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

*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):	
Endoscopic approach	43180
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:	
Ethmoid region:	31290
Sphenoid region:	31291
CSF leak repair w/graft:	61618
(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
Frenuplasty revision with Z-plasty:	41520
Uvulectomy	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: 42821
<12 yrs: 42820
Tonsil alone
> 12yrs: 42826
<12 yrs: 42825
Adenoid alone:
> 12yrs: 42831
<12yrs: 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
*Laryngotracheoplasty (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: 31570
VF injection or injection laryngoplasty (with microscope/telescope): 31571
*Medialization thyroplasty: 31588
Triple procedure:
Adduction arytenopexy: 31400
Medialization thyroplasty: 31588
Cricothyroid subluxation: 31599
Office-based laryngeal laser Rx: 31578
Office-based injection laryngoplasty: 31513
Stroboscopy: 31579
Laryngeal EMG: 95865
*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
*Substernal 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 hemi thyroid - one as Resident Assistant and one as Resident Surgeon)
Parathyroid auto-transplantation: 60512
*Parathyroidectomy: 60500
*Parathyroidectomy re-exploration: 60502

Neck Dissection (log each side separately):

*MRND/SLND/SOHND: 38724
*Radical ND: 38720
Submandibular gland excision: 42440
Deep cervical node biopsy/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: 42425
-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:	65110
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	
(suprahyoid)	38700
neck dissection, log SLND see previous codes	
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 > 30cm2:	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

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

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: 64868
Nerve graft harvest:
≤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):
≤ 20cm^2: 15220
≥ 20cm^2 or part thereof: 15221
*FTSG
(including closure of donor site forehead, cheeks, chin, mouth, neck):
≤ 20cm^2: 15240
≥ 20cm^2 or part thereof: 15241
*FTSG
(including closure of donor site to nose, ears, eyelids):
≤ 20cm^2: 15260
≥ 20cm^2 or part thereof: 15261
*Composite Graft (i.e., full-thickness of external ear or including primary closure of donor site) 15760
Acellular dermal replacement: 15175
*Autologous Ear cartilage graft
(to nose or ear): 21235
Liposuction of head and neck: 15876
Adjacent tissue transfer/rearrangement:
Scalp; ≤10 sq cm: 14020
Scalp; >10 sq cm: 14021
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 sq cm: 14060
10-30 sq cm: 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:
1st stage with rib graft: 21230
*2nd stage lobule transposition: 14061
*3rd stage elevation of auricle w/STSG: 14061
STSG **(code separately):** 15120

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: 69714
with STSG: 15120
Facial nerve decompression; partial: 69720
*Facial nerve decompression; total: 69955
Suture repair of intramastoid CN VII: 69740
(code decompression/mastoid and nerve graft harvest separately)
Endolymphatic sac decomps + shunts (two codes):
Sac Decompression: 69806
*Mastoidectomy: 69502
Glomus tumor excision:
Transcanal: 69550
Transmastoid: 69552
Extended (extratemporal): 69554
(code neck approach separately)
Eust Tube Catheter, transnasal: 69400

Ablative Otologic 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

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): 31545

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): 31546

Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope: 31561

Laryngoscopy, direct, with injection into vocal cord(s), therapeutic: 31570

Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope: 31571

Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal: 31580

Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy: 31582

Laryngoplasty, cricoid split: 31587

Laryngoplasty, not otherwise specified (e.g., medialization laryngoplasty; for burns, reconstruction after partial laryngectomy): 31588

Unlisted procedure, larynx: 31599

Ethmoidectomy

al/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior): 31254

Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior): 31255

Ethmoidectomy; intranasal, anterior: 31200

Ethmoidectomy; intranasal, total: 31201

Ethmoidectomy; extranasal, total: 31205

Thyroid/Parathyroidectomy

Total thyroid lobectomy, unilateral; with or without isthmusectomy: 60220

Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy: 60225

Thyroidectomy, total or complete: 60240

Thyroidectomy, total or subtotal for malignancy; with limited neck dissection: 60252

Thyroidectomy, total or subtotal for malignancy; with radical neck dissection: 60254

Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid: 60260

Thyroidectomy, including substernal thyroidectomy; sternal split or transthoracic approach: 60270

Thyroidectomy, including substernal thyroid; cervical approach: 60271

Parathyroidectomy or exploration of parathyroid(s); Primary procedure 60500

Parathyroidectomy or exploration of parathyroid(s); Re-exploration: 60502

Oral Cavity Resection (Glossectomy)

Excision of lesion of tongue with closure; posterior one-third: 41113

Excision of lesion of tongue with closure; with local tongue flap: 41114

Glossectomy; less than 1/2 tongue: 41120

Glossectomy; hemiglossectomy: 41130

Glossectomy; partial, with unilateral radical neck dissection: 41135

Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection: 41140

Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection: 41145

Excision of malignant tumor of mandible: 21044

Excision of malignant tumor of mandible; radical resection: 21045

Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (e.g., locally aggressive or destructive lesion(s)): 21047

Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection: 41150

Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection: 41153

Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection: 41155

Neck Dissection

Suprahyoid lymphadenectomy: 38700

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 suprahyoid 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

Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy: 61530

Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, 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

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); with 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); without ossicular chain reconstruction: 69641

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 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

Mastoid obliteration (separate procedure): 69670

Total facial nerve decompression and/or repair (may include graft): 69955

Stapedectomy/Ossiculoplasty

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

Tympanoplasty

Revision mastoidectomy; resulting in tympanoplasty: 69604

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); with 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); without ossicular chain reconstruction: 69641

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 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; periorbital 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

Rhinoplasty, primary; including major septal repair: 30420

Rhinoplasty, secondary; minor revision (small amount of nasal tip work): 30430

Rhinoplasty, secondary; intermediate revision (bony work with osteotomies): 30435

Rhinoplasty, secondary; major revision (nasal tip work and osteotomies): 30450

Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only: 30460

Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies: 30462

Repair of nasal vestibule stenosis: 30465

FREQUENTLY ASKED QUESTIONS

Q. Does a pediatric laryngotracheal 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.