

Defined Category Minimum Numbers: Pediatric Surgery Review Committee for Surgery Effective for Academic Year 2020- 2021 Graduates

Case Log

- Total major case requirement of 800 remains consistent.
- The minimum numbers in operative case categories must come from the complex case list.
- 50 Teaching Assistant (TA) cases are required from those pediatric cases that are not considered “complex” (i.e., the “common” cases of pediatric surgery) and are included in the 800-case requirement.
- Minimally invasive cases will be tracked with a separate checkbox in cases where there is no designation for open versus laparoscopic.
- NEC or tumor cases are now separately delineated.
- Consistency is maintained with the new Program Requirements for Pediatric Surgery, including the non-operative trauma, and the PICU and NICU experiences (as defined in the Case Logs and Program Requirements).

Case Categories and Required Minimums

- Abdomen/GI – 120
- Thoracic – 50 + 30 endoscopies
 - subcategory of 30 endoscopies is counted separately
 - **80 total procedures, but some done on the same patient under the same anesthetic, can be counted separately provided the case criteria are met**
- Trauma/critical care
 - 20 operative, 90 non-operative trauma
 - 20 NICU, 10 PICU managed cases
(consistent with the new requirements for critical care documentation)
- Oncology – 25
- Head and Neck/Endocrine, GU, and ARM – 50

IMPORTANT NOTES:

Fellows finishing in 2020 will be held to the old minimums, which can be found at: https://acgme.org/Portals/0/440_pedMinNumbers.pdf.

Fellows finishing in 2021 will be held to the new minimums described above.

Understanding and identifying case categories and complex versus common cases: https://www.acgme.org/Portals/0/Pediatric_Surgery_Mappings_2020.pdf.

There is a report in the System called “Tracked Codes,” which shows each of the broad categories, the specific procedures (called “area” and “type”), and the corresponding CPT codes the Review Committee identified as counting in each category.

Fellows are able to search for a code based on whether it counts in a defined category and will see this information when entering a code. Screen shots follow below.

Finding Relevant Code(s)

Search by Category (Area and Type). Select the Area/Type/Code tab on the data entry screen. Select the appropriate *area* (e.g., Abdomen/GI), and *type* (e.g., Appendicitis) and click "Search." Relevant codes are displayed and available to select.

Selected Codes

[Favorites](#) [Area/Type/Code](#) [Defined Category](#)

Area

Type

Code or Keyword ⓘ

Search

Code	Description	Area	Type	F
44950	Appendectomy;	Abdomen/GI	Appendicitis	
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	Abdomen/GI	Appendicitis	
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	Abdomen/GI	Appendicitis	
44970	Laparoscopy, surgical, appendectomy	Abdomen/GI	Appendicitis	

Search by Defined Category. Select the Defined Category tab on the data entry screen and select the appropriate choice from the drop-down menu (e.g., Abdomen/GI), then click "Search." All codes that count (complex) in the category will be displayed. Note that when a code counts towards a minimum, it is designated on the screen.

Selected Code

[Favorites](#) [Area/Type/Code](#) [Defined Category](#)

Defined Category

Code or Keyword ⓘ

Search

Code	Description	Area	Type
37140	Venous anastomosis, open; portocaval Def Cat: Abdomen/GI	Abdomen/GI	Portal Hypertension procedures
37145	Venous anastomosis, open; renoportal Def Cat: Abdomen/GI	Abdomen/GI	Portal Hypertension procedures
37160	Venous anastomosis, open; caval-mesenteric Def Cat: Abdomen/GI	Abdomen/GI	Portal Hypertension procedures
37180	Venous anastomosis, open; splenorenal, proximal Def Cat: Abdomen/GI	Abdomen/GI	Portal Hypertension procedures
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique) Def Cat: Abdomen/GI	Abdomen/GI	Portal Hypertension procedures

The "Area" header aligns with the case categories: Abdomen/GI, Thoracic, etc.

There are three columns. The first column is the CPT code, and the last is Description, both of which are self-explanatory. The middle column is Defined Category. If that column is blank, it is a common case; if it is filled in, it is a complex case.

In the case of the Trauma/Critical Care case category (Area), the Defined Category column identifies which subcategory applies (i.e., Operative Trauma, Non-operative Trauma, NICU, PICU).

Any case, whether "Common" or "Complex," can count as a Teaching Assistant (TA) case.

EXAMPLE

The CPT code represents the procedure and very rarely represents the indication for the procedure.

One example is small bowel resection - 44120.

If the column is blank it is a common case. When the pediatric surgery fellow reports 44120 for duodenal atresia – it is considered a complex case. Same for intestinal duplication, and same for trauma. But for IBD or any other reason it is considered common.

Common cases were originally selected as those that should have been part of the general surgery curriculum.

Email content or specialty-specific questions to the Review Committee staff (contact information can be found on the [Surgery section of the ACGME website](#)).

Email questions regarding the Case Log System to ADS@acgme.org.