Guidelines for Recording your ASOPRS Sponsored Fellowship Training Program Surgical & Clinical Experience

ASOPRS Surgical Log Excel Program
RRC Surgical Procedures Log
Clinical Encounters

There are 2 separate methods required for listing and counting surgical procedures you are involved with during your fellowship. There is also a clinical encounter counting requirement

1. ASOPRS Surgical Log Excel Program

An Excel program has been developed for recording your ASOPRS Sponsored Fellowship Training Program Surgical Experience. Each Fellow is required to maintain an accurate recording of their surgical experience by CPT codes. The Excel format will allow you to easily and continuously record your surgical experiences day by day, while allowing us to tabulate and analyze the ASOPRS Sponsored Fellowship Training Program Surgical Experience in a much more effective and expeditious fashion.

It is recommended that you record your surgical experience every day. The appropriate CPT coding, as well as your level of participation (performing greater than 50% of the procedure, less than 50% of the procedure, Observation, or Supervised Resident), should be decided on between the fellow and preceptor after the case is completed. We feel that this will add to the educational training of the fellow, preparing you for your future practice, while at the same time being introspective for the preceptor. If you do not find a CPT code that fits exactly, list it under the unspecified code for that area.

General rules:

1. Each eyelid operated will count for one procedure. Even when multiple procedures are performed on a single eyelid, only one procedure should be counted, unless the second, third, etc. procedure(s) meet the strict criteria and standards to be billable under a separate CPT code as outlined by Medicare.
2. **Bilateral** procedures, such as ptosis repair, entropion, ectropion and blepharoplasty, will count as two procedures. When a second eyelid is used as an adjunct, such as a donor site for a skin graft, it is counted as a separate procedure. Four-eyelid procedures, such as blepharoplasty, will count as four procedures.

3. Only major cases and procedures should be included. Do not include chalazion removal, simple biopsy or excision of skin tags or other procedures not considered major cases.

4. When the fellow performs most of the procedure on one side, and assist only on the other side, this should be recorded as performing greater than 50% for their side, and less than 50% for the other side.

5. Amniotic membrane grafts should be list in Section D – Conjunctiva under # 8 in addition to the other procedure code(s).

6. Blepharoplasty should be recorded in Section F – Integumentary System under # 61-64 if performed as a separate procedure (functional or cosmetic) and under # 65-68 if performed with another procedure (i.e. ptosis repair).

7. Hard Palate Grafts should be recorded in Section K - Digestive System #1

Examples

1. An upper eyelid ptosis and blepharoplasty performed on the same lid counts as one procedure, unless the blepharoplasty procedure meets the strict criteria and standards to be billable under a separate CPT code. List under ptosis if the case is primarily for the correction of the ptosis, or under blepharoplasty if the case is primarily for the correction of the dermatochalasis. List under both if the ptosis and dermatochalasis meet the strict criteria and standards to be billable under separate CPT codes as outlined by Medicare.

2. A **bilateral** upper eyelid ptosis repair and upper eyelid blepharoplasty counts as two procedures. List under ptosis if the case is primarily for the correction of the ptosis, or under blepharoplasty if the case is primarily for the correction of the dermatochalasis. If the bilateral dermatochalasis meet the strict criteria and standards to be billable under separate CPT codes, list as 4 procedures under both the ptosis and blepharoplasty codes. If it appears that your numbers are outside the norm, you will be requested to submit copies of your pre-operative evaluations (medical records, photos, visual fields, etc.).

3. Excision of a tumor and reconstruction of the lid defect counts as one procedure.

4. A dacryocystorhinostomy with intubation counts as one procedure.
5. A lateral tarsal strip and retractor repair for entropion, on the same eyelid, counts as one procedure.

6. A four-eyelid blepharoplasty counts as four procedures.

7. Repair of a laceration of the lid involving the tear system counts as two procedures: traumatic lid repair and repair of canaliculus.

8. For laser resurfacing: periorbital resurfacing, even if bilateral, counts as one procedure. Resurfacing any place else on the face, be it one or more aesthetic units, counts as one procedure. Total facial resurfacing would count as 2 procedures: 1 periorbital, 1 rest of face.

This excel program will be a constantly evolving process that will be modified as new CPT codes are added an others deleted.

2. RRC Surgical Procedures Log

Each patient, no matter how many procedures performed at one time, is only allocated one procedure to code in this log. You can assign each patient to whichever category you need more cases for completion, but you can only choose one of the procedures performed. You do not choose one as primary and one as secondary, but only one per patient.

The minimum number of procedures recommended in each category are listed below. The 1st number listed represents primary procedures performed by the fellow (50% or more of case, plus fellow must be present for pre & post op care), and the 2nd number listed is for fellow as assistant (performing under 50% of procedure and not present for pre and/or post op care). If you do over 50% of the procedure but have no involvement in the pre or post op care, then you would list as assistant.

04/20 Evisceration, enucleation, secondary implants
04/20 Orbitotomy (anterior, lateral, transcranial), orbital implant, lacrimal gland biopsy, excision of lacrimal gland lesion, dacryocystectomy
0/0 Strabismus surgery (this is a general ophthalmology residency skill)
05/15 Brow ptosis repair (direct, mid-forehead, bicornal, endoscopic) functional and aesthetic
14/35 Lid ptosis repair (frontalis sling, internal-MMCR and Fasanella-Servat, external levator) and lid retraction repair
10/25 Ectropion and entropion, all techniques, all etiologies
10/30 Lid reconstruction including Hughes reconstruction, canthoplasty & pexy, lid margin repair and tarsorrhaphy
02/06 Trichiasis treatment including lid splitting and grafting including mucous membrane grafting with harvesting (excludes mechanical epilation and electroepilation as they are considered clinic skills)
3. Clinical Encounters

For every patient you are involved with per day in some form of clinical assessment/encounter, allocate that patient to one of the following 7 categories for each day seen. Exclude all pre and postop surgical visits as those are counted as part of the surgical experience. Do not list diagnoses, only provide a numerical tally. If a patient qualifies under more than one category, select the primary reason for that day's visit from the list below.

Eyelid
Lacrimal
Aesthetic
Socket
Orbital tumors
Lymphoproliferative, inflammatory & autoimmune disorders
Trauma