



Definition of a Resident “Surgeon” to be referenced when entering procedures into the ACGME Resident Case Log System Review Committee for Plastic Surgery

Basic Principle: To be recorded as the resident “surgeon” in the ACGME Resident Case Log System, a resident must be present for, and must participate in, **all** of the critical portions of the procedure being logged, under the supervision of an attending surgeon. Involvement in the pre-operative assessment, intra-operative planning, and the post-operative management of that patient is critical to that participation. The attending surgeon remains responsible for resident supervision and patient care.

The resident “assistant” option is no longer used in the ACGME Resident Case Log System (as of July 1, 2014).

The coding of surgical procedures in the Case Log System is based on the Current Procedural Terminology (CPT). All procedures performed, as identified by the most recent CPT codes, may be added to the Resident Case Log System for a specific case, including the same CPT code multiple times, if appropriate, noting the clarifications listed below, and subject to Medicare unbundling rules.

Clarifications:

1. For bilateral procedures where a single CPT code is inclusive of both sides and there is only one single surgical approach (e.g., abdominoplasty), a plastic surgery resident/fellow completing **one** side of the operation may count that as **one** procedure in the Case Log System. If a plastic surgery resident completes **both** sides of the procedure, he or she would still only count this as **one** case as resident “surgeon.”
2. For bilateral procedures where the CPT code includes only one side (e.g., reduction mammoplasty), or both sides, each through a separate surgical approach (e.g., rhytidectomy), a plastic surgery resident/fellow completing **both** sides of the operation may count **both** sides in the Case Log System if his or her participation in the procedure meets the criteria for resident “surgeon” as described above. If two residents **each do one** side of a bilateral procedure, each can log the procedure once if his or her participation in the procedure meets the criteria for resident “surgeon” as described above.
3. In an operation that includes multiple procedures with the same CPT code (e.g., multiple flexor tendon repairs), a plastic surgery resident/fellow may record the role of “surgeon” for each of the procedures if his or her participation in the procedures meets the criteria for resident “surgeon” described above. The following are exceptions to this rule:
 - a. The “add-on” codes for additional areas of surgical wound preparation, adjacent tissue transfer, complex closure length, skin grafting, epidermal autografting, xenografting, and acellular dermal grafting **may be used a maximum of five times per case**. A full list of these codes is at the end of this document.

EXAMPLE 1: A resident performing split thickness skin grafting on the chest of 300 cm² may log the first 100 cm² (CPT 15100) of the skin graft and the additional 200cm² (CPT 15101x2).

EXAMPLE 2: A resident performing surgical preparation and then split thickness skin grafting to bilateral arms (400 cm² on each side), may log CPT 15100 x1 (first 100 cm² of skin graft), CPT 15002 x1 (first 100cm² of surgical preparation), and then CPT15101 x 5 (the additional 500 cm² of skin graft). The resident **cannot** log the additional 200 cm² of skin graft **or** the additional areas of surgical preparation due to the limit of **five** “add-on” codes **per case**.

- b. Suction assisted lipectomy should be logged only based on the areas defined by the CPT codes, with each code used only **once per side**, even if there are multiple access sites or areas addressed. A maximum of **five** suction assisted lipectomy codes may be used per case and must represent distinct anatomic areas.

EXAMPLE 3: A resident performing suction assisted lipectomy of the abdomen and back may log the CPT 15877 (suction assisted lipectomy; trunk) twice.

EXAMPLE 4: A resident performing suction assisted lipectomy of the bilateral medial and lateral thighs may only log the CPT 15879 (suction assisted lipectomy; lower extremity) twice, including each extremity only once despite the multiple sites on each extremity.

- c. The use of injectables, including neuromuscular blockers, fillers, and autologous fat, may only be logged **once per case**, independent of the number of sites or injections.
- d. More than one plastic surgery resident may record participation as the resident “surgeon” for any given operation, provided that each resident is present for and participating in **all** of the critical portions of one or more of the procedures performed during the operation. If there are multiples procedures in one case (e.g., tendon repair, nerve repair, and free tissue transfer), and each resident is present for and participating in **all** of the critical portions of those procedures, each resident may log that case as resident “surgeon.” However, no more than two residents may record participation as the resident “surgeon” for any given procedure in that operation.
- e. In circumstances where a fellow (e.g., a hand fellow) oversees a plastic surgery resident in a procedure, **both** the fellow and the resident may log participation in the procedure as a resident “surgeon,” if the participation of each meets the criteria for resident “surgeon” as described above.
- f. If a senior plastic surgery resident oversees a junior plastic surgery resident on a particular case, **both** may log participation in the procedure as a resident “surgeon” if the participation of each meets the criteria for resident “surgeon” as described above.

Disclaimer Statement

The stated minimum numbers of listed surgical procedures for plastic surgery residency education reflect the minimum clinical volume of these procedures that is acceptable *per resident* for program accreditation. A program is in compliance with this requirement if each resident in the program achieves the minimum number of procedures for each listed index procedure.

Achievement of the minimum number of listed procedures does not necessarily imply an individual resident's achievement of competence of in a particular listed procedure. A resident may need to perform an additional number beyond the stated minimum of one or more listed procedures before the program director deems him or her to be competent in each required procedure. Moreover, the listed procedures represent only a fraction of a resident's total operative experience within the designated program length. The intent behind the minima is to establish a minimum number of listed index procedures for program accreditation purposes without detracting from the latitude that the program director must have to blend the entire educational operative experience for each resident, taking into account each resident's particular abilities.

This requirement does not supplant the requirement that, upon the resident's completion of the program, the program director should verify that the resident has demonstrated sufficient professional ability to practice competently and independently.

“ADD-ON” CODES LIMITED TO USAGE A MAXIMUM OF FIVE TIMES PER CASE:

- 13102 - Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)
- 13122 - Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure)
- 13133 - Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (list separately in addition to code for primary procedure)
- 13153 - Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (list separately in addition to code for primary procedure)
- 14302 - Adjacent tissue transfer or rearrangement, an area; each additional 30.0 sq cm, or part thereof (list separately in addition to code for primary procedure)
- 15001 - Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture; each additional 100 sq cm or each additional one percent of body area
- 15003 - Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15005 - Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15121 - Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15131 - Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15136 - Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15151 - Tissue cultured epidermal autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (list separately in addition to code for primary procedure)
- 15152 - Tissue cultured epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

- 15161 - Tissue cultured epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (list separately in addition to code for primary procedure)
- 15171 - Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15176 - Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15221 - Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)
- 15241 - Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)
- 15261 - Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure)
- 15301 - Allograft skin for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15321 - Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof
- 15331 - Acellular dermal allograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15336 - Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15341 - Tissue cultured allogeneic skin substitute; each additional 25 sq cm, or part thereof (list separately in addition to code for primary procedure)
- 15343 - Application of bilaminar skin substitute/neodermis; each additional 25 sq cm (list separately in addition to code for primary procedure)
- 15351 - Application of allograft, skin; each additional 100 sq cm (list separately in addition to code for primary procedure)

- 15361 - Tissue cultured allogeneic dermal substitute, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15366 - Tissue cultured allogeneic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof
- 15401 - Xenograft, skin (dermal), for temporary wound closure, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)
- 15421 - Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15431 - Acellular xenograft implant; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)

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