ACGME

Case Log Instructions:

Female Pelvic Medicine and Reconstructive Surgery (FPMRS) Review Committees for Obstetrics and Gynecology, and Urology Updated July 2013

BACKGROUND

The ACGME Case Log System is a data depository to support programs in complying with requirements and to provide a uniform mechanism to verify the clinical education of residents and fellows in ACGME programs. The Case Log System is designed to capture and categorize a fellow's experience with patient care. It was initially instituted in 2001.

It is the intention of the Review Committees for Obstetrics and Gynecology and Urology that each fellow has a reasonably equivalent educational experience and a sufficient volume of procedures to prepare for the practice of FPMRS. As part of the process, the case numbers for each fellow completing a program are collected and analyzed at the time of graduation. To accomplish this complex task, a structured database has been created using standard codes for diagnoses and procedures. The Case Log System helps assess the breadth and depth of clinical experience provided to each fellow in a FPMRS fellowship by his or her program. It is the responsibility of the individual fellows to accurately and in a timely manner enter their case data. The data entered will be monitored by the program directors and analyzed by the Review Committee. Separate analyses are created annually for the Review Committees, program directors, and residents/fellows. The Review Committees seek to assess the adequacy of the fellows' experience and monitor the quality of education for each program. The goal is to create a real-time, on-going listing of fellows' operative experiences so that the quality of surgical education can be easily monitored and optimized. While no minimum number of procedures has been determined, it is important that fellows document all procedures either as a surgeon or assistant.

The Case Log System is HIPPA-compliant, and there are agreements in place, created by the ACGME, between the covered entities and the sponsoring institution.

We welcome comments and corrections which will be used to improve the system annually.

FAQ

Which codes should be used for case entry?

Only the codes listed in the document, **Obstetrics and Gynecology and Urology FMRPS Coding Guidelines** should be used. Only cases using the defined codes will be counted toward a resident's case volume.

The Case Log System uses procedure (CPT) codes that were developed by the American Medical Association (AMA). These codes are commonly used for billing purposes by billers and insurers, and so are fairly detailed.

GUIDELINES

Please refer to the document **Obstetrics and Gynecology and Urology FMRPS Coding Guidelines**.

| □ Only procedures are being counted. |
|--|
| $\hfill \square$ All acceptable CPT codes are listed in the spreadsheet. Do not use any other codes. |
| ☐ Residents should enter cases daily. |

It is to the individual resident's (and the program's) advantage to accurately maintain and submit this information, as it will describe the resident's experience as well as the program's ability to provide this experience.

FIELDS

Resident: Enter the resident's name

Attending: Enter the attending physician's name. This must be one of the program attendings identified in the ACGME system. Ask the program director for a list.

Institution: Select the institution where the case/encounter was performed.

Resident Year: Select from drop-down list.

Resident Role: Select the role from the drop-down list: Surgeon or Teaching Assistant.

Date: Enter the date of case/encounter (Format: mm/dd/yyyy).

Case ID: Enter a unique identifier for the individual patient (typically, the medical record number).

Code: Use the ICD9 and CPT codes in the spreadsheet. Online there are search options and drop-down menus. The Review Committees review all codes and map them to an area and type. Those codes that are not mapped to an area and type will fall under a category called "Miscellaneous."

Full Code Desc. (Online version only) This is the full CPT/ICD9 description. This field is populated by the database based on the CPT/ICD9 code the resident chooses.

Area: (Online version only) The area is the broadest category of procedure/diagnosis the Review Committee is tracking.

Type: (Online version only) The type is the procedure/diagnosis category that the Review Committee is tracking.

Comment: This can be notes about the patient and/or procedure. This is not a mandatory field.

CATEGORIES THE REVIEW COMMITTEES ARE TRACKING

DIAGNOSTIC PROCEDURES

| SIMPLE URODYNAMICS | 51725 |
|--|-------|
| | |
| COMPLEX URODYNAMICS | 51726 |
| WITH URETHRAL PRESSURE PROFILE | 51727 |
| WITH VOIDING PRESSURE STUDY | 51728 |
| WITH VOIDING PRESSURE, UPP | 51729 |
| | |
| CYSTOSCOPY | 52000 |
| CYSTOURETHROSCOPY , WITH IRRIGATION AND | 52001 |
| EVACUATION OF MULTIPLE OBSTRUCTING CLOTS | |
| CYSTOSCOPY WITH URETERAL CATHERIZATION | 52005 |
| CYSTOURETHROSCPY WITH BIOPSIES | 52204 |
| CYSTOURETHROSCOPY WITH DILATION FOR IC | 52260 |
| | |
| ANAL ULTRASOUND | 46872 |
| | |
| PESSARY FITTING/INCONTINENCE RING | 51760 |

SURGICAL PROCEDURES FOR URINARY INCONTINENCE

| PERIURETHRAL INJECTION | 51715 |
|--|-------|
| | |
| CYSTOURETHROSCOPY WITH BOTOX INJECTION | 52287 |
| | |
| RETROPUBIC PROCEDURES | |
| BURCH OR MMK (PRIMARY) | 51840 |
| BURCH OR MMK (REPEAT) | 51841 |
| LAPAROSCOPIC BURCH OR MMK | 51990 |
| | |
| SLING PROCEDURES | |
| FASCIA OR SYNTHETIC | 57288 |
| LAPAROSCOPIC SLING | 51992 |
| | |
| SACRAL NERVE STIMULATOR | |
| PERC PLACEMENT OF NEUROSTIMULATOR | 64553 |
| ELECTRODES | |
| (PNE) SACRAL NERVE (TRANSFOEAMINAL PROC) | 64561 |
| (STAGE I) SACRAL NERVE (TRANSFORMAINAL | 64581 |
| PROC) | |
| INCISION AND SUBCUTANEOUS PLACEMENT OF | 64590 |
| PERIPHERAL OR GASTRIC NEUROSTIMULATOR | |
| PULSE GENERATOR OR RECEIVER, DIRECT OR | |
| INDUCTIVE COUPLING | |
| | |
| ARTIFICIAL BLADDER NECK SPHINCTER | |
| INSERTION | 53445 |

| REMOVAL | 53446 |
|--|-------|
| REMOVAL AND REPLACEMENT | 53447 |
| REMOVAL, REPLACEMENT AND DEBRIDEMENT | 53448 |
| REPAIR | 53449 |
| | |
| REMOVAL OR REVISION OF ANY TYPE OF SLING | 57287 |
| | |
| URETHROLYSIS FOR URINARY RETENTION | 53500 |

SURGICAL PROCEDURES FOR PROLAPSE APICAL PROLAPSE

| ABDOMINAL PROCEDURES- APICAL PROLAPSE | |
|--|-------|
| COLPOPEXY | 57280 |
| CLOSURE OF ENTEROCELE, SEPARATE | 57270 |
| PROCEDURE | |
| UTEROSACRAL SUSPENSION | 58400 |
| | |
| LAPAROSCOPIC PROCEDURES (WITH/WITHOUT | |
| ROBOTIC ASSISTANCE – APICAL PROLAPSE) | |
| COLPOPEXY | 57425 |
| | |
| VAGINAL PROCEDURES – APICAL PROLAPSE | |
| COLPOCLEISIS | 57110 |
| LE FORTECOLPOCLEISIS | 57120 |
| SSLS (EXTRAPERITONEAL APPROACH) | 57282 |
| UTEROSACRAL SUSPENSION (INTRAPERITONEAL) | 57283 |
| REPAIR OF ENTEROCELE ALONE | 57268 |

SURGICAL PROCEDURES FOR PROLAPSE ANTERIOR WALL

| ABDOMINAL PROCEDURES – ANTERIOR WALL | |
|--|-------|
| PARAVAGINAL REPAIR | 57284 |
| | |
| LAPAROSCOPIC PROCEDURES (WITH/WITHOUT | |
| ROBOTIC ASSISTANCE – ANTERIOR WALL) | |
| PARAVAGINAL REPAIR | 57423 |
| | |
| VAGINAL PROCEDURES – ANTERIOR WALL | |
| ANTERIOR COLPORRHAPHY | 57240 |
| COMBINED ANTERIOR/POSTERIOR COLPORRHAPHY | 57260 |
| PARAVAGINAL REPAIR | 57285 |

SURGICAL PROCEDURES FOR PROLAPSE POSTERIOR WALL

| VAGINAL PROCEDURES – POSTERIOR WALL | |
|--|-------|
| POSTERIOR COLPORRHAPHY | 57200 |
| COMBINED ANTERIOR/POSTERIOR COLPORRHAPHY | 57260 |
| COLPOPERINEORRHAPHY | 57210 |
| COLPOPERINEORRHAPHY, REPAIR OF RECTOCELE | 57250 |

| COLPOPERINEORRHAPHY, WITH ENTEROCELE | 57265 |
|--------------------------------------|-------|
| PLASTIC REPAIR OF INTROITUS | 56800 |
| PERINEOPLASTY OF PERINEUM | 56810 |
| | |
| TRANSANAL RECTOCELE REPAIR | 45560 |

SURGICAL PROCEDURES FOR PROLAPSE GRAFT/MESH AUGMENTATION

| VAGINAL INSERTION | 57267 |
|---------------------------------------|-------|
| | |
| REMOVAL OF MESH-ABDOMINAL APPROACH | 57296 |
| | |
| REMOVAL OF MESH-LAPAROSCOPIC APPROACH | 57426 |
| | |
| REMOVAL OF MESH-VAGINAL APPROACH | 57295 |

SURGICAL PROCEDURES ON URINARY SYSTEM

| SURGICAL PROCEDURES ON URINARY SYSTEM | | |
|---|--------|--|
| VESICOVAGINAL FISTULA REPAIR | | |
| ABDOMINAL | 51900 | |
| LAPAROSCOPIC | 51999 | |
| VAGINAL | 57320 | |
| TRANSVESICAL AND VAGINAL APPROACH | 57330 | |
| CLOSURE OF VESICOVAGINAL FISTULA WITH | 51925 | |
| HYSTERECTOMY | | |
| | | |
| CLOSURE OF CYSTOTOMY | 51880 | |
| | | |
| CYSTO/CYSTOURETHROPLASTY | 51800 | |
| | | |
| ENTEROCYSTOCYSTOPLASTY WITH INTESTINAL | 51960 | |
| REANASTOMOSIS | | |
| OVOTEOTORIV WITH HEAL CONDUIT OF CICHOLD DI ADDED | 54500 | |
| CYSTECTOMY WITH ILEAL CONDUIT OR SIGMOID BLADDER | 51590 | |
| LIDET DOCUMENTO CONTRACTOR OF CLONICID | 50040 | |
| URETROSIGMOIDOSTOMY WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF ABDOMINAL | 50810 | |
| COLOSTOMY, | | |
| INCLUDING INTESTINAL ANASTOMOSIS | | |
| INCECOMO INTECTINAL ANACTOMICOIC | | |
| URETEROCOLON CONDUIT, INCLUDING INTESTINE | 50815 | |
| ANASTOMOSIS | 333.13 | |
| | | |
| ILEAL CONDUIT | 50820 | |
| | | |
| CONTINENT DIVERSION | 50825 | |
| | | |
| ILEOSTOMY REVISION (STOMA) SIMPLE | 44312 | |
| ILEOSTOMY REVSION COMPLEX | 44314 | |
| | | |

| URETHROVAGINAL FISTULA REPAIR | |
|--|-------|
| CLOSURE-VAGINAL APPROACH | 57310 |
| CLOSURE WITH BULBOCAVERNOSIS | 57311 |
| | |
| URETHRAL DIVERTICULUM | |
| EXCISION | 53230 |
| MARSUPULIZATION | 53240 |
| | |
| URETHRAL PROCEDURES | |
| ID SKENE'S GLAND ABSCESS | 53060 |
| FULGARATION OR EXCISION OF SKENE'S GLAND | 53270 |
| FULGARATION OR EXCISION OF URETHRAL PROLAPSE | 53275 |
| PLASTIC REPAIR OF URETHRA (KELLY) | 57220 |
| | |
| URETERONEOCYSTECTOMY | 50780 |
| | |
| URETEROUTEROSTOMY | 50760 |
| | |
| URETERAL STENT PLACEMENT | 52332 |
| URETERAL STENT REMOVAL | 52310 |
| | |
| RETROGRADE PYELOGRAM | 50394 |

SURGICAL PROCEDURES ON GENITAL SYSTEM

| ABDOMINAL HYSTERECTOMY | |
|--|-------|
| TOTAL ABDOMINAL HYSTERECTOMY (TAH) | 58150 |
| TAH WITH BURCH | 58153 |
| SUPRACERVICAL | 58180 |
| | |
| VAGINAL HYSTERECTOMY | |
| VAGINAL HYSTERECTOMY (UTERUS <250 GRAMS) | 58260 |
| WITH REMOVAL OF TUBES AND/OR OVARIES | 58262 |
| WITH REMOVAL OF TUBES AND/OR OVARIES, ENTEROCELE | 58263 |
| REPAIR | |
| WITH BURCH OR NEEDLE SUSPENSION | 58267 |
| WITH BURCH OR NEEDLE SUSPENSION, ENTEROCELE | 58270 |
| REPAIR | |
| VAGINAL HYSTERECTOMY (UTERUS >250 GRAMS) | 58290 |
| WITH REMOVAL OF TUBES AND/OR OVARIES | 58291 |
| WITH REMOVAL OF TUBES AND/OR OVARIES, ENTEROCELE | 58292 |
| REPAIR | |
| WITH BURCH OR NEEDLE SUSPENSION | 58293 |
| WITH BURCH OR NEEDLE SUSPENSION, ENTEROCELE | 58294 |
| REPAIR | |
| | |
| LAPAROSCOPIC HYSTERECTOMY | |
| (WITH/WITHOUT ROBOTIC ASSISTANCE) | |
| LAPAROSCOPIC TOTAL HYSTERECTOMY(UTERUS <250 | 58570 |
| GRAMS) | |

| WITH REMOVAL TUBES AND/OR OVARIES | 58571 |
|---|--------|
| | |
| LAPAROSCOPIC TOTAL HYSTERECTOMY (UTERUS >250 | 58572 |
| GRAMS) WITH REMOVAL OF TUBES AND/OR OVARIES | 50572 |
| WITH REIVIOVAL OF TUBES AND/OR OVARIES | 58573 |
| LS SUPRACERVICAL HYSTERECTOMY(UTERUS <250 GRAMS) | 58541 |
| WITH REMOVAL OF TUBES AND/OR OVARIES | 58542 |
| WITH REMOVAE OF TOBES AND ON WILLS | 333 12 |
| LAPAROSCOPIC SUPRACERVICAL TOTAL HYSTERECTOMY | 58543 |
| (UTERUS >250 GRAMS) | |
| WITH REMOVAL OF TUBES AND/OR OVARIES | 58544 |
| | |
| LAPAROSCOPY WITH VAGINAL HYSTERECTOMY (UTERUS | 58550 |
| <250 GRAMS) | |
| WITH REMOVAL OF TUBES AND/OR OVARIES | 58552 |
| LADADOCCODY WITH VACINAL HYCTEDECTOMY (LITEDIE | F0FF2 |
| LAPAROSCOPY WITH VAGINAL HYSTERECTOMY (UTERUS >250 GRAMS) | 58553 |
| WITH REMOVAL OF TUBES AND/OR OVARIES | 58554 |
| | |
| CONSTRUCTION OF NEO-VAGINA | |
| NEOVAGINA WITHOUT GRAFT | 57291 |
| NEOVAGINA WITH GRAFT | 57292 |
| REVISION OF NEOVAGINA-ABDOMINAL APPROACH | 57296 |
| REVISION OF NEOVAGINA-VAGINAL APPROACH | 57295 |

SURGICAL PROCEDURES GASTROINTESTINAL SYSTEM

| SURGICAL PROCEDURES GASTROINTESTINAL STSTEM | | |
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| 46750 | | |
| | | |
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| 57300 | | |
| 57305 | | |
| 57307 | | |
| 57308 | | |
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| 45800 | | |
| 45805 | | |
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| 45820 | | |
| 45825 | | |
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| 20926 | | |
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