC1 and now mapped to DC2 for adult patient type
Previously mapped to DC15 and now mapped to DC16 for pediatric patient type
- 61151** Burr hole(s) or trephine, with subsequent tapping (aspiration) of intracranial abscess or cyst
Previously mapped to DC1 and now mapped to DC2 for adult patient type
Previously mapped to DC15 and now mapped to DC16 for pediatric patient type
- 61524** Craniectomy, infratentorial or posterior fossa, for excision or fenestration of cyst
Previously mapped to DC1 and now mapped to DC2 for adult patient type
Previously mapped to DC15 and now mapped to DC16 for pediatric patient type
- 61120** Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
Previously mapped to DC2 and now mapped to DC9 for adult patient type
Previously mapped to DC2 and now mapped to DC18 for pediatric patient type
- 61545** Craniotomy with elevation of bone flap; for excision of craniopharyngioma
Previously mapped to DC5 and now mapped to DC1 for adult patient type
Previously mapped to DC5 and now mapped to DC15 for pediatric patient type
- 61546** Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
Previously mapped to DC5 and now mapped to DC1 for adult patient type
Previously mapped to DC5 and now mapped to DC15 for pediatric patient type

61583 Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa

Previously mapped to DC5 and now mapped to DC1 for adult patient type

Previously mapped to DC5 and now mapped to DC15 for pediatric patient type

61584 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration

Previously mapped to DC5 and now mapped to DC1 for adult patient type

Previously mapped to DC5 and now mapped to DC15 for pediatric patient type

61770 Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source

Previously mapped to DC7 and now mapped to DC1 for adult patient type

Previously mapped to DC7 and now mapped to DC15 for pediatric patient type

61623 Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion

Previously mapped to DC6 and now mapped to DC3b

63600 Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)

Previously mapped to DC7 and now mapped to DC8

22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar

Previously mapped to DC11 and now mapped to DC13

61735 Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus

Previously mapped to DC19 and now mapped to DC8

0075T Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel

Previously mapped to DC28 and now mapped to DC3b

0076T Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)

Previously mapped to DC28 and now mapped to DC3b

35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel

Previously mapped to DC28 and now mapped to DC3b

35476 Transluminal balloon angioplasty, percutaneous; venous

Previously mapped to DC6 and now mapped to DC3b

37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

Previously mapped to DC6 and now mapped to DC3b

37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection

Previously mapped to DC6 and now mapped to DC3b

These changes were applied to all cases currently in the Case Log System.

Please note: to obtain credit for a pediatric procedure when the CPT code maps to both an adult DC and a pediatric DC, the patient type “pediatric” must be selected from the patient type drop-down list. If a code maps only to an adult DC, the selection of “pediatric” will not give credit for a pediatric case.

The complete CPT code mapping report is available within the Case Log System.

Previously Announced Case Log Mapping Update: October 2015

The Review Committee corrected the mapping of five CPT codes that affected the following defined case categories:

DC1 Adult Craniotomy for Brain Tumor
DC3a Adult Craniotomy for Intracranial Vascular Lesion
DC4 Adult Craniotomy for Pain
DC6 Adult Extracranial Vascular Procedures
DC16 Pediatric Craniotomy for Trauma
DC17 Pediatric Spinal Procedures

The revised CPT codes are:

61340 Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)

Previously mapped to DC17 and is now mapped to DC4

61343 Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (e.g., Arnold-Chiari malformation)

Previously mapped to DC1 and DC17 and is now mapped to DC4

61345 Other cranial decompression, posterior fossa

Previously mapped to DC17 and is now mapped to DC16

61440 Craniotomy for section of tentorium cerebelli (separate procedure)

Previously mapped to DC17 and is now mapped to DC16

61711 Anastomosis, arterial, extracranial-intracranial (e.g., middle cerebral/cortical) arteries

Previously mapped to DC6 and is now mapped to DC3a

These changes were applied to all cases currently in the Case Log System. The complete CPT code mapping report, also available within the Case Log System, now shows the DC category for each CPT code listed.