

# I. Definitions of the 3 Levels of Resident Involvement in Surgical Procedures

## **Resident Supervisor**

A resident supervisor instructs, and assists as needed, a more junior resident during a procedure during which the junior resident performs greater than or equal to 50% of the operation, including the key portion(s) of the procedure. The attending functions as an assistant or observer.

## **Resident Surgeon**

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

## **Assistant Surgeon\***

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

\* =it is expected that a resident will observe and/or assist with a procedure (with a complex procedure, probably as assistant/observer on multiple occasions) before performing the procedure as resident surgeon

## **Examples of the Classification of Resident Involvement in Surgical Procedures**

### **Scenario 1**

A patient undergoes a total laryngectomy and radical neck dissection performed by an attending, a chief resident and a junior resident. The chief resident guides and assists the junior resident who performs over 50% of the key components of the radical neck dissection. The attending and the chief resident perform the total laryngectomy with the chief resident performing over 50% of the key portions of the laryngectomy.

	<b>Neck dissection</b>	<b>Laryngectomy</b>
<b>Chief resident</b>	Resident Supervisor	Resident Surgeon
<b>Junior resident</b>	Resident Surgeon	Resident Assistant

### **Scenario 2**

A patient undergoes a hemiglossectomy, ipsilateral selective neck dissection, tracheotomy and radial forearm free flap. The senior resident supervises and assists the junior resident while the junior resident performs over 50% of the tracheotomy and the neck dissection, including the key portions of those procedures. The attending supervises the senior resident in the hemiglossectomy, of which the senior resident performs over 50%, including the key portion of that procedure. The junior resident assists during this part of the procedure, then leaves. The attending then harvests the radial forearm free flap and does the vessel work with the assistance of the senior

resident, and the senior resident then performs the closure of the oral defect with the flap.

	<b>Neck Dissection/Tracheotomy</b>	<b>Hemiglossectomy</b>	<b>Radial Forearm Free Flap</b>
<b>Senior resident</b>	Resident Supervisor	Resident Surgeon	Resident Assistant
<b>Junior resident</b>	Resident Surgeon	Resident Assistant	

### Scenario 3

A chief resident performs, under the attending's supervision, a mastoidectomy. The junior resident observes the procedure in the OR.

	<b>Mastoidectomy</b>
<b>Chief resident</b>	Resident Surgeon
<b>Junior resident</b>	Resident Assistant

### Scenario 4

A patient undergoes a parotidectomy for a tumor. The resident makes the skin incision and does the bulk of the dissection approaching the facial nerve. The attending then identifies the facial nerve, removing the tumor with the resident making the cuts in the parotid while the attending traces the nerve with a hemostat.

	<b>Parotidectomy</b>
<b>Resident</b>	Resident Assistant

### Scenario 5

A patient undergoes bilateral endoscopic ethmoidectomy. The chief resident does the left side with the junior resident observing in the OR. The junior resident performs the procedure on the right side under the supervision of the chief resident.

	<b>Left ethmoidectomy</b>	<b>Right ethmoidectomy</b>
<b>Chief resident</b>	Resident Surgeon	Resident Supervisor
<b>Junior resident</b>	Resident Assistant	Resident Surgeon

### Scenario 6

A patient undergoes a total thyroidectomy with a single selective neck dissection. The attending assists the senior resident during one thyroid lobectomy, and then the senior resident supervises the junior resident during the contralateral lobectomy. Both

residents remain scrubbed the entire time. The senior resident then performs the entire neck dissection with the attending and the junior resident assisting.

	<b>Thyroid Lobectomy 1</b>	<b>Thyroid Lobectomy 2</b>	<b>Neck dissection</b>
<b>Senior resident</b>	Resident Surgeon	Resident Supervisor	Resident Surgeon
<b>Junior resident</b>	Resident Assistant	Resident Surgeon	Resident Assistant

## II. “Unbundling” of CPT codes for the Purpose of Reporting Resident Case Experiences

Current Procedural Terminology (CPT) codes are assembled by the American Medical Association, with specialty society input, and are updated yearly. These codes form the basis on which physician charges are enumerated, and there is a detailed set of rules regarding what services/procedures can be reported separately, and which are “bundled”, i.e., reported under 1 code. For example, there is a code for total laryngectomy (#31360), and for modified neck dissection (#38724), but if the total laryngectomy and neck dissection are performed during the same operative session, the combination is “bundled” under one code, namely #31365 (total laryngectomy with neck dissection).

The Residency Review Committee for Otolaryngology and the American Board of Otolaryngology seek to capture all procedures done by each resident. Therefore, for the purposes of reporting your operative experiences on this ACGME site, “unbundling” is allowed under a variety of circumstances. In addition, all bilateral procedures, except myringotomy and insertion of pressure equalization tubes, or tonsillectomy, are reported as two separate procedures (e.g., bilateral ethmoidectomy reported as right ethmoidectomy as one procedure and left ethmoidectomy as another procedure).

**Please** remember that “unbundling” of procedures, and the examples that follow, are for resident case reporting purposes ONLY, and it is illegal (fraud) to “unbundle” for billing purposes.

### Examples of “Unbundling” Acceptable in Reporting Resident Operative Experience

(consult your faculty if questions on how to code any particular procedure)

Examples in Reporting “Thyroidectomy, total or complete”

1. “Thyroidectomy, total or complete” (#60240 if done by one resident as surgeon)
2. “Total Thyroid Lobectomy, unilateral” (#60220 if each side done by a different resident as surgeon)

Examples in Reporting “Thyroidectomy, total or subtotal, with Limited Neck Dissection”

1. “Thyroidectomy, total or subtotal for malignancy; with limited neck dissection” (#60252 if reported by one resident as surgeon)
2. “Thyroidectomy, total or complete” (#60240) if one resident performs the thyroidectomy as surgeon, and “Cervical Lymphadenectomy” (#38720 or #38724, depending on extent of neck dissection, if another resident performs the lymphadenectomy as surgeon)

Examples in Reporting “Composite Procedure with Resection of Floor of Mouth, Mandibular Resection, and Radical Neck Dissection”; plus “Tracheostomy”

1. “Composite Procedure with Resection of Floor of Mouth, Mandibular Resection, and Radical Neck Dissection” (#41155 if reported by one resident as surgeon); “Tracheostomy” (#31600 if reported by same or different resident as surgeon)
2. “Composite Procedure with Resection Floor of Mouth and Mandibular Resection” (#41145 if reported by 1 resident as surgeon); “Cervical Lymphadenectomy, complete” (#38720 if reported by another resident as surgeon); “Tracheostomy” (#31600 if reported by either resident above or a third resident as surgeon)

Examples in Reporting “Craniectomy, Bone Flap Craniotomy, Transtemporal (mastoid) for Excision of Cerebellopontine Angle Tumor”

1. “Craniectomy, Bone Flap Craniotomy, Transtemporal (mastoid) for Excision of Cerebellopontine Angle Tumor” (#61526 if reported by one resident as surgeon)
2. “Craniectomy, Bone Flap Craniotomy, Transtemporal (mastoid) for Excision of Cerebellopontine Angle Tumor” (#61526 if one resident as surgeon removes acoustic neuroma); “Labyrinthectomy with Mastoidectomy” (#69910 if mastoidectomy and labyrinthectomy reported by another resident as surgeon)

Examples in Reporting “Tympanoplasty with Mastoidectomy, with Ossicular Reconstruction”

1. “Tympanoplasty with Mastoidectomy, with Ossicular Reconstruction” (#69642 if reported by one resident as surgeon)
2. “Mastoidectomy, Complete” (#69502 if reported by one resident as surgeon); “Tympanoplasty without Mastoidectomy, with Ossicular Chain Reconstruction” (#69632 if reported by another resident as surgeon)

Examples in Reporting “Rhinoplasty, complete, including Major Septal Repair”

1. “Rhinoplasty, complete, including Major Septal Repair” (#30420 if reported by 1 resident as surgeon)

2. "Rhinoplasty, complete" (#30410 if reported by one resident as surgeon);  
"Septoplasty" (#30520 if reported by another resident as surgeon)

Examples in Reporting "Ligation Arteries: Internal Maxillary Artery Ligation, Transantral"

1. "Ligation Arteries: Internal Maxillary Artery Ligation, Transantral" (#30920 if reported by one resident as surgeon)
2. "Ligation Arteries: Internal Maxillary Artery Ligation, Transantral" (#30920 if 1 resident does artery identification and ligation/clipping in pterygomaxillary area as surgeon); "Sinusotomy, maxillary, radical (Caldwell-Luc) without removal of antrochoanal polyp" (#31030 if another resident performs Caldwell-Luc)

Examples in Reporting "Nasal/Sinus Endoscopy, Surgical, with Repair of CSF Leak; Sphenoid Region"

1. "Nasal/Sinus Endoscopy, Surgical, with Repair of CSF Leak; Sphenoid Region" (#31291 if reported by one resident as surgeon)
2. "Nasal/Sinus Endoscopy, Surgical, with Repair of CSF Leak; Sphenoid Region" (#31291 if one resident repairs CSF leak as surgeon);  
"Nasal/Sinus Endoscopy, Surgical, with sphenoidotomy" (#31288 if another resident performs sphenoid sinusotomy)