Case Log Coding Guidelines
Review Committee for Otolaryngology
ACGME

The Case Log Coding Guidelines have been provided in an attempt to establish some degree of uniformity for logging cases in the ACGME Resident Case Log System for Otolaryngology.

The Review Committee for Otolaryngology thanks and credits the Harvard otolaryngology residency program for drafting the initially proposed document used to develop these guidelines, and the University of Iowa program for the most recent revisions.

Please note that these guidelines additionally provide role definitions for Resident Surgeon, Resident Assistant, and Resident Supervisor, and demarcate those procedural codes that define Key Indicator Cases (indicated by red asterisks*). These cases constitute the 14 procedure categories identified by the Review Committee to be representative of otolaryngology surgical education, and for which required minimum numbers for graduating residents have been established. Also included are instructions for the proper unbundling of procedures (indicated by blue text) for Case Log recording (but not billing) purposes. A set of Frequently Asked Questions is included in the final section of the Guidelines.

This document will be periodically updated by the Review Committee based on updates to key indicator cases and procedures. Program directors will be notified of such updates via the ACGME e-Communication or other correspondence.
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Key Indicator Cases identified by *
Rules for Unbundling demarcated in blue

Role Definitions
Resident surgeon: performs ≥ 50% of the operation with the attending physician or resident supervisor, including the key portions of the procedure
Resident assistant: performs < 50% of the operation, or ≥ 50% of the operation but not the key portions of the procedure
Resident supervisor: instructs/assists a more junior resident during a procedure in which the junior resident performs ≥ 50% of the operation, including the key portions of the procedure; the attending physician acts as an assistant or observer

GENERAL/ENDOSCOPY/RHINOLOGY

Emergency Department Procedures:
Repair complex scalp laceration:
- 1.1-2.5cm: 13120
- 2.6-7.5cm: 13121
- Each additional 5cm (code separately): 13122
Repair complex forehead/face laceration:
- 1.1-2.5cm: 13131
- 2.6-7.5cm: 13132
- Each additional 5cm (code separately): 13133
Repair complex eyelid/ear/nose or lip laceration repair:
- <1.0 cm: 13150
- 1.1-2.5 cm: 13151
- 2.6-7.5 cm: 13152
- Each additional 5cm (code separately): 13153
Open repair frontal sinus fracture:
- Depressed: 21343
- Complicated: 21344
Oral vestibule laceration repair:
- ≤2.5cm: 40830
- >2.5cm: 40831
FOM/Oral tongue laceration repair:
- ≤2.5cm: 41250
- >2.5cm: 41252
Flexible laryngoscopy, w/biopsy:
- 31576
*Flexible laryngoscopy, FB removal: 31577
*Flexible laryngoscopy, lesion removal: 31577
Peritonsillar abscess drainage: 42700
Removal impacted cerumen: 69210
Removal foreign body from ear:
- In office: 69200
- Under GA (operative): 69205
Removal of foreign body from nose:
- In office: 30300
- Under GA (operative): 30310
Under GA - lateral rhinotomy: 30320
Epistaxis Control
- Anterior epistaxis control (simple): 30901
- Anterior epistaxis control (complex): 30903
- Posterior packing placement: 30905
- Revision posterior packing: 30906
Ethmoid artery ligation: 30915
Internal maxillary ligation-transantral: 30920
Endoscopic control, operative: 31238
Septal hematoma/abscess drainage: 30000
Auricle hematoma/abscess drainage: 69000
Oral hematoma/cyst/abscess drainage:
- Simple: 40800
- Complicated: 40801
Intraoral I&D abscess/cyst/hematoma:
- Lingual: 41000
- Sublingual; superficial: 41005
- Sublingual; deep: 41006
- Submental: 41007
- Submandibular space: 41008
- Sublingual/Submaxillary: 42310
- Masticator space: 41009
Extra-oral I&D abscess/cyst/hematoma:
- Sublingual: 41015
- Submental: 41016
- Submandibular space: 41017
- Masticator space: 41018
Parotid abscess I&D - simple: 42300
Parotid abscess I&D - complicated: 42305
Retropharyngeal/parapharyngeal abscess I&D - intraoral: 42720
Retropharyngeal/parapharyngeal abscess I&D – extra-oral: 42725

Post-operative Complications:
Neck exploration for hematoma: 35800
Post-operative tonsil bleed requiring OR: 42962
I&D superficial abscess: 10060
I&D deep space hematoma or abscess: 21501

Endoscopy: Airway/Foreign Body Procedures:
DL diagnostic: 31525
DL with biopsy: 31535
DL with arytenoidectomy: 31560
MicroDL with arytenoidectomy: 31561
Tracheoscopy or microlaryngoscopy with biopsy:
- 31536
*Bronchoscopy diagnostic: 31622
*Bronchoscopy with BAL: 31624
*Bronchoscopy with biopsy: 31625
Awake fiberoptic intubation or emergency intubation: 31500
Cricoidotomy: 31605
Tracheotomy planned: 31600
Tracheotomy emergency: 31603
Tracheal repair: 31800

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*DL with FB removal: 31530
Micro DL diagnostic: 31526
*Micro DL with FB removal: 31531
Removal FB pharynx: 42809
Esophagoscopy with FB removal: 43215
*Bronchoscopy with FB removal: 31635
DL with open reduction of fracture: 31584
*DL with dilation initial: 31528
*subsequent: 31529
*Bronchoscopy with dilation: 31630
*Bronchoscopy with stent placement: 31631
*revision 31638
*Bronchoscopy with tumor excision: 31640
*Bronchoscopy with tumor or stenosis laser ablation: 31641
Tracheobronchoscopy through tracheostomy incision: 31615
Esophagoscopy diagnostic: 43200
Esophagoscopy, with submucosal injection: 43201
with biopsy: 43202
with tumor removal: 43217
with insertion of stent/ tube: 43219
with dilation over guidewire: 43226
Esophageal dilation with balloon: 43220
with bougie: 43450
over guidewire: 43453
retrograde: 45456
PEG/ G-tube placement: 43246
Nasopharyngeal biopsy: 42806
Diverticulectomy (Zenker's): 43180
Endoscopic approach
Open cervical approach 43130
Open thoracic approach 43135
Cricopharyngeal myotomy 43030
Transcervical repair of esophageal wound/injury (open): 43410

**Sinus Surgery (log each side separately):**

Insertion of nasal button: 30220
Lysis of intranasal synechiae: 30560
Endo maxillary antrostomy: 31256
Endo maxillary antrostomy + tissue: 31267
Endo frontal +/- tissue: 31276
Endo sphenoid: 31287
Endo sphenoid + tissue: 31288
Endo biopsy/polypectomy/debridement: 31237
Endo concha bullosa resection: 31240
Dacrocystorhinostomy (DCR):
Endoscopic: 31239
Open: 68720
*Endo anterior ethmoid: 31254
*Endo anterior & posterior ethmoid: 31255
Endo diagnostic nasal (separate): 31231
Endo maxillary antrum via inf meatus: 31233
Endo CSF leak repair: 61618
  Ethmoid region: 31290
  Sphenoid region: 31291
CSF leak repair w/graft:
  (code graft harvest separately)
Endo orbital wall decompression:
  Medial or inferior wall: 31292
  Medial and Inferior wall: 31293
Endo optic nerve decompression: 31294

**Non-Endoscopic Sinus Surgery:**

Sinusotomy - frontal:
  Trephine: 31070
  Transorbital: 31075
Frontal sinusotomy - obliterative:
  Brow incision w/o osteoplastic flap: 31080
  Coronal incision w/o osteoplastic flap: 31081
  Brow incision w/osteoplastic flap: 31084
  Coronal incision w/osteoplastic flap: 31085
Frontal sinusotomy - non-obliterative:
  Brow incision w/osteoplastic flap: 31086
  Coronal incision w/osteoplastic flap: 31087
Lavage by cannulation - maxillary: 31000
Lavage by cannulation - sphenoid: 31002
Sinusotomy - maxillary antrostomy: 31020
Sinusotomy - Caldwell-Luc: 31030
Sinusotomy - Caldwell-Luc + polyps: 31032
Sinusotomy - sphenoid+/- biopsy: 31050
Sinusotomy - sphenoid + polypectomy: 31051
Ethmoidectomy – intranasal (anterior): 31200
Ethmoidectomy - intranasal (ant/post): 31201
Ethmoidectomy – extranasal (ant/post): 31205

**General/Pediatric:**

Intranasal biopsy: 30100
Transnasal excision nasal polyp:
  Simple: 30110
  Extensive: 30115
Excision of intranasal lesion:
  Internal: 30117
  Lateral rhinotomy: 30118
Turbinate soft tissue ablation:
  Mucosal (any method): 30801
  Submucosal (any method): 30802
Turbinate excision (any method): 30130
Fracture inferior turbinate: 30930
Turbinate submucous resection: 30140
Turbinate injection: 30200
Septoplasty: 30520
Frenotomy: 41010
Frenuoplasty revision with Z-plasty: 41520
Uvulotomy: 42140
Uvulopalatopharyngoplasty (UPPP): 42145
Tongue base suspension: 41512
Chemical or thermal destruction of palate or uvular lesion: 42610
Uvula procedure NOS: 42299
Tonsil & Adenoid (T&A):
  >12 yrs: 42281
  <12 yrs: 42280
Tonsil alone:
  > 12 yrs: 42826
  <12 yrs: 42825
Adenoid alone:
  > 12 yrs: 42831
  <12 yrs: 42830
M&T:
  Myringotomy 69420
  Myringotomy under GA 69421
  Tube 69433
  Tube under GA 69436
Removal of ear tube under GA: 69424

PEDIATRIC OTOLARYNGOLOGY

Pediatric Airway and Neck:
See also above codes for “Endoscopy: Airway and Foreign Body”
Diagnostic DL in a newborn: 31520
Diagnostic DL in a child: 31525
Diagnostic DL / tracheoscopy in a child w/ operating microscope or telescope: 31526
  *Supraglottoplasty: 31541
  *Tracheotomy less than 2 years of age: 31601
  *Cricoid split: 31587
  *Laryngoplasty for web; two stage with keel insertion or removal: 31580
  *Laryngotraceoplasty (LTR): 31582
  Rib graft: 20910
Cricotracheal resection (CTR): 31780
Tracheal resection and reanastomosis: 31780
  *Laryngoplasty NOS 31588
  *Resection nasal dermoid:
    *Simple 30124
    *Complex 30125
  *Excision of vascular anomaly:
    *w/o deep neurovascular dissection: 38550
    *with deep neurovascular dissection: 38555
  *Branchial cleft anomaly (not cyst): 42810
  *Branchial cleft cyst: 42815
  *Thyroglossal duct cyst: 60280
    *Recurrent 60281
Choanal atresia repair:
  *Intranasal: 30540
  *Transpalatine: 30545
Drainage of RP or PPS abscess:
  Internal approach: 42720
  External approach: 42725
Tongue fixation to lip for micrognathia: 41510

LARYNGOLOGY

DL with tumor excision or stripping of vocal fold or epiglottis: 31540
  *Suspension microlaryngoscopy (SML) with tumor excision or stripping of vocal fold or epiglottis: 31541
  *SML resection nodule/submucosal mass with local flap reconstruction: 31545
  *SML resection nodule/submucosal mass with graft reconstruction: 32546
  *SML with arytenoidectomy 31561
  *SML with cordectomy: 31370
  *SML with endoscopic hemi laryngectomy:
    antero-vertical: 31380
    latero-vertical: 31375
    antero-latero-vertical: 31382
VF injection/injection laryngoplasty (with microscope/telescope): 31571
  *Medialization thyroplasty: 31588
Triple procedure:
  *Adduction arytenopexy: 31400
  *Medialization thyroplasty: 31588
  *Cricothyroid subluxation: 31599
  *DL with insertion of obturator: 31527
  *DL with dilation (initial): 31528
  *DL with dilation (subsequent): 31529

HEAD AND NECK SURGERY

Endocrine Surgery:
  *Hemithyroidectomy: 60220
  *Hemithyroid; partial contralateral: 60225
  *Total thyroidectomy: 60240
  *Total thyroidectomy with limited (central) neck dissection: 60252
  *Total thyroidectomy with complete neck dissection: 60254
  *Completion total thyroidectomy: 60260
  *Subternal thyroidectomy:
    Cervical approach: 60271
    Transthoracic sternal split approach: 60270
Code neck dissection separately. For a thyroid case in which the attending does most of the first lobe and you are the surgeon on the other side: (Log two different case IDs for each hemithyroid - one as Resident Assistant and one as Resident Surgeon)
  Parathyroid auto-transplantation: 60512
  *Parathyroidectomy: 60500
  *Parathyroidectomy re-exploration: 60502

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Neck Dissection (log each side separately):
*MRND/SLND/SOHND: 38724
*Radical ND: 38720
Submandibular gland excision: 42440
Deep cervical node biopsies/SLNB: 38510
Dissection of jugular node(s): 38542
If you get into IJ/carotid and repair it: 35201
Excision soft tissue mass / tumor of neck:
  Superficial neck (< 3cm): 21555
  Deep neck (< 5cm): 21556
Radical excision of malignant tumor of
  neck / anterior thorax:
    (< 5cm) 21557
    (> 5cm) 21558
Drainage of RP or PPS abscess via
  external approach: 42725
Resection parapharyngeal space tumor: 61605
Major vessel exploration: 35701
Major vessel repair: 35201

Salivary Gland Procedures:
*Superficial parotid with FN dissection: 42415
*Superficial parotid w/o FN dissection: 42410
*Total parotid with FN dissection: 42420
*Total parotid with FN sacrifice:
  -If you graft the FN: 64885
If you do a parotid/neck, log one of the above
codes and log the neck procedure separately
If mass goes into parapharyngeal space, then
  additionally log: 61590
If abdominal fat graft following parotid: 20926
Submandibular gland excision: 42440
Selective neck dissection (levels 1A-1B): 38724
Sublingual gland excision: 42450
Ranula:
  Excision: 42408
  Marsupialization: 42409
Closure salivary fistula: 42600
Dilation salivary duct: 42650
Dilation of salivary duct with catheter: 42660
Ligation salivary duct (intraoral): 42665
Sialodochoplasty:
  Primary or simple: 42500
  Secondary or complicated: 42505
Parotid duct diversion: 42507

Lip/Oral Cavity/Oropharynx:
Lip biopsy: 40490
Vermilion resection w/advancement flap: 40500
Wedge excision with primary closure: 40520
Lip excision (>1/4 of lip): 40530
Lip excision with local flap repair: 40525
Lip excision with cross lip repair: 40527
Oral cavity FB removal (embedded):
  Simple: 40804
  Complicated: 40805
Biopsy of oral tongue: 41100
Glossectomy to be coded without neck
dissection to keep unbundled:
*Partial glossectomy
  w/o primary closure: 41120
*Hemiglossectomy
  w/o primary closure: 41130
*Total glossectomy: 41140
Excision of oral tongue
  w/o primary closure: 41110
Excision tongue lesion with primary closure:
  Anterior two thirds 41112
  *Posterior one third 41113
*Excision tongue lesion + tongue flap: 41114
Excision of frenulum: 41115
Excision FOM lesion: 41116
Radical resection of tonsil and/or RMT tumor:
  w/o closure: 42842
  with local flap closure: 42844
  with other flap closure: 42845
*Excision mandible tumor: 21045
Log neck dissection or tracheostomy separately
if jointly performed with oral cavity/OP resection
Tooth extraction: 41823
Oroantral fistula repair:
  Oromaxillary: 30580
  Oronasal: 30600
Limited Pharyngectomy: 42890

Laryngectomy:
Laryngectomy (without neck dissection to keep
unbundled): 31360
Hemilaryngectomy (horizontal): 31370
Hemilaryngectomy (laterovertical): 31375
Hemilaryngectomy (anterovertical): 31380
Hemilaryngectomy (anterolaterovertical): 31382
Epiglottidectomy: 31420
Pharyngectomy:
  (when closed primarily) 42892
  (if flap required for closure) 42894
Unbundle for laryngopharyngectomy
Supraglottic laryngectomy: 31367
  -If you close the pharynx primarily
    (pharyngoesophageal repair): 42953
    -*If you take total thyroid: 60240
    -*If you take hemithyroid: 60225
    -*If you do MRND or SLND: 38724
    -*If you do radical ND: 38720
    -*If you do rotational SCM flap: 15732
    -*If you assist in PIG
      (pharyngeal interposition graft): 15758
TEP and prosthesis: 31611
Laryngofissure:
  With tumor/laryngocele excision: 31300
  Diagnostic: 31320
**Anterior Craniofacial Resection:**

- Pterygomaxillary fossa surgery - any approach: 31040
- Anterior craniofacial approach and tumor resection w/o anterior cranial fossa resection: 61580
- Anterior craniofacial approach and tumor resection with anterior cranial fossa resection: 61582
- Orbitocranial approach to anterior cranial fossa (ACF): 61584
- Bicoronal, transzygomatic or LeFort I osteotomy approach to ACF: 61586
- Resection/excision of ACF lesion:
  - Extradural: 61600
  - Intradural +/- dural repair: 61601
  - + Orbital exenteration: 66110
- Infratemporal fossa approach to parapharyngeal space or middle cranial fossa: 61590
- Infratemporal resection of tumor/mass: 61605
- Transpetrous approach to skull base: 61598
- Resection of midline skull base mass or tumor: 61607

If you put in a flap, code as under free and pedicled flaps category

**Maxillectomy:**

- Maxillectomy (including total, inferior, or medial): 31225
- If you take the eye: 65110
- Placement of pin-borne prosthesis: 42281

**Excision of Cutaneous Facial Lesions:**

- **Malignant Face/Eyelid/Nose Lesion**
  - <0.5 cm: 11640
  - 0.6-1.0 cm: 11641
  - 1.1-2.0 cm: 11642
  - 2.1-3.0 cm: 11643
  - 3.1-4.0 cm: 11644
  - >4.0 cm: 11646
- **Benign Face/Eyelid/Nose Lesion**
  - <0.5 cm: 11440
  - 0.6-1.0 cm: 11441
  - 1.1-2.0 cm: 11442
  - 2.1-3.0 cm: 11443
  - 3.1-4.0 cm: 11444
  - >4.0 cm: 11446
- **Malignant Scalp / Neck Lesion**
  - <0.5 cm: 11620
  - 0.6-1.0 cm: 11621
  - 1.1-2.0 cm: 11622
  - 2.1-3.0 cm: 11623
  - 3.1-4.0 cm: 11624
  - >4.0 cm: 11626
- **Benign Scalp / Neck Lesion**
  - <0.5 cm: 11420
  - 0.6-1.0 cm: 11421
  - 1.1-2.0 cm: 11422
  - 2.1-3.0 cm: 11423
  - 3.1-4.0 cm: 11424
  - >4.0 cm: 11426

Sentinel lymph node biopsy: 38510
If you inject ethylene blue dye, add: 38792

**Head and Neck Ablative Procedures:**

- **Diagnostic DL:** 31525
- **DL w/biopsy:** 31535
- **Tracheotomy:** 31600
- If you explore neck for vessels (suprathyroid): 38700
- **Excision of FOM lesion:** 41116
  - *Partial glossectomy:* 41120
  - *Hemiglossectomy:* 41130
  - *Composite resection of tongue/FOM/mandible (unbundle from neck):* 41150
  - *Mandible excision for:*
    - *ORN/benign tumor/cyst:* 21047
    - *Malignant tumor:* 21044
    - *Segmental mandibulectomy:* 21045
- **Auriculectomy - complete:** 69120
- **Auriculectomy - partial:** 69110
- Carotid body tumor excision:
  - Carotid sparing: 60600
  - Carotid sacrifice: 60605

**FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY**

**Free/Pedicled Flaps:**

- **RFFF (log assist if you help with inset):** 15758
- **FFF (log assist if you help with inset):** 20969
- **ALT (log assist if you help with inset):** 15756
- **Pec Flap:** 15734
- **TPFF, or temporalis muscle flap, or SCM rotational flap:** 15732
- **Cervico-facial rotational/advancement flap:**
  - If <10 cm2: 14060
  - If 10-30 cm2: 14061
  - If > 30 cm2: 14300
- **Paramedian forehead flap:** 15731
- **Takedown of paramedian forehead flap pedicle (2nd stage):** 15630
- **Free flap +/- vessel anastomosis:**
  - *Muscle or myocutaneous:* 15756
  - *Cutaneous:* 15757
  - *Fascia:* 15758
  - *Osteocutaneous:* 20969
  - *Iliac crest:* 20970

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If you scrub in only to close:
- Close the arm:
  - Skin graft: 15100
  - Arm wound: 12035
- *Advancement closure of leg (i.e.: fibula, ALT): 14021
- Close the chest (pec): 14001
- Close the neck: 12046
- Close the parotid: 12055
Facial-hypoglossal nerve repair: 64868

Plastics/Trauma Procedures:
Repair complex scalp laceration:
1.1-2.5cm: 13120
2.6-7.5cm: 13121
Each additional 5cm (code separately): 13122
Repair complex forehead/face laceration:
1.1-2.5cm: 13131
2.6-7.5cm: 13132
Each additional 5cm (code separately): 13133
Repair complex eyelid/ear/nose or lip laceration repair:
<1.0 cm: 13150
1.1-2.5 cm: 13151
2.6-7.5 cm: 13152
Each additional 5cm (code separately): 13153
Open repair frontal sinus fracture:
Depressed: 21343
Complicated: 21344
Closed reduction of nasal fracture:
Without stabilization: 21315
With stabilization: 21320
*Open reduction of nasal fracture:
(log this as closed rhinoplasty with bony work:): 30435
*ZMC/midface fracture: 21360
If done with Ophthalmology, log orbital fx as assist: 21390 and log canthotomy if done: 67715

Mandibular osteotomy (sagittal split) 21195
Mandibular distraction with device application 21110
*Closed alveolar fracture repair: 21440
*Open alveolar fracture repair: 21445
*Percutaneous mandibular fracture repair; external fixation: 21452
*Open mandibular fracture repair; external fixation: 21454
*Mandible fracture:
(Log each aspect of case separately)
MMF: 21453
Open reduction w/o fixation: 21461
Open reduction with IF: 21462

*Open condylar fracture repair: 21465
*LeFort I fracture:
Closed repair: 21421
Simple open repair: 21422
Complex open repair: 21423
*LeFort II fracture:
Closed repair: 21345
Simple open repair: 21346
Complex open repair: 21347
*LeFort III fracture:
Closed repair: 21431
Simple open repair: 21432
Complex open repair: 21433
*Percutaneous malar/tripod fx repair: 21355
*Gilles approach to zygomatic arch fx: 21356
*Open zygomatic arch/tripod fx repair: 21365
*Orbital floor fracture repair:
Caldwell-Luc approach: 21385
Periorbital approach: 21386
+ alloplastic or other implant: 21390
*Open rhinoplasty:
Septoplasty: 30520
*Rhinoplasty: 30410
*Revision rhinoplasty: 30450
*Nasal valve repair: 30465
*Repair of nasal vestibule stenosis 30465
Cartilage graft:
Septal cartilage graft: 20912
Costochondral: 20910
Bone graft:
Small or minor: 20900
Large or major: 20902
Facial bone graft: 21210
Cleft lip repair:
Primary: 40700
Secondary: 40720
Cleft palate repair:
Palatoplasty: 42200
Palatoplasty w/alveolar ridge: 42210
Major revision: 42215
Palatoplasty w/pharyngeal flap: 42225
Palatoplasty w/island flap: 42227
Rhytidectomy; forehead: 15824
Rhytidectomy: 15828
Rhytidectomy SMAS flap: 15829
Platysmectomy (platysmal tightening): 15825
Cervicoplasty: 15819
Facial plastics Botox inj. (not larynx): 96372
Blepharoplasty:
[Log each eye and each site (upper or lower) separately]
Upper blepharoplasty: 15823
Lower blepharoplasty: 15821
Repair of blepharoptosis:
Frontalis muscle pexy: 67901
Levator resection/advancement: 67904
### Ophthalmology

**Superior rectus technique:** 67906
**Fasanella-Servat technique:** 67908
**Revision for overcorrection:** 67909
**Correction of lid retraction:** 67911

**Ectropion repair:**
- **Suture:** 67914
- **Cautery:** 67915
- **Excision tarsal wedge:** 67916
- **Tarsal strip:** 67917

**Canthoplasty:** 67950
**Otoplasty (protruding ear):** 69300
**Brow lift (any approach):** 67900
**Eyelid weight:** 67912
**Removal of eyelid weight:** 67912

**Vestibuloplasty:**
- **Anterior:** 40840
- **Posterior:** 40840
- **Entire arch:** 40844
- **Complex:** 40845

**Gracilis free flap:** *Unbundle as appropriate*

**Myogenous free flap for paralyzed face:** 15842
**Temporalis tendon transfer:** 15845

**Neurorrhaphy:**
- **≤4cm graft:** 64885
- **>4cm graft:** 64886

**Fascia lata graft:** 20922

**STSG to face**
- **(eyelids, nose, mouth, lips, ears, neck):** 15120
- **Dermal graft; face or neck:** 15135
- **Derma-fat-fascia graft:** 15770

**FTSG**
- **(including closure of donor site, scalp, arms or legs):**
  - **≤20cm²:** 15220
  - **≥20cm² or part thereof:** 15221

**FTSG**
- **(including closure of donor site forehead, cheeks, chin, mouth, neck):**
  - **≤20cm²:** 15240
  - **≥20cm² or part thereof:** 15241

**FTSG**
- **(including closure of donor site to nose, ears, eyelids):**
  - **≤20cm²:** 15260
  - **≥20cm² or part thereof:** 15261

**Composite Graft (i.e., full-thickness of external ear or including primary closure of donor site):** 15760

**Acellular dermal replacement:** 15715

**Autologous Ear cartilage graft**
- **(to nose or ear):** 21235

**Liposuction of head and neck:** 15876

**Adjacent tissue transfer/rearrangement:**
- **Scalp; ≤10 sq cm:** 14020
- **Any site >30 sq cm:** 14300

*Paramedian forehead flap:** 15731
*Takedown paramedian forehead flap:** 15730

**Moh’s reconstruction (tissue rearrangement, advancement, rotational flaps):**
- **eyelids, nose, ear, lips:**
  - **<10 cm²:** 14060
  - **10-30 cm²:** 14061
- **forehead, cheek, chin, mouth, lips:**
  - **<10 cm²:** 14040
  - **10-30 cm²:** 14041
- **takedown of melolabial flap pedicle:** 15630

**Scar contracture release:** 15003
**Dermabrasion** 15781
**Chemical Peel** 15788

### Microtia Repair:

1. **1st stage with rib graft:** 21230
2. **2nd stage lobule transposition:** 14061
3. **3rd stage elevation of auricle w/STSG:** 14061

**STSG (code separately):** 15120

### Otolaryngology

**Otology/neurotology**

**Otology:**
- **Stapes:** 69660
- **Revision Stapes:** 69662
- **Stapes mobilization:** 69650

**ME Exploration (postauric or transcanal):** 69440

**Cochlear Implant (two codes):**
- **Insertion:** 69930
  - **Mastoidectomy:** 69502
- **Replace BAHA:** 69717
- **Implant BAHA with STSG:**
  - **Transcanal:** 69502
  - **Transmastoid:** 69552
  - **Extended (extratemporal):** 69554

**Facial nerve decompression:**
- **Partial:** 69970
- **Total:** 69955

**Suture repair of intramastoid CN VII:** 69740

**Endolymphatic sac decomps + shunts (two codes):**
- **Sac Decompression:** 69806
  - **Mastoidectomy:** 69502

**Glomus tumor excision:**
- **Transcanal:** 69550
- **Transmastoid:** 69552

**Extended (extratemporal):** 69554

**Eust Tube Catheter, transnasal:** 69400

### Ablative Otolologic Procedures:

***Need to unbundle and log separately: tympanoplasty, mastoidectomy, and/or OCR from a key indicator case recording standpoint***

**Simple mastoid:** 69501
*Complete mastoid (CWU): 69502
*MR Mastoid (CWD stapes +/- malleus, incus intact): 69505
*Radical mastoid (CWD all ossicles taken): 69511
Mastoid bowl debridement; complex: 69222
*Petrous apicectomy: 69530
*Revise mastoid to complete: 69601
*Revise mastoid to Mod rad: 69602
*Revise mastoid to Rad: 69603
*Mastoid obliteration: 69670
Lateral TB resection: 69535
Excision of EAC lesion: 69145
Radical excision EAC lesion: 69150
*Radical excision EAC lesion + neck dissection: 69155
(code neck dissection separately)
Auriculectomy: 69120
CPA tumor:
   Suboccipital/Retrosig: 61520
      *Translabyrinthine approach: 61596
      *Middle cranial fossa approach: 61530
Resection of petrous apex lesion:
   Extradural: 61605
   Intradural: 61606
Vestibular nerve section:
      Translabyrinthine approach: 69915
      Transcranial approach: 69950
Endolymphatic sac decompression:
   w/shunt: 69805
   w/o shunt: 69806
Labyrinthectomy: 69910
Reconstructive otologic procedures:
Meatoplasty: 69310
STSG: 15120
*Myringoplasty: 69620
Exostoses/Canalplasty: 69140
Canalplasty for atresia: 69320
*Tymp w/o OCR: 69631
*Tymp with OCR:
   autologous tissue: 69632
   TORP or PORP: 69633
*Tymp with mastoid and OCR: 69642
   (code tymp/OCR and mastoid separately)
CSF leak dura repair w/graft: 61618
   (code graft separately)
The appendix that follows contains the 14 current key indicator case categories and the complete list of constituent key indicator case codes.

**APPENDIX:**
**KEY INDICATOR CASE CATEGORIES**

**Congenital Neck Masses**
- Excision dermoid cyst, nose; simple, skin, subcutaneous: 30124
- Excision dermoid cyst, nose; complex, under bone or cartilage: 30125
- Excision of vascular anomaly, axillary or cervical; without deep neurovascular dissection: 38550
- Excision of vascular anomaly, axillary or cervical; with deep neurovascular dissection: 38555
- Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues: 42810
- Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx: 42815
- Excision of thyroglossal duct cyst or sinus: 60280
- Excision of thyroglossal duct cyst or sinus; recurrent: 60281

**Bronchoscopy**
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings: 31623
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage: 31624
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites: 31625
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal/bronchial dilation or closed reduction of fracture: 31630
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required): 31631
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with removal of foreign body: 31635
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus: 31636
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required): 31638
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor: 31640
- Bronchoscopy (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser therapy, cryotherapy): 31641
- Bronchoscopy (rigid or flexible); with injection of contrast material for segmental bronchography (fiberscope only): 31656
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure): 31622

**Airway – Pediatric and Adult**
- Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal folds or epiglottis; with operating microscope or telescope: 31541
- Laryngoscopy, flexible fiberoptic; with removal of foreign body: 31577
- Laryngoscopy, flexible fiberoptic; with removal of lesion: 31578
- Arytenoidectomy or arytenoidopexy, external approach: 31400
- Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator: 31527
- Laryngoscopy direct, with or without tracheoscopy; with dilation, initial: 31528
- Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent: 31529
- Laryngoscopy, direct, operative, with foreign body removal: 31530
- Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope: 31531
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>CPT Code</th>
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<tbody>
<tr>
<td>Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s):</td>
<td>31545</td>
</tr>
<tr>
<td>Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft):</td>
<td>31546</td>
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<tr>
<td>Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope:</td>
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<tr>
<td>Laryngoscopy, direct, with injection into vocal cord(s), therapeutic:</td>
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<tr>
<td>Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope:</td>
<td>31571</td>
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<tr>
<td>Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal:</td>
<td>31580</td>
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<tr>
<td>Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy:</td>
<td>31582</td>
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<tr>
<td>Laryngoplasty, cricoid split:</td>
<td>31587</td>
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<tr>
<td>Laryngoplasty, not otherwise specified (e.g., medialization laryngoplasty; for burns, reconstruction after partial laryngectomy):</td>
<td>31588</td>
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<tr>
<td>Unlisted procedure, larynx:</td>
<td>31599</td>
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<tr>
<td><strong>Ethmoidectomy</strong></td>
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<tr>
<td>al/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior):</td>
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<tr>
<td>Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior):</td>
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<tr>
<td>Ethmoidectomy; intranasal, anterior:</td>
<td>31200</td>
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<tr>
<td>Ethmoidectomy; intranasal, total:</td>
<td>31201</td>
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<tr>
<td>Ethmoidectomy; extranasal, total:</td>
<td>31205</td>
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<tr>
<td><strong>Thyroid/Parathyroidectomy</strong></td>
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<tr>
<td>Total thyroid lobectomy, unilateral; with or without isthmusectomy:</td>
<td>60220</td>
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<tr>
<td>Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy:</td>
<td>60225</td>
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<tr>
<td>Thyroidectomy, total or complete:</td>
<td>60240</td>
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<tr>
<td>Thyroidectomy, total or subtotal for malignancy; with limited neck dissection:</td>
<td>60252</td>
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<tr>
<td>Thyroidectomy, total or subtotal for malignancy; with radical neck dissection:</td>
<td>60254</td>
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<tr>
<td>Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid:</td>
<td>60260</td>
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<tr>
<td>Thyroidectomy, including substernal thyroidectomy; sternal split or transthoracic approach:</td>
<td>60270</td>
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<tr>
<td>Thyroidectomy, including substernal thyroid; cervical approach:</td>
<td>60271</td>
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<tr>
<td>Parathyroidectomy or exploration of parathyroid(s); Primary procedure</td>
<td>60500</td>
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<tr>
<td>Parathyroidectomy or exploration of parathyroid(s); Re-exploitation:</td>
<td>60502</td>
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<tr>
<td><strong>Oral Cavity Resection (Glossectomy)</strong></td>
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<tr>
<td>Excision of lesion of tongue with closure; posterior one-third:</td>
<td>41113</td>
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<tr>
<td>Excision of lesion of tongue with closure; with local tongue flap:</td>
<td>41114</td>
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<tr>
<td>Glossectomy; less than 1/2 tongue:</td>
<td>41120</td>
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<tr>
<td>Glossectomy; hemiglossectomy:</td>
<td>41130</td>
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<tr>
<td>Glossectomy; partial, with unilateral radical neck dissection:</td>
<td>41135</td>
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<td>Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection:</td>
<td>41140</td>
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<tr>
<td>Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection:</td>
<td>41145</td>
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<tr>
<td>Excision of malignant tumor of mandible:</td>
<td>21044</td>
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<tr>
<td>Excision of malignant tumor of mandible; radical resection:</td>
<td>21045</td>
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<tr>
<td>Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (e.g., locally aggressive or destructive lesion(s)):</td>
<td>21047</td>
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<tr>
<td>Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection:</td>
<td>41150</td>
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<tr>
<td>Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection:</td>
<td>41153</td>
</tr>
<tr>
<td>Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection:</td>
<td>41155</td>
</tr>
<tr>
<td><strong>Neck Dissection</strong></td>
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<tr>
<td>Suprahyoid lymphadenectomy:</td>
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Cervical lymphadenectomy (modified radical neck dissection): 38724
Cervical lymphadenectomy (complete radical neck dissection): 38720
Laryngectomy; total, with radical neck dissection: 31365
Laryngectomy; subtotal supraglottic, with radical neck dissection: 31368
Pharyngolaryngectomy, with radical neck dissection; without reconstruction: 31390
Pharyngolaryngectomy, with radical neck dissection; with reconstruction: 31395
Glossectomy; partial, with unilateral radical neck dissection: 41135
Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection: 41145
Glossectomy; composite procedure with resection floor of mouth, with suprathyoid neck dissection: 41153
Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type): 41155
Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection: 42426
Thyroidectomy, total or subtotal for malignancy; with limited neck dissection: 60252
Thyroidectomy, total or subtotal for malignancy; with radical neck dissection: 60254
Radical excision external auditory canal lesion; with neck dissection: 69155

**Parotidectomy**

Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection: 42410
Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve: 42415
Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve: 42420
Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve: 42425
Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection: 42426

**Mastoidectomy**

Cranectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/cranietomy: 61530
Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthection, decompression, with or without mobilization of facial nerve and/or petrous carotid artery: 61596
Transmastoid antrotomy (simple mastoidectomy): 69501
Mastoidectomy; complete: 69502
Mastoidectomy; modified radical: 69505
Mastoidectomy; radical: 69511
Petrous apicectomy including radical mastoidectomy: 69530
Revision mastoidectomy; resulting in complete mastoidectomy: 69601
Revision mastoidectomy; resulting in modified radical mastoidectomy: 69602
Revision mastoidectomy; resulting in radical mastoidectomy: 69603
Revision mastoidectomy; resulting in tympanoplasty: 69604
Revision mastoidectomy; with apicectomy: 69605
Tymanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction: 69635
Tymanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction: 69636
Tymanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP)): 69637
Tymanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction: 69641
Tymanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction: 69642
<table>
<thead>
<tr>
<th>Procedure Description</th>
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<tr>
<td>Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction</td>
<td>69643</td>
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<tr>
<td>Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction</td>
<td>69644</td>
</tr>
<tr>
<td>Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction</td>
<td>69645</td>
</tr>
<tr>
<td>Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction</td>
<td>69646</td>
</tr>
<tr>
<td>Mastoid obliteration (separate procedure)</td>
<td>69670</td>
</tr>
<tr>
<td>Total facial nerve decompression and/or repair (may include graft)</td>
<td>69955</td>
</tr>
</tbody>
</table>

**Stapedectomy/Ossiculoplasty**

Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (e.g., post-fenestration): 69632

Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP)): 69633

Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction: 69636

Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (e.g., partial acicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP)): 69637

Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction: 69642

Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction: 69644

Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction: 69646

Stapes mobilization: 69650

Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material: 69660

Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out: 69661

Revision of stapedectomy or stapedotomy: 69662

**Revision mastoidectomy; resulting in tympanoplasty:** 69663

Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch: 69610

Myringoplasty (surgery confined to drumhead and donor area): 69620

Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction: 69631

Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (e.g., post-fenestration): 69632

Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP)): 69633

Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction: 69635

Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction: 69636

Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP)): 69637

Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction: 69641

Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction: 69642
Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction: 69643

Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction: 69644

Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction: 69645

Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction: 69646

Flaps and Grafts
Free muscle or myocutaneous flap with microvascular anastomosis: 15756
Free skin flap with microvascular anastomosis: 15757
Free fascial flap with microvascular anastomosis: 15758
Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe: 20969
Free osteocutaneous flap with microvascular anastomosis; iliac crest: 20970
Adjacent tissue transfer or rearrangement, scalp, arms, and/or legs; defect 10 sq cm or less: 14020
Adjacent tissue transfer or rearrangement, scalp, arms, and/or legs; defect 10.1 sq cm to 30.0 sq cm: 14021
Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; defect 10 sq cm or less: 14040
Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; defect 10.1 sq cm to 30.0 sq cm: 14041
Adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/or lips; defect 10 sq cm or less: 14060
Adjacent tissue transfer or rearrangement, eyelids, nose, ears, and/or lips; defect 10.1 sq cm to 30.0 sq cm: 14061
Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area: 14300
Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs: 15572
Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet: 15574
Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral: 15576
Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs: 15610
Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet: 15620
Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips: 15630
Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap): 15731
Muscle, myocutaneous, or fasciocutaneous flap; head and neck (e.g., temporalis, masseter muscle, sternocleidomastoid, levator scapulae): 15732
Muscle, myocutaneous, or fasciocutaneous flap; trunk: 15734
FTSG, including direct closure of donor site, scalp, arms, and/or legs 20 cm² or less: 15220
FTSG, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 cm² or part thereof: 15221
FTSG, including direct closure of donor site, forehead, cheeks, chin, mouth, and neck ≤ 20 cm²: 15240
FTSG, including direct closure of donor site, forehead, cheeks, chin, mouth, and neck; each additional 20 cm² or part thereof: 15241
FTSG, including direct closure of donor site to nose, ears, eyelids and/or let’s 20 cm² or less: 15260
FTSG, including direct closure of donor site to nose, ears, eyelids each additional 20 cm² apart thereof: 15261
Composite Graft (i.e., full-thickness of external ear or nasal ala, including primary closure donor area): 15760
Ear cartilage graft autogenous to nose or ear: 21235

Mandible/Midface Fractures
Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure): 21440
Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure): 21445
Closed treatment of mandibular fracture; without manipulation: 21450
Closed treatment of mandibular fracture; with manipulation: 21451
Percutaneous treatment of mandibular fracture, with external fixation: 21452
Closed treatment of mandibular fracture with interdental fixation: 21453
Open treatment of mandibular fracture with external fixation: 21454
Open treatment of mandibular fracture; without interdental fixation: 21461
Open treatment of mandibular fracture; with interdental fixation: 21462
Open treatment of mandibular condylar fracture: 21465
Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints: 21470
Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint: 21345
Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation: 21346
Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches: 21347
Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft): 21348
Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation: 21355
Open treatment of depressed zygomatic arch fracture (e.g., Gillies approach): 21356
Open treatment of depressed malar fracture, including zygomatic arch and malar tripod: 21360
Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches: 21365
Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft): 21366
Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation): 21385
Open treatment of orbital floor blowout fracture; periorbital approach: 21386
Open treatment of orbital floor blowout fracture; combined approach: 21387
Open treatment of orbital floor blowout fracture; peri orbital approach, with alloplastic or other implant: 21390
Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft): 21395
Closed treatment of fracture of orbit, except blowout; without manipulation: 21400
Closed treatment of fracture of orbit, except blowout; with manipulation: 21401
Open treatment of fracture of orbit, except blowout; without implant: 21406
Open treatment of fracture of orbit, except blowout; with implant: 21407
Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft): 21408
Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint: 21421
Open treatment of palatal or maxillary fracture (LeFort I type): 21422
Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches: 21423
Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint: 21431
Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation: 21432
Open treatment of craniofacial separation (LeFort III type); complicated (e.g., comminuted or involving cranial nerve foramina), multiple surgical approaches: 21433
Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation): 21435
Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, w/bone grafting (includes obtaining graft): 21436

**Rhinoplasty**

Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip: 30400
Rhinoplasty, primary; complete, external parts, including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip: 30410
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhinoplasty, primary; including major septal repair</td>
<td>30420</td>
</tr>
<tr>
<td>Rhinoplasty, secondary; minor revision (small amount of nasal tip work)</td>
<td>30430</td>
</tr>
<tr>
<td>Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)</td>
<td>30435</td>
</tr>
<tr>
<td>Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)</td>
<td>30450</td>
</tr>
<tr>
<td>Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only</td>
<td>30460</td>
</tr>
<tr>
<td>Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies</td>
<td>30462</td>
</tr>
<tr>
<td>Repair of nasal vestibule stenosis</td>
<td>30465</td>
</tr>
</tbody>
</table>
FREQUENTLY ASKED QUESTIONS

Q. Does a pediatric laryngotraceal examination with a laryngoscope and a telescope count as a bronchoscopy Key Indicator Case? [Program Requirement IV.A.5.a).(2).(d).(iii)]

A. No, such an examination, defined by CPT codes 31520, 31525, and 31526, does not count as a bronchoscopy key indicator case because there is no utilization of a bronchoscope and the entire lower airway is typically not examined.

Q. In a total thyroidectomy, if the parathyroid is explored or examined but not removed, can this procedure be counted as a parathyroidectomy in the ACGME Case Log System? [Program Requirement: IV.A.5.a).(2).(c).(vi)]

A. Parathyroids are commonly seen during a thyroidectomy, but the parathyroidectomy code assumes the proper workup has been accomplished pre-operatively, and that the approach is primarily for parathyroid removal. Unless this evaluation is performed, the parathyroidectomy code should not be used.

Q. Can surgical procedures done in the first year of a residency in another ACGME-accredited program be entered in the resident’s otolaryngology case logs? [Program Requirement: IV.A.6.e).(2)]

A. Residents can count and record the number of otolaryngology procedures during the first year. A resident can choose to keep a record of all procedures, but for the purposes of the Review Committee, only the otolaryngology procedures should be entered into the ACGME Case Log System.

Q. Can operative procedures done during an international rotation be counted toward Case Log minimums? [Program Requirement: I.B.3.d)]

A. No, procedures performed during an international rotation may not be counted in the ACGME Case Log System.

Q. How should residents code for procedures that include two major components, such as tympanoplasty with ossicular reconstruction, in the Case Log System? [Program Requirement: IV.A.6.e).(2)]

A. To get credit for both the tympanoplasty and the ossicular reconstruction in this example, a resident will need to enter the CPT code twice in the Case Log System. While the code description may indicate that the procedure was both components, because the Review Committee has split these into two different categories, the resident must enter the code twice to get proper credit. If the resident is doing just a mastoidectomy, he or she should enter mastoidectomy. If the resident does only a tympanoplasty, he or she should just enter tympanoplasty. If the procedure includes an ossicular reconstruction, tympanoplasty, and mastoidectomy, then the resident would enter the CPT code three times.

Q. Why must all residents in a program have essentially equivalent distributions of case categories and procedures? [Program Requirement: IV.A.6.e).(2.(a)]

A. The Review Committee expect that residents’ educational experience should be fairly equivalent within a program so that each graduate has had a sufficient volume and variety of educational experiences to prepare him or her for practice as a general otolaryngologist. The Committee sees a significant parity issue if one resident has had an insufficient experience in a particular clinical area, while his or her peers have had an excess experience. Generally, disparities in case numbers between graduating
chief residents are not seen as significant if there are no areas of clinical deficiency.

Q. What are the Review Committee’s expectations for entering operative procedures into the ACGME Case Log System? [Program Requirement: IV.A.6.e).(6)]

A. Resident operative experience must be entered into the ACGME Case Log System. Each individual operative case may consist of more than one procedure. Residents must indicate their principal roles in each procedure of the case as **Assistant Surgeon**, **Resident Surgeon**, or **Resident Supervisor**. These three roles are defined as follows:

**Assistant Surgeon**: An assistant surgeon performs less than 50% of the procedure, or greater than or equal to 50%, but not the key portion(s) of the procedure.

**Resident Surgeon**: A resident surgeon performs greater than or equal to 50% of the procedure, including the key portion(s) of the procedure, with the attending surgeon and/or resident supervisor (if applicable).

**Resident Supervisor**: A resident supervisor instructs and assists a more junior resident through a procedure during which the junior resident performs greater than or equal to 50% of the procedure including the key portion(s). The attending surgeon functions as an assistant or observer in such circumstances.

To claim a procedure, a resident must “scrub in.” Solely being present in the room as an observer does not count for the resident serving as Assistant Surgeon.

Some cases have multiple procedures, each procedure allowing for different levels of resident participation. Each resident may claim only one role per procedure. There can be at most only one assistant surgeon, one resident surgeon, and/or one resident supervisor per procedure. Two residents cannot claim the same role for any specific procedure. Please see the two examples outlined below.

**Examples:**

1) Two residents scrub in on a parotidectomy with neck dissection. Resident A performs >50% of the key portions of the parotidectomy while Resident B assists. The residents switch roles for the neck dissection procedure, with Resident B performing >50% of the procedure and the key portions. In this case, if the attending surgeon has scrubbed in for both procedures, Resident A will code **Resident Surgeon** for the parotidectomy and **Assistant Surgeon** for the neck dissection; Resident B will code **Assistant Surgeon** for the parotidectomy and **Resident Surgeon** for the neck dissection. If the attending surgeon scrubs out for the neck dissection portion of the case and allows Resident A to serve a supervisory role for Resident B on the neck dissection, then Resident A should code the Neck Dissection as **Resident Supervisor**.

2) Two residents scrub in on an endoscopic sinus surgical case involving bilateral total ethmoidectomies and sphenoidotomies. Resident A performs the procedures on the right side while Resident B observes. Resident B performs the procedures on the left side with Resident A supervising. The attending surgeon scrubs in for the right procedures but scrubs out for the left procedures. Resident A would code a total ethmoidectomy and sphenoidotomy as a **Resident Surgeon** for the right procedures, and a total ethmoidectomy and sphenoidotomy as a **Resident Supervisor** for the left procedures. Resident B would code a total ethmoidectomy and sphenoidotomy as a **Resident Assistant** for the right procedures, and a total ethmoidectomy and sphenoidotomy as a **Resident Surgeon** for the left procedures.
Procedures performed by residents in the roles of **Resident Surgeon** and **Resident Supervisor** count towards the minimum Case Log requirements. The Review Committee, however, emphasizes the importance of the **Assistant Surgeon** role as the individual resident’s Case Log data must demonstrate progressive participation and responsibility.

Program directors must monitor the timely entry and accuracy of their residents’ procedures in the Case Log System. Cumulative key indicator reports generated from the Case Log System should be reviewed with each resident on a semiannual basis as part of the resident assessment process with respect to the development of his or her surgical skills.

**Q.** How should the program document progressive resident performance improvement appropriate to a resident’s educational level? *[Program Requirement: V.A.2.b.(3)]*

**A.** Residents should be formatively evaluated based upon the progressive educational expectations delineated in the program’s goals and objectives. In terms of the program’s progressive operative education, all residents must have the opportunity to start as an “assistant” before becoming the “surgeon” for procedures. Some residents may take longer than others to progress to the “surgeon” level. The assistant/surgeon case ratio is reviewed by the Review Committee.

**Q.** How should residents’ Case Logs be monitored? *[Program Requirement: V.A.2.e]]*

**A.** Programs must monitor the accurate and timely entry of cases into the system. As part of monitoring resident progress towards developing competence in surgical skills, cumulative operative experience reports should be generated from the Case Log System and reviewed with each resident as part of his or her semiannual review. More frequent monitoring and feedback is highly recommended.

A variety of case log reports are available in the system; each providing useful information for monitoring.

- **Code Summary Report**
  This report provides the number of times each CPT code is entered into the Case Log System by a program’s residents. Filtering by specific CPT code, resident year, attending, participating site, etc., can provide useful information on surgical activity in the program that might, for example, be used to make targeted changes in rotation schedules, curriculum, faculty assignments, etc. This report can also be especially helpful in monitoring the procedures that do not count towards the minimums. Choosing non-tracked codes on the area drop-down will show the CPT codes that have been entered and will not count on the minimums report. These codes can be easily reviewed to determine if a resident miscoded something that should be adjusted, or if it was a minor procedure that doesn’t fit into the Review Committee minimums.

- **Otolaryngology Key Indicator Report**
  To track resident progress toward achieving minimum numbers, a separate report should be generated for each resident using the default settings. Note that the cases reported in the assistant role do not count for credit; subtract this number from the total in order to calculate the accumulated cases that count toward the required minimum number.

- **Activity Report**
  This is a summary report that provides total number of cases, total number of CPT codes, last procedure date, and last update date for all residents or for a selected resident. This report is a quick way to keep tabs on how frequently residents are entering their cases. For example, if a program requires residents to enter cases each week, the report can be run weekly; a resident that has not entered a case within the past week would be quickly identified.
• **Brief Report**  
The brief report lists the procedure date, case ID, CPT code, institution, resident role, attending, and description for each case for each selected resident.

• **Experience Report by Role**  
This report is very similar to an expanded version of the key indicator report. It is formatted the same, but omits the required minimum number for each key indicator case category while including procedures that do not have a minimum number required.

• **Experience Report by Year**  
This report summarizes the number of cases for each Key indicator case category for each of the five PG years. It provides a quick way to see which procedures are most common for each PG year. Like the Code Summary Report, this report will provide useful information for monitoring surgical activity in the program, and could be used to determine if changes to curriculum rotation schedules are needed.

• **Full Detail Report**  
All information for each case entered into the Case Log System is displayed in this report, making this report most useful for getting an in-depth view of a resident’s surgical experience during a defined period. For example, this report could be generated for each resident for the preceding six-month period and used as part of the semi-annual evaluation meeting with the program director or designated faculty mentor. The use of filters is therefore recommended.

• **Tracked Procedures for Specialty by Category**  
This report generates the CPT codes mapped to each defined case category as well as the CPT codes that are available but not tracked.

The use of filters allows a program to get specific information to use for targeting needed program improvements. For example, selecting a specific institution would provide data on that institution’s contribution to the surgical activity in the program. If the institution was added with the goal of providing functional procedures, the program could determine if this goal was being met. Similarly, the number of pediatric patients contributed by each institution could be tracked using the Patient Type filter. Programs are encouraged to incorporate these tools as part of their program improvement activities.