Notice to Otolaryngology - Head and Neck Surgery
Faculty Members and Residents
Review Committee for Otolaryngology - Head and Neck Surgery

As was shared at the SUO meeting in November 2018 and discussed in the SUO newsletter in spring 2019, the ACGME's Resident Case Log System for Otolaryngology - Head and Neck Surgery has been changed in some important ways. The updates will go live after the Case Logs for all 2019 graduates have been archived and related reports have been generated. At that time, all currently logged cases will automatically be updated to the revised system. Key changes in the Case Log System include:

- The updated organization is anatomically based, and in general, is classified along progressive categories of complexity.
- It facilitates unbundling by requiring the use of separate codes to capture the resident experience. All CPT® codes appear only once in the Case Log, with the exception of ossicular chain reconstruction codes, which do not exist apart from tympanoplasty codes.
- It was simplified by removal of duplicate codes and by collapsing larger categories of available CPT codes into an all-encompassing CPT code (e.g., there is only one code for image guided needle biopsy).
- Some codes have been assigned to particular categories to capture operative experiences, which may differ from the typical use of the CPT code. The most dramatic example is 60252, which should be used in the Case Log System to document central compartment neck dissection.
- Non-operating room procedures that have CPT codes, such as Epley maneuvers, needle biopsy, and transtympanic injections, were added.
- New categories, such as sleep, were created to address past gaps in the system.
- The equipment drop-down list was expanded to include ultrasound and sialendoscopy.
- The Review Committee felt it was important to capture data regarding clinical management of such diagnoses as newborn hearing loss and complications of otitis media to gain a sense of residents' exposure to the work-up and treatment of patients whose interventions may be non-operative. **The Committee has not set minimums or targets for these clinical management categories. However, residents need to log these patient diagnoses moving forward so that the educational community can gain insight into the medical management experiences in the specialty.**

Email any questions to Executive Director Corey Parker: cparker@acgme.org.