

## Memorandum

To: Urology Program Directors

From: Louise King, MS  
Executive Director, Residency Review Committee for Urology  
312.755.5498 – [lking@acgme.org](mailto:lking@acgme.org)  
Members, Review Committee for Urology

Date: October 2009

Subject: Urology Case Log System

---

The Review Committee for Urology established required minimum case volumes to evaluate resident operative experience, effective July 1, 2009. To facilitate transition to the new Case Log System, the attached slide presentation was developed for use by program directors. The goal of the presentation is to familiarize residents with the principles and implementation of the new Case Log System, and provide examples of correct case log practices. Additional information regarding the new Case Log System is available at [www.acgme.org](http://www.acgme.org).

UED\_10072009

# New Urology Surgical Case Log System

# New Urology Case Log System

- Effective July 1, 2009 RC for Urology established “required minimum numbers” to evaluate resident operative experience
- New format reports available this fall after processing of 2008-2009 graduates
- Case log interface is now updated to reflect new participation categories

# Key Changes

- Programs evaluated on resident participation in *minimum* numbers of index cases in several categories
- Case minimums are based on total cases (surgeon, teaching assistant, and first assistant)
- Cystoscopy eliminated as index case in adults
- Urodynamics and pediatric cystoscopy added as index procedures
- Annual program director signature on resident operative logs

# Participation Categories

- To log case, resident must be present for all critical portions of case
- Surgeon: present for all critical portions and performs significant number of critical steps
- Assistant: any lesser involvement while first assistant
- Teaching Assistant: resident who directs/oversees critical portions of case performed by junior resident
- Only 1 resident may code as surgeon, unless bilateral procedure, where each resident performs one side (e.g. orchiopexy)

# Participation Categories

- Teaching Assistant (new):
  - Senior resident who directs and oversees performance of critical steps by junior resident
  - Senior resident logs as 'teaching assistant'
  - Junior resident logs as surgeon
  - Attending acts as observer or assistant
- If junior resident acts as 2<sup>nd</sup> assistant (e.g. senior resident surgeon and attending assist), case should not be logged

# What counts toward minimums?

- Three participation categories count:
  - Surgeon
  - Teaching Assistant
  - First Assistant

# Procedure codes

- Some CPT codes count towards required minimums in multiple categories.
- CPT 51596 (RCP/continent diversion):

<b>Reconstruction</b>	60
Male	15
<i>Penile/incontinence</i>	10
<i>Urethra</i>	5
Female	15
Intestinal diversion	8
<b>Oncology</b>	100
Pelvic	40
<i>Prostate</i>	25
<i>Bladder</i>	8

# Procedure codes

- Some CPT codes count towards required minimums in multiple categories.
- CPT 51596 (RCP/continent diversion):

<b>Reconstruction</b>	60
Male	15
<i>Penile/incontinence</i>	10
<i>Urethra</i>	5
Female	15
Intestinal diversion	8
<b>Oncology</b>	100
Pelvic	40
<i>Prostate</i>	25
<i>Bladder</i>	8

# Procedure codes

- Pediatric example: Senior resident oversees junior resident performing bilateral orchiopexy for torsion in pediatric patient; attending is observer or 2<sup>nd</sup> assistant.
- Senior resident – Teaching Assistant
- Junior resident - Surgeon

PEDIATRIC UROLOGY	
Minor	30
Endoscopy	5
Hydrocele/hemia	10
Orchiopexy	10
Major	15
Hypospadias	5
Ureter	5

# Procedure codes

- Pediatric example: Senior resident oversees junior resident performing bilateral orchiopexy for torsion in pediatric patient; attending is observer or 2<sup>nd</sup> assistant.
- Senior resident – Teaching Assistant
- Junior resident - Surgeon

PEDIATRIC UROLOGY	
Minor	30
Endoscopy	5
Hydrocele/hernia	10
Orchiopexy	10
Major	15
Hypospadias	5
Ureter	5

# Procedure codes

- Several common procedures will no longer be counted as index cases (i.e. adult cystoscopic cases):
  - 52000 – cystoscopy
  - 52005 – retrograde pyelogram
  - 52332 – stent placement
- For complete listing of indexed CPT codes, see the ACGME website

# Logging Principles

- Case unbundling is discouraged
- Parallels billing of procedures
- Example:
  - Incorrect: 55840 (RP) and 38770 (PLND)
  - Correct: 55842 (RP with limited PLND)
- The RRC will no longer monitor cystoscopy case volumes in adults, therefore case entry not required; however, these cases may be logged at the discretion of the program director for internal program use
- For more information, see [www.acgme.org](http://www.acgme.org)

# Implementation

- Resident cases should be logged under new system starting July 1, 2009
- Programs will be evaluated according to new required case minimums starting July 1, 2009
  - Exception: Urodynamics
  - No citations for insufficient UDS case volumes until after July 1, 2011 (2 year grace period)
  - Residents should start logging UDS now