

**From:** ACGME Communications

**Sent:** Friday, April 20, 2007 11:20 AM

**Subject:** Core Peds and Med-Peds Program Directors: ACGME's Case Log System

Dear Core Pediatrics and Med-Peds Program Directors:

The purpose of this email is to provide you information on two matters:

- 1) Med-Peds Programs will need to begin using the ACGME case log system as of July 1, 2007.**
- 2) The case log system has been modified and improved.**

**1) Med-Peds Programs will need to begin using the ACGME case log system as of July 1, 2007.**

All accredited med-peds programs will need to begin using the ACGME's case log system as of July 1, 2007. All residents starting their med-peds training after July, and thereafter, will need to begin entering procedural data into the ACGME case log system. Once you receive your notification letter of accreditation, you will also receive a "welcome letter" which will provide you with your user ID and password. The user ID and password will allow you to access the Accreditation Data System (ADS) and the case log system.

For programs who voluntarily have been using the system, your user ID and password will need to change. However, the user ID and passwords for your coordinator and residents will remain the same and they may continue to use the system as they have in the past.

For new users, the case log system can be found on the ACGME's homepage under *Data Collection Systems* then *Resident Case Log System*. Residents should enter their procedures directly into the system. As such, it will be necessary for the program director or coordinator to log into the system first and create user IDs and passwords for each resident in the program. ACGME has pre-loaded the names of your residents and participating institutions based on the information you had entered in ADS. Manuals for the system are available on the ACGME's website as well (*Data Collection Systems*, then *Resident Case Log System*, then *Case Log Information*, then *Manuals*). Please read the manuals prior to logging in. If you have any questions regarding the case log system, please contact the Support Center rather than the RRC office. The phone number is 312.755.7464 and it is staffed from 8:30 to 4:30 central time. There is also a dedicated e-mail account [oplog@acgme.org](mailto:oplog@acgme.org) for case log questions.

Use of the ACGME's case log system to track continuity experiences is not mandatory. Programs will need to demonstrate compliance with the continuity requirements (for number of weeks of clinic annually and number of patients per resident per session). However, there is flexibility in terms of what system can be used to document compliance. Programs have the choice of using either the case log system or an alternate system to track continuity.

**2) The case log system has been modified and improved.**

In an effort to improve the current case log system, the RRC for Pediatrics reviewed the IC9/CPT codes that map to particular categories and made the following modifications to the system.

Changes to Procedures Tracked Until Competent Section

- The categories for suturing and wound care had duplication. Suturing was retained since it is one of the procedures that is to be tracked until competent. The following CPT codes were removed from the suturing category:
  - 12051 = Layer closure of wounds of neck, ears, eyelids nose lips and/or mucous membranes; 2.5 cm or less

- 12052 = Layer closure of wounds of neck, ears, eyelids nose lips and/or mucous membranes; 2.6 cm to 5.0 cm
- 13100 = Repair, complex, trunk; 1.1 cm to 2.5 cm
- 13101 = Repair, complex, trunk; 2.6 cm to 7.5 cm
- Under Reduction and Splinting of Simple Dislocation, removed all codes related to casting.
  - 29065 = Application, cast; shoulder to hand (long arm)
  - 29075 = Application, cast; elbow to finger (short arm)
  - 29085 = Application, cast; hand and lower forearm (gauntlet)
  - 29700 = Removal or bivalving; gauntlet, boot or body cast
  - 29705 = Removal or bivalving; full arm or full leg cast
  - 29730 = Windowing of cast
- Under Bladder Catheterization, 51045 = cystotomy was deleted

#### Changes to Additional Procedures Section

- Under Gynecological Evaluation, 57410 = pelvic exam under anesthesia was deleted
- Removed Wound Care, because it duplicated what was in Suturing. Existing data in this category were moved to Suturing
  - Under Subcutaneous Injection, 90782 = therapeutic, prophylactic or diagnostic injection was deleted
  - Under Intradermal Injection, all codes related to tattooing were removed and 90471 (Immunization Administration -- percutaneous, intradermal, subcutaneous or intramuscular injection) was added.
  - Under Intramuscular Injection, 99506 = Home visit of intramuscular injections was deleted, and 90471 was added.
  - The entire category for audiometry interpretation/audiologic function test was deleted. Audiologic screening will be covered under a different category (Hearing Screening/Evaluation).
  - The entire category of inhalation medication was deleted and the code was moved to "other" categories.
  - Under circumcision, the following codes were deleted:
    - 54152 = Circumcision, using clamp or other device; except newborn
    - 54160 = Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
    - 54161 = Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn
  - Two new codes were added to the conscious sedation:
    - 99148 = Moderate sedation services, provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age,
    - 99149 = Moderate sedation services, provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first

#### Clarifying the Data Entry Screen for Age

The Committee modified the data entry screen so that the age breakouts are mutually exclusive. The age categories now appear like this:

months 0-1

> 1 month and  $\leq$  3 months

> 3 months and  $\leq$  6 months

> 6 months and  $\leq$  12 months

> 12 months and  $\leq$  18 months

> 18 months and  $\leq$  24 months

> 2 yrs and  $\leq$  5 yrs

- > 5 yrs and  $\leq$  10 yrs
- > 10 yrs and  $\leq$  15 yrs
- > 15 yrs

This correspondence will be posted on the Pediatrics page on the ACGME website, under the heading "RRC Updates." Past email communications and updates can be found there as well.

Sincerely yours,

Jerry Vasiliadis, PhD  
Executive Director  
RRCs for Family Medicine and Pediatrics  
515 N. State Street, Suite 2000  
Chicago, IL 60610  
(312) 755-7477