POSNA FELLOWSHIP ACCREDITATION CASE LOG GUIDELINES

The POSNA Case Log System for Pediatric Orthopaedic Surgery Fellows is necessary to document the breadth and volume of the surgical experience during fellowship and to enable the POSNA fellowship committee to monitor individual fellowship programs.

Previous work has shown wide variations in logging habits and practices amongst pediatric orthopaedic fellows, and this document is intended to provide instructions and guidelines for how to log cases with the goal of improving the consistency and reliability of the case log data.

Just like the ACGME case log system used during residency; the POSNA case log relies on CPT codes to measure surgical experience. This data is only as good as the quality with which it is entered. Cases should be entered into the Case Log System as soon as possible to ensure the information is accurate and complete. Ideally, fellows will do this daily, or at least weekly. It is suggested that the program director review the logs quarterly to make sure that fellow experience is accurately reflected. Note: cases cannot be entered after completion of a fellowship program.

All pertinent CPT codes should be entered (see below). While the case log system allows for CPT code queries, in many cases it may be easiest to ask the attending of record what code(s) he or she used for the case.

With the exception of certain casting codes (see below), only procedures performed *within the operating room* should be logged. Any procedures performed under conscious sedation in the emergency department etc. should NOT be entered into the case log.

Required Data:

Status: Default setting should be "FEL 1"

Patient Gender:

1. male, female, or unknown

Date performed

Procedure coding:

1. Each major code for a given case should be logged. For example, if a child has a varus femoral osteotomy performed along with an adductor tenotomy, the femoral osteotomy should be coded as well as the tenotomy. Bilateral procedures should be coded as separate procedure codes.
    a. If the CPT code is known, this can be entered directly followed by clicking "Find".
    b. If the CPT code is not known, the group drop down box can be used to narrow down the anatomical region, and then the procedure field can be searched manually
2. The primary code can be logged first. Click "+ Add procedure" on the bottom left to add additional codes.
    a. Due to the limits of the case log system, patient age, surgeon role etc. will need be re-entered for each procedure code.
3. The only CPT codes that should be logged in terms of casting or splinting are hip spica casts, Mehta spine casts, and clubfoot casts. These include casts of these types that are applied outside of the operating room (e.g. clubfoot clinic). Otherwise, do not log short arm casts, long arm casts, etc. that may be applied for fracture care or postoperative immobilization.

Procedure Role:

1. Fellows must log procedural experiences as Attending surgeon, Primary Assist, or Secondary Assist.

a. Attending Surgeon: The fellow functions as the attending surgeon of record.
b. Primary Assist: The fellow performs the surgery in conjunction with an attending surgeon and is the primary assistant, performing key portions of the procedure with our without direct supervision.
c. Secondary Assist: The fellow assists secondarily behind another fellow, resident, or second attending surgeon.

Patient Age: Pediatric patients are defined as patients aged 18 or younger. Please enter age in years and months (when pertinent)

Make sure to click "save" after all procedure data has been entered

Illustrative examples:

Case: 3 yo female with DDH undergoes open reduction, Salter osteotomy, percutaneous adductor tenotomy, and spica casting.

Recommended coding: Iliac osteotomy with open reduction (27146); Percutaneous adductor tenotomy (27000) and spica cast (29325)

Case: 9 yo male poly-trauma with right distal radius fracture that was closed reduced, left open femoral shaft fracture treated with I&D and elastic nails, and right bimalleolar ankle fracture which underwent ORIF

Recommended coding: Treatment of left femur with IMNs (27506); I&D open fracture (11012); ORIF of right bimalleolar ankle fracture (27814) and distal radius closed reduction (25605)

Case: 13 yo female with severe AIS undergoes posterior spinal fusion and instrumentation from T4-L1, allograft, local autograft, and Ponte osteotomies at two levels:

Recommended coding: Posterior spinal instrumentation 7-12 levels (22843); Arthrodesis for deformity 7-12 levels (22802), autograft (20936), allograft (20930), thoracic posterior osteotomy first level (22212), thoracic posterior osteotomy additional level (22216).

Case: 8 yo female with cerebral palsy. Undergoes *bilateral* femoral derotation osteotomies, open adductor lengthenings, Dega pelvic osteotomies, tibial osteotomies, and gastrocnemius recessions.

Recommended coding: Unilateral femoral osteotomy (27165); Dega osteotomy (27120 or 27146), adductor lengthening (27001); Separate codes for contralateral femoral osteotomy (27165); Dega osteotomy (27120 or 27146), and open adductor lengthening (27001). Then code tibial osteotomy (27705), gastrocnemius recession (27687) for the one side and then separate codes for contralateral tibial osteotomy (27705) and contralateral gastrocnemius recession (27687).