

Resident Surgeon: Definitions and Procedures for Entries in 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 post-operative management of that patient is critical to participation. The attending surgeon remains responsible for resident supervision and patient care.

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 a single surgical approach (e.g., abdominoplasty), a plastic surgery resident/fellow completing **one or both** sides of the operation may count that as **one** procedure as resident surgeon in the Case Log System.
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 the resident's participation in the procedure meets the criteria for resident surgeon as described above. If two separate residents/fellows **each complete one** side of a bilateral procedure, the residents/fellows can each log the procedure once if their 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 resident surgeon for each of the procedures if the individual's participation in each procedure meets the criteria for resident surgeon as 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 200 cm² (CPT 15101 logged twice).

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 once (first 100 cm² of skin graft), CPT 15002 once (first 100 cm² of surgical preparation), and then CPT 15101 five times (the additional 500 cm² of skin graft). The resident **may not** 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 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 CPT 15879 (suction assisted lipectomy; lower extremity) twice, including each extremity only once despite potential for multiple sites on each extremity.

- c. The use of injectables, including neuromuscular blockers, fillers, and autologous fat, may only be logged **once per case**, regardless 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 multiple 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 imply an individual resident's achievement of competence in a particular listed procedure. A resident may need to perform an additional number beyond the required minimum of one or more listed procedures before the program director deems the resident 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 requires to provide a robust 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 the knowledge, skills, and behaviors necessary to enter autonomous practice.

“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)
- 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)

- 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)