# Urology Case Log Information Review Committee for Urology ACGME

Index Categories, Minimum Numbers, and Common CPT Codes	1
Definitions for Surgeon and Assistant	3
Logging Robotic Cases	4
Logging Ultrasound Procedures	6
Unbundling of Procedures	7
Resident Operative Experience Report	9

## Index Categories, Minimum Numbers, and Common CPT Codes

(September 2012)

The Committee has reviewed the minimum number of procedures required for resident education. The index categories, minimum numbers, and common CPT codes are listed below.

Achievement of the minimum number of listed procedures does not signify achievement of competence of an individual resident in a particular procedure. A resident may need to perform an additional number of procedures before they are determined to be competent by the program director. Moreover, the list of minimum procedures represents only a fraction of the total operative experience expected of a resident within the residency. The intent is to establish a minimum of number of procedures to meet the minimum requirement for accreditation purposes, without distracting from the authority of the program director to determine the entire educational experience for each resident, taking into account each resident's particular abilities. All procedures should be recorded in the ACGME Case Log System regardless of whether the minima are met.

Please note that the minimum requirement for procedures does not supplant the requirement that, upon the resident's completion of the program, the program director must verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

Index Category	Minimum Numbers	Common CPT codes
	Nullibers	Common CF1 codes
ADULT UROLOGY		
General Urology	200	
Transurethral resection	100	52224 (bladder bx); 52234,25,40 (TURBT s/m/l);
		52601 (TURP); 52648 (PVP)
TRUS/prostate biopsy	25	55700 (and 76872 for TRUS)
Scrotal/inguinal surgery	40	54530 (inguinal orchiectomy); 55040 (hydrocele); 55250 (vasectomy); 55400 (vaso-vaso); 54900 (vaso-epi); 55530 (varicocele ligation)
Urodynamics (participate and interpret)	10	51797
Endourology/Stone Disease	120	
Shock wave lithotripsy	10	50590
Ureteroscopy	60	52344 (stricture); 52345 (UPJ obstruction); 52352 (stone removal); 52353 (laser); 52354 (tumor bx); 52355 (resection)
Percutaneous renal	10	50080 (<2cm); 50081 (>2cm); perc cryo (50593)
Laparoscopy	50	automatically counted
Reconstruction	60	50544 (lap pyeloplasty); 50780 (reimplant)
Male	15	
Penile/incontinence	10	54360 (plication); 54405 (IPP); 54440 (penile fx); 53440 (male sling); 53445 (AUS)
Urethra	5	53410 (urethroplasty); 53215 (urethrectomy)

Index Category	Minimum Numbers	Common CPT codes
Female	15	57288 (sling); 57260 (AP repair); 53500 (urethrolysis); 53230 (diverticulectomy); 57320 (VVF repair)
Intestinal diversion	8	automatically counted with cystectomy; otherwise use 50820 (ileal conduit); 51960 (augment); etc.
Oncology	100	
Pelvic	40	
Prostate	25	55866 (lap/robot RP); 55840/55842/55845 (RRP with no/limited/extended PLND)
Bladder	8	51595 (RC/conduit); 51596 (RC/continent diversion); 51597 (pelvic exent); 51550 (partial cx)
Retroperitoneal	40	38780 (RPLND); 60650 (lap Ax); 60540 (open Ax)
Kidney	30	50230 (ORN); 50240 (OPN); 50542 (lap tumor ablation); 50543 (LPN); 50545 (LRN); 50547 (lap donor); 50548 (lap NU)
PEDIATRIC UROLOGY	<u>.</u>	
Minor	30	
Endoscopy	5	52000 (cysto); 52005 (RPG); 52300 (ureterocele); 52327 (sting); 52332 (stent); 52400 (PUV); any ureteroscopy (see adult list)
Hydrocele/hernia	10	49496 (<6m); 49500 (6m-5y); 49505 (>5y)
Orchiopexy	10	54640/50/92 (orchiopexy via ing/abd/lap); 54600 (fixation for torsion)
Major	15	50220 (total Nx); 50240 (partial Nx); 50400 (pyeloplasty); 50845 (appendicovesicostomy)
Hypospadias	5	54322 (distal); 54324 (distal with flap); 54332 (prox)
Ureter	5	50780 (reimplant); 50782 (duplicated)

#### **Definitions for Surgeon and Assistant**

(February 2013)

Resident participation in a surgical procedure will be credited as an index case whether the resident functions as surgeon, assistant, or teaching assistant.

To be recorded as surgeon, a resident must be present for all of the critical portions of the case and must perform a significant number of the critical steps of the procedure. As a general principle, it is expected that over the course of their education, residents will develop the skills necessary to perform progressively greater proportions of complex cases and will be given the opportunity to demonstrate those technical skills to program faculty. It is also important to remember that the committee views involvement in preoperative assessment and postoperative management of patients to be important elements of resident participation.

Only one resident can claim credit as an assistant on a given case. Though it may well be valuable educationally, activity as "second assistant" should not be recorded.

A resident may also be given index case credit when they act as a teaching assistant. To be recorded as the teaching assistant, the chief or senior resident acts as teaching assistant (supervisor) directing and overseeing major portions of the procedure being performed by the more junior resident surgeon while the supervising attending physician (staff) functions as a second assistant or observer.

#### **Logging Robotic Cases**

(February 2013)

In an effort to match the degree of resident involvement in robotic surgical cases with the resident role recorded in operative case logs, the Review Committee wishes to clarify the roles of surgeon and assistant in robotic-assisted cases. In robotic cases, the resident typically fulfills one of two operative roles: bedside assistant or console surgeon. Because the critical steps of robotic surgery are executed by the console surgeon, residents should only log their role as surgeon if they act as console surgeon for some portion of the case. Because robotic cases require a unique set of skills that are gained through stepwise learning, residents are not expected to complete the majority of critical steps of a given robotic case to qualify as surgeon. It is expected that over the course of their training, residents will develop the skills necessary to perform progressively greater proportions of robotic cases. When residents serve solely as the bedside assistant, such cases should be logged as assistant. For the situation in which two residents complete some portion of the case at the console, only one resident may log the case as surgeon. We have included some examples of appropriate case logging to further clarify these changes.

To reflect current standards of practice, the Review Committee has broadened the index category for "laparoscopy," which will now be named "laparoscopic/robotic surgery." Case minimums for this index category will remain unchanged at 20, but there will be no specified case minimums for robotic surgery. For robotic cases, both surgeon and assistant roles will be given index case credit for the "laparoscopic/robotic surgery" index category.

We hope that these changes will reinforce the emerging importance of training in robotic surgery and help to define the current experience in ultrasound for graduating chief residents.

**Examples for Correct Coding of Robotic Surgery Cases (July 2012) Example A:** A resident (1) assists in placement of robotic ports for a robotic-assisted laparoscopic prostatectomy. She then serves as the bedside assistant, while the attending surgeon operates at the console for the entire case. She helps to remove the specimen and close port sites at the end of the case.

Resident	CPT Code	Procedure	Role	Index Credit?
1		Laparoscopic/Robotic Radical Prostatectomy	Assistant	Yes

Note: The resident did not complete any steps on the console, so she can only log the role of "Assistant" for the case. However, she will receive index case credit towards her minimum case requirement (20) for "laparoscopic/robotic surgery."

**Example B:** A junior resident (1) assists in placement of robotic ports for a robotic-assisted laparoscopic prostatectomy. He then serves as the bedside assistant for the case. The senior resident (2) dissects the seminal vesicles, divides the endopelvic fascia, and completes a portion of the anastomotic sutures, while the attending surgeon completes the majority of the case.

Resident	CPT Code	Procedure	Role	Index Credit?
1	55866	Laparoscopic/Robotic Radical Prostatectomy	Assistant	Yes
2	55866	Laparoscopic/Robotic Radical Prostatectomy	Surgeon	Yes

Note: Resident 1 did not complete any steps on the console, so he can only log the role of "Assistant" for the case. Resident 2 operated on the console for a portion of the case and may log the case as "Surgeon," even though he did not complete the majority of the case. Both residents will receive index case credit towards the minimum case requirement (20) for "laparoscopic/robotic surgery."

**Example C:** A junior resident (1) assists in placement of robotic ports for a robotic-assisted laparoscopic prostatectomy. He then scrubs out to complete the seminal vesicle dissection at the console, then returns to his role as bedside assistant. The chief resident (2) then completes a number of steps at the console, under the supervision of the attending surgeon.

Resident	CPT Code	Procedure	Role	Index Credit?
1	55866	Laparoscopic/Robotic Radical Prostatectomy	Assistant	Yes
2	55866	Laparoscopic/Robotic Radical Prostatectomy	Surgeon	Yes

Note: Although both residents operated on the console for a portion of the case, only one resident may log the case as "Surgeon." Since Resident 2 completed more of the case at the console, Resident 1 should log the case as "Assistant," and Resident 2 should log the case as "surgeon." Both residents will receive index case credit towards the minimum case requirement (20) for "laparoscopic/robotic surgery."

#### **Logging Ultrasound Procedures**

(February 2013)

To define the current resident experience in performing urologic ultrasound procedures and to track this experience over time, the Urology Review Committee would like residents to log these cases starting July 1, 2012. Ultrasound cases include commonly performed procedures such as transrectal ultrasound (TRUS) with prostate biopsy, and non-TRUS biopsy procedures such as renal, pelvic, scrotal and penile ultrasound cases. The Review Committee is particularly interested in tracking resident involvement in non-TRUS biopsy ultrasound procedures. While TRUS-prostate biopsy will remain an index case with a minimum number required (25), there will be no minimum number of cases required for non- prostate ultrasound procedures. We ask that residents use one of the following CPT codes when logging these procedures:

Category	CPT code
<u>Scrotal</u>	76870
Renal	
Retroperitoneal, limited (kidney only) Retroperitoneal, complete (both kidney and	76775
bladder)	76770
Transplant kidney ultrasound	76776
US guidance, intraoperative (e.g. during partial nephrectomy)	76998
US guidance, parenchymal ablation (e.g. ablation of renal mass)	76940
<u>Pelvic</u>	
Residual urine measurement	51798
Limited (bladder <u>or</u> prostate/SVs)	76857
Complete (bladder <u>and</u> prostate/SVs; in females, must note uterus, adnexa and	76856
endometrium)	
<u>Prostate</u>	
Transrectal ultrasound (TRUS)	76872
TRUS-guidance for needle placement (TRUS-biopsy) Prostate volume study for	76942
brachytherapy	76873
Prostate cryotherapy (includes US guidance and monitoring)	55873
<u>Penile</u>	
Duplex, complete	93980
Duplex, limited or follow-up	93981

#### **Unbundling of Procedures**

(January 2013)

In the Next Accreditation System, case log data will continue to provide key information regarding the adequacy of breadth and depth of surgical training for both the program and individual trainee. To allow for fair comparisons of surgical experience, it is important for all residents/fellows to record cases in a uniform manner. The Review Committee (RC) for Urology would therefore like to clarify the appropriate practices for unbundling of surgical procedures for the purposes of case recording, since the ideal method of coding for measurement of educational experience may differ from methods used for billing.

Unbundling in the context of case recording occurs when portions of a single procedure are parceled out and logged separately. This is relevant when an individual case has several segments that may count towards index case credit in more than one category. For example, a Radical Cystectomy with Ileal Conduit (CPT 51595) contains portions that may contribute to the required minimums in the Oncology/Pelvic/Bladder category as well as in the Reconstruction/Intestinal Diversion category.

In 2009, the Urology RC identified a list of cases that provide a meaningful educational experience in more than one category and automated the process of unbundling for these procedures in the case log system. Therefore, an entry of the single CPT code 51595 automatically populates both the Oncology/Pelvic/Bladder and Reconstruction/Intestinal Diversion categories. A list of procedures/CPT codes for which this automated system is in place is attached. In general, the RC for Urology discourages residents and fellows from manually unbundling procedures, since cases that have been designated as appropriate will automatically populate the relevant categories.

There are two exceptions when manual unbundling of surgical cases may be appropriate:

- When a single case has several unrelated portions that serve as meaningful educational experiences in more than one category. For example, in the case of a combined partial nephrectomy (50240) and ureteroneocystostomy (50780), a resident may appropriately unbundle this case, logging the partial nephrectomy and ureteroneocystostomy separately.
- 2. When two residents each complete one side of a bilateral procedure (orchidopexy, ureteral reimplant, nephrectomy), each resident may appropriately record the case as Surgeon.

We hope that this clarification will help to standardize case recording across programs and make case logging less burdensome.

Surgical Procedure	CPT Code(s)	Index Case Credit
Radical Cystectomy with Ileal	51595	Oncology
Conduit		Oncology/Pelvic Oncology/Pelvic/Bladder
		Reconstruction Reconstruction/Intestinal
		Diversion

Surgical Procedure	CPT Code(s)	Index Case Credit
Radical Cystectomy with Continent Diversion	51596	Oncology Oncology/Pelvic Oncology/Pelvic/Bladder Reconstruction Reconstruction/Intestinal Diversion
Lap/Robotic Adrenalectomy Lap/Robotic Tumor Ablation Lap/Robotic Partial Nephrectomy Lap/Robotic Radical Nephrectomy Lap/Robotic Donor Nephrectomy Lap/Robotic Nephroureterectomy		Oncology Oncology/Retroperitoneal Oncology/Retroperitoneal/Kidney Laparoscopic/Robotic
Lap/Robotic Pyeloplasty	50544	Reconstruction Laparoscopic/Robotic
Lap/Robotic Radical Prostatectomy	55866	Oncology Oncology/Pelvic Oncology/Pelvic/Prostate Laparoscopic/Robotic

### **Resident Operative Experience Report**

	Assistant	Surgeon	Teaching Assistant	Total
General Urology				
Transurethral				
TRUS/prostate biopsy				
Scrotal/inguinal surgery				
Urodynamics (general urology)				
Ultrasound (general urology)				
Other (general urology)				
Endourology/Stone disease				
Shock wave lithotripsy				
Ureteroscopy				
Percutaneous				
Percutaneous - kidney				
Other (endourology/stone disease)				
Other - kidney (endourology/stone disease)				
Reconstructive Surgery				
Male - penile/incontinence				
Male - urethra				
Female				
Other reconstructive surgery - fistula				
Other reconstructive surgery - kidney				
Other reconstructive surgery - trauma				
Other reconstructive surgery - ureter				
Intestinal diversion				
Other (reconstructive surgery)				
Oncology				
Pelvic - bladder				
Pelvic - prostate				
Pelvic - other				
Retroperitoneal - RPLND				
Retroperitoneal - kidney				
Retroperitoneal - adrenal				
Retroperitoneal - other				
Other (oncology)				
Pediatrics				
Minor - endoscopic				
Minor - hydrocele/hernia				
Minor - orchiopexy				
Minor – other				
Major – kidney				
Major - hypospadias				

	Assistant	Surgeon	Teaching Assistant	Total
Major – ureter		_		
Major – Other				
Radiologic				
Fluoroscopy				
Ultrasound (radiologic)				
Urodynamics (radiologic)				
Other - radiologic				
Cystoscopy				
Cystoscopy				
Non-TRUS Biopsy Ultrasound Procedures				
Scrotal (ultrasound)				
Renal (ultrasound)				
Pelvic (ultrasound)				
Prostate (ultrasound)				
Penile (ultrasound)				
Miscellaneous				
Miscellaneous				
Robotic Procedures				
Robotic Procedures				
INDEX CASES				
General urology				
Transurethral				
TRUS/prostate biopsy				
Scrotal/inguinal surgery				
Urodynamics				
Endourology/stone disease				
Shock wave lithotripsy				
Ureteroscopy				
Percutaneous procedures				
Reconstructive surgery				
Male				
Male penis/incontinence				
Male urethra				
Female				
Intestinal diversion				
Oncology				
Pelvic				
Pelvic - bladder				
Pelvic - prostate				
Retroperitoneal				
Retroperitoneal - kidney				
Pediatrics - Minor				
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	Assistant	Surgeon	Teaching Assistant	Total
Endoscopy				
Hydrocele/hernia				
Orchiopexy				
Pediatrics - Major				
Hypospadias				
Ureter				
Laparoscopic surgery				