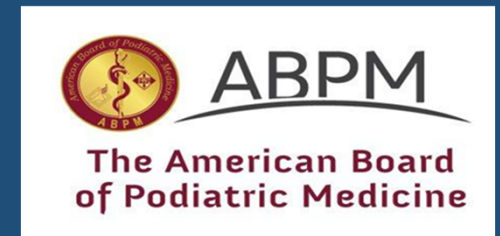


Proper Logging of Podiatric Medical / Surgical Residency Experiences

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Terminology

- ❖ Verification
- ❖ Miscategorization
- ❖ Fragmentation
- ❖ Duplication
- ❖ Shared Cases
- ❖ First Assistant
- ❖ Second Assistant

Verification

The process by which the program director reviews resident logs to ensure:

- Resident attainment of the Minimum Activity Volume (MAV) and case diversity requirements.
- Accuracy to ensure there is no duplication, miscategorization, and/or fragmentation of procedures.

Miscategorization

Miscategorization occurs when a surgical procedure is misclassified into an incorrect procedure code.

Example:

A simple Haglund's deformity is **incorrectly** logged as 4.19 detachment/reattachment of Achilles tendon with partial ostectomy, when it **correctly** should have been logged as 4.1 partial ostectomy (including the talus and calcaneus).

Fragmentation

- Fragmentation occurs when a specific surgical procedure is unbundled or fragmented inappropriately into individual component parts.
- Separated into two or more procedures instead of one procedure.
- Fragmentation falsely elevates the resident's procedure volume and diversity.

Examples of Fragmentation

- ❖ A bunionectomy that has been fragmented into an osseous procedure and an adjunctive soft tissue procedure, creating two separate procedures.
- ❖ A triple arthrodesis is fragmented into arthrodesis of the individual joints (STJ, TN, CC).
- ❖ A bi-malleolar fracture is fragmented into ORIF of the medial malleolus and ORIF of the lateral malleolus.
- ❖ An ankle fracture repair is fragmented into repair of the malleolus and associated ligaments (lateral malleolus/ATFL or medial malleolus/deltoid).
- ❖ Logging is not the same as billing.

Duplication and Shared Cases

- Duplication – a resident's duplicate entry of the same case and procedure(s) on the same day of surgery.
- Shared cases – when two or more residents claim first assist for the same procedure on the same date on the same patient.

First Assistant

- ✓ The resident participates actively in the procedure under direct supervision of the attending.
- ✓ Only **one** resident may take credit for first assistant participation on any one procedure.

Second Assistant

- ✓ The resident participates in the procedure.
- ✓ Participation may include retracting and assisting, or performing limited portions of the procedure under direct supervision of the attending.
- ✓ More than one resident may take credit for second assistant participation.

Surgical Categories

- Category 1 – Digital Surgery
- Category 2 – First Ray Surgery
 - Hallux Valgus Surgery
 - Hallux Limitus Surgery
 - Other First Ray Surgery
- Category 3 – Other Soft Tissue Foot Surgery
- Category 4 – Other Osseous Foot Surgery

Surgical Categories – continued

- Category 5 Reconstructive Rearfoot/Ankle Surgery
 - Elective – Soft Tissue Surgery
 - Elective – Osseous Surgery
 - Non-elective – Soft Tissue Surgery
 - Non-elective – Osseous Surgery
- Category 6 – Other Podiatric Procedures

Logging Basics – General

- The date entered into the log is the date the procedure was performed, not the date the entry is being made.
- Laterality (i.e., L/R) must be included for all surgical cases in the Location column – **N/A is never acceptable.**
- For digits, metatarsal and interspace procedures, list the digital, metatarsal or interspace number in the Location column (e.g., R4).
- The attending's name and degree (DPM, MD, DO) is included for all cases (surgical or clinical).
- Continue to log even after MAVs are met.

Logging Basics – Procedure Note

- The Procedure Note supports the category / code number selected.
- The note includes descriptive information about what was actually performed and reflects additional procedures that were performed but not logged individually
- Procedures must not be fragmented or unbundled into individual component parts to inflate surgical procedures of one resident or to allow more than one resident to claim first assist
- It is recommended, the type of osteotomy performed, the type of fixation utilized, intra-operative findings, and clinical history be included.
- The Procedure Note should never be left blank.

Appendix B: Surgical Procedure Categories and Code Numbers

1. Digital Surgery (lesser toe or hallux)

- 1.1 partial ostectomy/exostectomy
- 1.2 phalangectomy
- 1.3 arthroplasty (interphalangeal joint [IPJ])
- 1.4 implant (IPJ) - **Silastic implant or spacer**
- 1.5 diaphysectomy
- 1.6 phalangeal osteotomy
- 1.7 fusion (IPJ)
- 1.8 amputation
- 1.9 management of osseous tumor/neoplasm
- 1.10 management of bone/joint infection
- 1.11 open management of digital fracture/dislocation
- 1.12 revision/repair of surgical outcome
- 1.13 other osseous digital procedure not listed above

Category 1: Digital Surgery (lesser toe / hallux)

General Guidelines:

- A procedure performed at both the PIPJ and DIPJ can only be logged once. Include both procedures in the Procedure Note.
- An Akin is logged as a Category 1 procedure when performed at the same time as a first ray procedure.
- An amputation of a digit is included with the management of a bone/joint infection, incision and drainage and/or a ray resection. These cannot be logged separately.
- Percutaneous stab tenotomies, toenail procedures are category 6

Proper Logging Guidelines

1.6 Phalangeal Osteotomy

May not be used in conjunction with:

- 2.1.1 bunionectomy (partial ostectomy/Silver procedure) – (use 2.1.3 bunionectomy with hallux osteotomy)
- 2.1.3 bunionectomy with phalangeal osteotomy
- 2.1.7 metatarsophalangeal joint (MPJ) fusion
- 2.1.8 MPJ implant (with phalangeal implantation)
- 2.2.1 cheilectomy
- 2.2.2 joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement)
- 2.2.6 MPJ fusion
- 2.2.7 MPJ implant (with phalangeal implantation)
- 2.3.4 amputation

Proper Logging Guidelines

1.6 Phalangeal Osteotomy

May be used as an “add on” in conjunction with:

- 2.1.4 bunionectomy with distal first metatarsal osteotomy
- 2.1.5 bunionectomy with first metatarsal base or shaft osteotomy
- 2.1.6 bunionectomy with first metatarsocuneiform fusion
- 2.1.8 MPJ implant (when used, a metatarsal component implantation only)
- 2.1.9 MPJ arthroplasty
- 2.1.10 bunionectomy with double correction with osteotomy and/or arthrodesis
- 2.2.3 joint salvage with distal metatarsal osteotomy
- 2.2.4 joint salvage with first metatarsal shaft or base osteotomy
- 2.2.5 joint salvage with first metatarsocuneiform fusion
- 2.2.7 MPJ implant (when used, a metatarsal component implantation only)
- 2.2.8 MPJ arthroplasty
- 2.3.1 tendon transfer/lengthening/procedure
- 2.3.2 osteotomy (e.g., dorsiflexory)
- 2.3.3 metatarsocuneiform fusion (other than for hallux valgus or hallux limitus)
- 2.3.5 management of osseous tumor/neoplasm (with or without bone graft)
- 2.3.7 open management of fracture or MPJ dislocation
- 2.3.8 corticotomy/callus distraction
- 2.3.9 revision/repair of surgical outcome (e.g., non-union, hallux varus)
- 2.3.10 other first ray procedure not listed above (only as indicated)

Proper Logging Guidelines

1.8 Amputation

May **not** be used in conjunction with:

- 1.10 management of bone/joint infection
- 2.3.4 amputation
- 2.3.6 management of bone/joint infection (with or without bone graft)
- 3.8 incision and drainage of soft tissue
- 4.4 metatarsal head resection (single or multiple)
- 4.10 amputation (lesser ray, transmetatarsal amputation)

1.10 Management of Bone/joint Infection

May **not** be used in conjunction with:

- 1.8 amputation (if done on the same digit)
- 3.8 incision and drainage of soft tissue infection (includes foot, ankle or leg)

Appendix B: Surgical Procedure Categories and Code Numbers

2. First Ray Surgery - Hallux Valgus Surgery

2.1.1 bunionectomy (partial ostectomy/Silver procedure), **with or without capsulotendon balancing**

2.1.2 procedure code number no longer used

2.1.3 bunionectomy with phalangeal osteotomy

2.1.4 bunionectomy with distal first metatarsal osteotomy

2.1.5 bunionectomy with first metatarsal base or shaft osteotomy

2.1.6 bunionectomy with first metatarsocuneiform fusion

2.1.7 metatarsophalangeal joint (MPJ) fusion

2.1.8 MPJ implant

2.1.9 MPJ arthroplasty

2.1.10 bunionectomy double correction with osteotomy and/or arthrodesis

Appendix B: Surgical Procedure Categories and Code Numbers

2. First Ray Surgery - Hallux Limitus / Rigidus Surgery

2.2.1 cheilectomy

2.2.2 joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement)

2.2.3 joint salvage with distal metatarsal osteotomy

2.2.4 joint salvage with first metatarsal shaft or base osteotomy

2.2.5 joint salvage with first metatarsocuneiform fusion

2.2.6 MPJ fusion

2.2.7 MPJ implant

2.2.8 MPJ arthroplasty

Appendix B: Surgical Procedure Categories and Code Numbers

2. First Ray Surgery - Other First Ray Surgery

- 2.3.1 tendon transfer/lengthening/capsulotendon balancing procedure
- 2.3.2 osteotomy (e.g., dorsiflexory)
- 2.3.3 metatarsocuneiform fusion (other than for hallux valgus or hallux limitus)
- 2.3.4 amputation
- 2.3.5 management of osseous tumor/neoplasm (with or without bone graft)
- 2.3.6 management of bone/joint infection (with or without bone graft)
- 2.3.7 open management of fracture or MPJ dislocation
- 2.3.8 corticotomy/callus distraction
- 2.3.9 revision/repair of surgical outcome (e.g., non-union, hallux varus)
- 2.3.10 other first ray procedure not listed above

Logging Guidelines Changes

Category 2: First Ray Surgery

General Guidelines:

The soft tissue component of **all First Ray Surgery** repair is inclusive and is **not** separately claimed as an additional procedure for all subcategories.

The use of 2.1.1 is limited to isolated soft tissue repair / partial osteotomy of the first MPJ when no other osteotomy or fusion procedure is completed on the first ray.

A resident may only log one 2.2.1-2.3.10 procedure per foot and no more than one resident may claim a first assistant procedure per foot.

Hallux Valgus Surgery:

- Osteotomy (Akin) of the proximal phalanx 1.6 can be claimed separately or as 2.1.10 if combined with first metatarsal osteotomy / fusion for diversity
- Use of suture button constructs as the primary method to repair a bunion deformity should be logged as 2.1.1
- 2.1.10 can only be used when two separate osteotomies and/or arthrodesis are performed on the same first ray to correct the bunion deformity. EXAMPLE: A first tarsometatarsal arthrodesis and a head osteotomy on the same metatarsal should be logged as 2.1.10
- 2.3.1 Tendon Transfer/lengthening Procedure
- This procedure shall be inclusive. The soft tissue component of all first ray surgery repair is inclusive and is not separately claimed as an additional procedure.

Proper Logging Guidelines

2.3.4 Amputation

- May **not** be used in conjunction with:
 - 2.3.6 management of bone/joint infection (with or without bone graft)
 - 3.8 incision and drainage of soft tissue infection (includes foot, ankle or leg)

2.3.5 Management of Osseous Tumor/neoplasm (with or without bone graft)

- May **not** be used for removal of simple bone cyst

2.3.6 Management of Bone/joint Infection (with or without bone graft)

- May **not** be used in conjunction with:
 - 1.8 amputation (if the amputation involves the great toe)
 - 2.3.4 amputation
 - 3.8 incision and drainage of soft tissue infection (includes foot, ankle, or leg)

Appendix B: Surgical Procedure Categories and Code Numbers

3. Other Soft Tissue Foot Surgery

- 3.1 excision of ossicle/sesamoid
- 3.2 excision of neuroma
- 3.3 removal of deep foreign body (excluding hardware removal)
- 3.4 plantar fasciotomy
- 3.5 lesser MPJ capsulotendon balancing
- 3.6 tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer)
- 3.7 open management of dislocation (MPJ/tarsometatarsal)
- 3.8 incision and drainage/wide debridement of soft tissue infection **includes foot, ankle and leg**
- 3.9 plantar fasciectomy/ plantar fibroma resection

Appendix B: Surgical Procedure Categories and Code Numbers

3. Other Soft Tissue Foot Surgery

- 3.10 excision of soft tissue tumor/mass (without reconstructive surgery: includes foot, ankle and leg)
- 3.11 (procedure code number no longer used)
- 3.12 plastic surgery techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures (limited to the forefoot)
- 3.13 microscopic nerve/vascular repair (forefoot only)
- 3.14 other soft tissue procedures not listed above (limited to the foot)
- 3.15 (procedure code number no longer used)
- 3.16 external neurolysis/decompression (including tarsal tunnel)
- 3.17 decompression of compartment syndrome (includes foot or leg)

Proper Logging Guidelines

Category 3: Other Soft Tissue Foot Surgery

3.1 Excision of Ossicle/sesamoid

- Can only be used if it is performed as an isolated primary procedure
- May not be used in conjunction with First Ray Surgery or tendon transfer/augmentation
- ❓ May not be used in conjunction with Other Osseous Foot Surgery
- ❓ EXAMPLES: os peroneum, os tibiale externum, os vesalianum

3.4 Plantar Fasciotomy

- May include open or endoscopic approach
- ❓ TOPAZ and PRP injection are logged as 6.14
- ❓ Includes localized lipectomy and associated soft tissue excision
- ❓ Includes plantar heel spur/exostosis resection
- ❓ Includes local nerve (i.e. Baxter's nerve) release or ablation
- ❓ May not be claimed as Reconstructive Rearfoot/Ankle Surgery
- May not be used in conjunction with:
- 3.9 plantar fasciectomy /Plantar fibroma resection

Proper Logging Guidelines

3.5 Lesser MPJ Capsulotendon Balancing

- Excludes percutaneous tenotomy/capsulotomy
- May not be used in conjunction with:
 - 3.6 tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer)
 - 3.7 open management of dislocation (MPJ/tarsometatarsal)
 - 4.2 lesser MPJ arthroplasty
 - 4.3 bunionectomy of the fifth metatarsal without osteotomy
 - 4.5 lesser MPJ implant
 - 4.6 central metatarsal osteotomy
 - 4.7 bunionectomy of the fifth metatarsal with osteotomy

Proper Logging Guidelines

3.6 Tendon Repair, Lengthening, or Transfer Involving the Forefoot (including digital flexor digitorum longus transfer)

- A flexor transfer can be logged separately when performed with a digital arthrodesis.
- May not be used in conjunction with:
 - 3.5 lesser MPJ capsulotendon balancing
 - 3.7 open Management of dislocation (MPJ/tarsometatarsal)
 - 4.2 lesser MPJ arthroplasty

3.7 Open Management of Dislocation (MPJ/tarsometatarsal)

- May be claimed as an additional procedure in conjunction with Digital Surgery.
- Includes plantar plate repair
- May not be used if percutaneous
- May not be used in conjunction with:
 - 3.5 lesser MPJ capsulotendon balancing
 - 3.6 tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer)
 - 4.2 lesser MPJ arthroplasty
- Can be used with digital procedure and lesser metatarsal osteotomy

Proper Logging Guidelines

3.8 Incision and Drainage/wide debridement of Soft Tissue Infection (includes foot, ankle, or leg)

- Full documentation in the “Procedure Note” to justify use of procedure 3.8 with another procedure is required.
- If an I&D performed at a different site as an amputation, it can be logged separately.
- EXAMPLE: an I&D of a first interspace with a 5th digit amputation
- If the I&D, amputation, and bone biopsy are all occurring at the same surgical site, only one of these procedures may be logged.
- May **not** be used in conjunction with:
 - 1.8 amputation
 - 1.10 management of bone/joint infection
 - 2.3.4 amputation
 - 2.3.6 management of bone/joint infection (with or without bone graft)
 - 3.17 decompression of compartment syndrome (includes foot or leg)
 - 4.4 metatarsal head resection (single or multiple)
 - 4.10 amputation (lesser ray, transmetatarsal amputation)
 - 4.11 management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft)
 - 5.4.6 management of bone/joint infection (with or without bone graft)
 - 5.4.7 amputation proximal to the tarsometatarsal joints

Proper Logging Guidelines

3.9 Plantar Fasciectomy

- Includes localized lipectomy or soft tissue excisions and includes the heel spur (exostectomy) resection
- May not be claimed as Reconstructive Rearfoot/Ankle Surgery
- TOPAZ and PRP injection are logged as 6.14
- Baxter nerve release is included
- May not be used in conjunction with 3.4 plantar fasciotomy

3.10 Excision of Soft Tissue tumor/mass (without reconstructive surgery; includes foot, ankle, or leg)

- EXAMPLES: Excision of a ganglion cyst in the foot, sinus tarsi decompression
- Excision of verrucae or other skin lesion is excluded (use 6.2)

Proper Logging Guidelines

3.12 Plastic Surgery Techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot)

- Excludes synthetic/Biologic grafts (use 6.7)
- Excludes elliptical or wedge excisions
- Full documentation in the Procedure Note to justify the extent of 3.12 is required
- The harvesting and application of skin graft/flap count as one procedure
- May be used in conjunction with Digital Surgery and in conjunction with 3.5 (lesser MPJ capsulotendon balancing), when extensive, such as to correct severe digital deformities, i.e. Muir-Ruiz

Proper Logging Guidelines

3.13 Microscopic Nerve/vascular Repair (forefoot only)

- Requires the use of microscopic equipment

3.14 Other Soft Tissue Procedures Not Listed Above (limited to the foot)

- Harvesting of split thickness skin grafts (STSG) from any source (i.e., foot, ankle, leg, or thigh) and application of the graft to the foot or ankle should be logged as 3.12, 5.1.1 or 5.3.4

3.16 External Neurolysis/decompression (including tarsal tunnel)

- Multiple nerve decompressions of the same extremity are logged as one procedure

Not Category 3 – Soft Tissue Surgery

- Excision of verrucae is a Category 6: 6.2 excision or destruction of skin lesion (including skin biopsy and laser procedures). **This is not a Category 3 procedure.**
- Application of bioengineered skin substitutes / biologic dressings and amniotic membrane products etc. are Category 6: 6.7 biological dressings. **This is not a Category 3 procedure.**
- TOPAZ, Tenex, PRP is a Category 6: 6.14 percutaneous procedures (i.e., coblation, cryosurgery, radiofrequency ablation, platelet-rich plasma.) **These are not Category 3 procedures.**
- Operating Room debridement of a superficial ulcer – Category 6.1
- These procedures are considered Category 6 regardless of whether the procedures were performed in the OR, clinic or bedside.

Appendix B: Surgical Procedure Categories and Code Numbers

4. Other Osseous Foot Surgery

- 4.1 partial ostectomy **includes foot, ankle and leg**
- 4.2 lesser MPJ arthroplasty
- 4.3 bunionectomy of the fifth metatarsal without osteotomy
- 4.4 metatarsal head resection (single or multiple)
- 4.5 lesser MPJ implant
- 4.6 central metatarsal osteotomy
- 4.7 bunionectomy of the fifth metatarsal with osteotomy
- 4.8 open management of lesser metatarsal fracture(s)
- 4.9 harvesting of bone graft **includes foot, ankle and leg**
- 4.10 amputation (lesser ray, transmetatarsal amputation)
- 4.11 management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft)
- 4.12 management of bone tumor/neoplasm distal to the tarsometatarsal joints (with or without bone graft)
- 4.13 open management of tarsometatarsal fracture/dislocation
- 4.14 multiple osteotomy management of metatarsus adductus
- 4.15 tarsometatarsal fusion
- 4.16 corticotomy/callus distraction of lesser metatarsal
- 4.17 revision/repair of surgical outcome in the forefoot
- 4.18 ostectomy other osseous procedures not listed above (distal to the tarsometatarsal joint)
- 4.19 detachment/reattachment of Achilles tendon with partial ostectomy

Proper Logging Guidelines

General: One procedure per metatarsal. Exceptions are noted below.

4.1 Partial Osteotomy (includes foot, ankle, or leg)

- May include calcaneal osteotomies, i.e. simple Haglund's excision, retrocalcaneal exostectomy and resection of os trigonum (see 4.19 below)
- May **not** be used in conjunction with:
 - 3.4 plantar fasciotomy if associated with plantar calcaneal exostosis (see 3.4 above)
 - 3.9 plantar fasciectomy if associated with plantar calcaneal exostosis (see 3.9 above)
 - 4.2 lesser MPJ arthroplasty, if associated with the same metatarsal
 - 4.3 bunionectomy of the fifth metatarsal without osteotomy, if associated with the same metatarsal
 - 4.5 lesser MPJ implant, if associated with the same metatarsal
 - 4.6 central metatarsal osteotomy, if associated with the same metatarsal
 - 4.7 bunionectomy of the fifth metatarsal with osteotomy, if associated with the same metatarsal

Proper Logging Guidelines

4.2 Lesser MPJ Arthroplasty

- May **not** be used in conjunction with:
 - 3.5 lesser MPJ capsulotendon balancing
 - 3.6 tendon repair, lengthening, or transfer involving the forefoot
 - 3.7 open management of dislocation (MPJ/tarsometatarsal)
 - 4.1 partial ostectomy (includes foot, ankle or leg)
 - 4.3 bunionectomy of the fifth metatarsal without osteotomy
 - 4.4 metatarsal head resection (single or multiple)
 - 4.5 lesser MPJ implant
 - 4.6 central metatarsal osteotomy
 - 4.7 bunionectomy of the fifth metatarsal with osteotomy

Proper Logging Guidelines

4.4 Metatarsal Head Resection (single or multiple)

- single, multiple, or adjoining metatarsal head resections are considered as one procedure
- non-adjoining metatarsal head resections can be counted as two procedures with procedure note documentation.
- EXAMPLE: 1st and 5th metatarsal head resection
- adjoining metatarsal head resections are considered as one procedure

4.6 Central Metatarsal Osteotomy

- May be used in conjunction with 3.7, plantar plate repair, if performed at the same location

Proper Logging Guidelines

4.8 Open Management of Lesser Metatarsal Fracture(s)

- Repair of multiple metatarsal fractures is logged as individual procedures

4.10 Amputation (lesser ray, transmetatarsal amputation)

- Transmetatarsal amputation is considered as one procedure
- Amputation of adjoining metatarsals or rays are considered one procedure
- Non-adjoining metatarsal ray amputations can be counted as two procedures
- EXAMPLE, 1st and 5th ray amputations
- Lesser ray amputation includes the amputation of the toe(s) and metatarsal(s) segment(s)
- Includes the incision and drainage

Proper Logging Guidelines

4.11 Management of Bone/joint Infection Distal to the Tarsometatarsal Joints (with or without bone graft)

- Full documentation in the “Procedure Note” to justify use of procedure 4.11 with another procedure is required if done in a separate anatomic location

4.13 Open Management of Tarsometatarsal Fracture/dislocation

- Claimed as one procedure for repair of the metatarsal cuneiform and cuboid joints. Also inclusive of the first metatarsal cuneiform joint

4.14 Multiple Metatarsal Osteotomy Management of Metatarsus Adductus

- One procedure for the correction of metatarsus adductus (independent of the number of osteotomies performed)

Proper Logging Guidelines

4.15 Tarsometatarsal Fusion

- Fusion of the tarsometatarsal joints (complete or partial) is one procedure
- This code is to be used in cases of Lisfranc joint fracture / dislocation primary arthrodesis or osteoarthritis
- This code is **not** to be used for bunion correction (use 2.1.6 or 2.2.5 or 2.3.3)

4.17 Revision/repair of Surgical Outcome in the Forefoot

- Full documentation in the “Procedure Note” to justify use of procedure 4.17 with another procedure is required.

4.19 Detachment/reattachment of Achilles Tendon with Partial Ostectomy

- May **not** be used in conjunction with:
 - 4.1 partial ostectomy (includes foot, ankle or leg)
 - 5.3.1 repair of acute tendon injury

Category 5: Logging Guidelines

General Guidelines:

- Any reference in this document to “midfoot” entails any osseous or soft tissue procedure that is performed proximal to, but not including the tarsometatarsal/Lisfranc joint.
- The rule of thumb to follow when logging ankle procedures is, “an ankle is an ankle.” This means that all procedures performed within a single case must be logged as a single procedure, even if one could log multiple procedures if they were performed at different times. Exceptions are noted below.

Appendix B: Surgical Procedure Categories and Code Numbers

5. Reconstructive Rearfoot/Ankle Surgery – Elective Soft Tissue

5.1.1 plastic surgery techniques involving the midfoot, rearfoot, or ankle

5.1.2 tendon transfer involving the midfoot, rearfoot, ankle, or leg

5.1.3 tendon lengthening involving the midfoot, rearfoot, ankle, or leg

5.1.4 soft tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus)

5.1.5 delayed primary or secondary repair of ligamentous structures

5.1.6 **tendon augmentation / supplementation/ restoration**

5.1.7 open synovectomy of the rearfoot/ankle

5.1.8 (procedure code number no longer used)

5.1.9 other elective rearfoot reconstructive/ankle soft tissue surgery not listed above

Proper Logging Guidelines

Elective – Soft tissue:

5.1.1 Plastic Surgery Techniques Involving the Midfoot, Rearfoot, or Ankle

- May **not** include skin plasty repair that utilizes just ellipses/wedges.
- Documentation of details in the procedure note is required.
- The harvesting and application of skin graft/flap count as **one** procedure.

5.1.2 Tendon Transfer Involving the Midfoot, Rearfoot, Ankle, or Leg

- Any tendon transfer except plantaris with an Achilles tendon repair is acceptable (logged as two procedures)
- May **not** be used in conjunction with:
 - 5.1.4 soft tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus)
 - Does not include digital tendon transfers i.e., FDL, Hibbs procedure etc.

Logging Guidelines Changes

5.1.3 Tendon Lengthening Involving the Midfoot, Rearfoot, Ankle, or Leg

- May include percutaneous or “stab” type lengthening (e.g., percutaneous tendon Achilles lengthening)
- Does **not** include digital tendon transfers i.e., FDL, Hibbs procedure etc.

5.1.5 Primary or Secondary Repair of Ligamentous Structures

- May be used in conjunction with:
- 5.1.2 tendon transfer involving the midfoot, rearfoot, ankle or leg
- 5.1.6 ligament or tendon augmentation/supplementation/restoration

Proper Logging Guidelines

5.1.6 Tendon Augmentation/supplementation/restoration

- Includes excision of an ossicle or ostectomy
- EXAMPLE: Os peroneum with a peroneal tendon repair and os tibiale externum with a Kidner procedure
- Repair of both peroneal tendons at the same time is counted as one procedure
- May **not** be used in conjunction with:
 - 5.1.2 tendon transfer involving the midfoot, rearfoot, ankle or leg
 - Does **not** include digital tendon transfers i.e., FDL, Hibbs procedure etc. (see 3.6 above)

5.1.7 Open Synovectomy of the Rearfoot/ankle

- May **not** be used in conjunction with:
 - 5.2.1 operative arthroscopy without removal of loose body or other osteochondral debridement
 - 5.2.7 open management of talar dome lesion (with or without osteotomy)
 - 5.2.8 ankle arthrotomy/arthroscopy with removal of loose body or other osteochondral debridement

Appendix B: Surgical Procedure Categories and Code Numbers

5. Reconstructive Rearfoot/Ankle Surgery - Elective - Osseous

5.2.1 operative arthroscopy without removal of loose body or other osteochondral debridement

5.2.2 (procedure code number no longer used)

5.2.3 subtalar arthroeresis

5.2.4 midfoot, rearfoot, or ankle fusion

5.2.5 midfoot, rearfoot, or tibial osteotomy

5.2.6 coalition resection

5.2.7 open management of talar dome lesion (with or without osteotomy)

5.2.8 ankle arthrotomy/arthroscopy with removal of loose body or other osteochondral debridement

5.2.9 ankle implant

5.2.10 corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia

5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above

Proper Logging Guidelines

Elective – Osseous:

5.2.1 Operative arthroscopy without removal of loose body or other osteochondral debridement

- **Cannot** be counted separately if converted into an open ankle procedure
- Can be logged with a lateral ankle stabilization as long as the lateral ankle stabilization was **not** performed through the scope
- May **not** be claimed as a diagnostic arthroscopy or if the arthroscopy results in an “open” procedure.
- May **not** be claimed in conjunction with:
 - 5.1.7 open synovectomy of the rearfoot/ankle
 - 5.2.7 open management of talar dome lesion (with or without osteotomy)
 - 5.2.8 ankle arthrotomy / arthroscopy with removal of loose body or other osteochondral debridement
 - 5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above (i.e.subchondroplasty)

Proper Logging Guidelines

5.2.4 Midfoot, Rearfoot, or Ankle Fusion

- multiple procedures count as one procedure
- “Midfoot” entails any osseous or soft tissue procedure that is performed proximal to, but not including the tarsometatarsal/Lisfranc joint.
- EXAMPLES: double arthrodesis, triple arthrodesis, pan talar arthrodesis, talonavicular with a calcaneocuboid arthrodesis are all logged as one procedure

5.2.5 Midfoot, Rearfoot or Tibial Osteotomy

- “Midfoot” entails any osseous or soft tissue procedure that is performed proximal to, but not including the tarsometatarsal/Lisfranc joint.
- May **not** be claimed in conjunction with the following procedures if the osteotomy was performed to access pathology:
 - 5.2.4 midfoot, rearfoot or ankle fusion
 - 5.2.7 open management of talar dome lesion (with or without osteotomy)
 - 5.2.9 ankle implant
- **NOTE:** 5.2.5 can be claimed in conjunction with 5.2.4, 5.2.7 and 5.2.9 when an osteotomy was done to correct RRA deformity.
- May be used if two separate osteotomies - i.e. Evans and Cotton or Evans and medial calcaneal osteotomy.

Proper Logging Guidelines

5.2.6 Coalition Resection

- Can **not** be used if it is done as part of an arthrodesis or arthroeresis procedure
- May **not** be claimed in conjunction with:
 - 5.2.3 subtalar arthroeresis
 - 5.2.4 midfoot, rearfoot, or ankle fusion
 - 5.2.5 midfoot, rearfoot, or tibial osteotomy
- May be claimed when an osteotomy was done to correct RRA deformity

5.2.7 Open Management of Talar Dome Lesions (with or without osteotomy)

- Includes associated:
 - 5.2.1 operative arthroscopy (does not include STJ arthroscopy)
- May **not** be used in conjunction with
 - 5.2.4 midfoot, rearfoot, or ankle fusion (may be used other than with ankle fusion)
 - 5.2.5 malleolar osteotomy
 - 5.2.8 ankle arthrotomy
 - 5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above (i.e. subchondroplasty)

Proper Logging Guidelines

5.2.8 Ankle arthrotomy/arthroscopy with removal of loose body or other osteochondral debridement

- May **not** be used in conjunction with
 - 5.2.4 midfoot, rearfoot, or ankle fusion (may be used other than with ankle fusion)
 - 5.2.5 malleolar osteotomy
 - 5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above (i.e.subchondroplasty)

Appendix B: Surgical Procedure Categories and Code Numbers

5. Reconstructive Rearfoot/Ankle Surgery Non-Elective - Soft Tissue

5.3.1 repair of acute tendon injury

5.3.2 repair of acute ligament injury

5.3.3 microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle

5.3.4 excision of soft tissue tumor/mass of the foot, ankle or leg **(with reconstructive surgery)**

5.3.5 (procedure code number no longer used)

5.3.6 open repair of dislocation **(proximal to tarsometatarsal joints)**

5.3.7 other non-elective rearfoot reconstructive/ankle soft tissue surgery not listed above

5.3.8 procedure code number no longer used –excision soft tissue mass ankle

Proper Logging Guidelines

Non-Elective – Soft Tissue:

5.3.2 Repair of Acute Ligament Injury

- May **not** be used in conjunction with fracture repair
 - 5.3.6 open repair of dislocation (proximal to tarsometatarsal joints)
 - 5.4.1 open repair of adult midfoot fracture
 - 5.4.2 open repair of adult rearfoot fracture
 - 5.4.3 open repair of adult ankle fracture
 - 5.4.4 open repair of pediatric rearfoot/ankle fractures or dislocations
- Claim only one procedure per foot/ankle

Logging Guidelines Changes

5.3.4 Excision of Soft Tissue Tumor/mass of the Foot, Ankle or Leg (with reconstructive surgery)

- The harvesting and application of related skin graft/flap count as one procedure

5.3.6 Open Repair of Dislocation (proximal to the tarsometatarsal joints)

- May **not** be used in conjunction with fracture repair
 - 5.4.1 open repair of adult midfoot fracture
 - 5.4.2 open repair of adult rearfoot fracture
 - 5.4.3 open repair of adult ankle fracture
 - 5.4.4 open repair of pediatric rearfoot/ankle fractures or dislocations
- May **not** be used in conjunction with
 - 5.3.2 repair of acute ligament injury
- Claim only one procedure per foot/ankle

Appendix B: Surgical Procedure Categories and Code Numbers

5. Reconstructive Rearfoot/Ankle Surgery - Non-Elective – Osseous

- 5.4.1 open repair of adult midfoot fracture
- 5.4.2 open repair of adult rearfoot fracture
- 5.4.3 open repair of adult ankle fracture
- 5.4.4 open repair of pediatric rearfoot/ankle fractures or dislocations
- 5.4.5 management of bone tumor/neoplasm (with or without bone graft)
- 5.4.6 management of bone/joint infection (with or without bone graft)
- 5.4.7 amputation proximal to the tarsometatarsal joints
- 5.4.8 other non-elective rearfoot reconstructive/ankle osseous surgery not listed above
- **5.4.9 procedure code number no longer used (application of external fixation)**

Proper Logging Guidelines

Non-Elective – Osseous:

5.4.1 Open Repair of Adult Midfoot Fracture

- Claim only **one** procedure per foot

5.4.2 Open Repair of Adult Rearfoot Fracture

- Claim only **one** procedure per foot

Proper Logging Guidelines

5.4.3 Open Repair of adult Ankle Fracture

- Repair of ligaments is included in the repair
- Repair of syndesmosis is included in the repair
- Uni/Bi/Tri malleolar fracture repairs are considered one procedure
- Claim only **one** procedure per ankle

5.4.4 Open Repair of Pediatric Rearfoot/ankle Fracture or Dislocation

- Claim only **one** procedure per foot/ankle

Proper Logging Guidelines

- For the procedure codes listed below, the program director must review each entry to determine proper usage. The following surgical codes may only be used if a more appropriate procedure does not exist. A full documentation in the “Procedure Note” is required to justify use.
- 1.13 other osseous digital procedure not listed above
- 2.3.10 other first ray procedure not listed above
- 3.14 other soft tissue procedures not listed above (limited to the foot)
- 4.18 other osseous procedures not listed (distal to the tarsometatarsal joint)
- 5.1.9 other elective reconstructive rearfoot/ankle soft-tissue surgery not listed above
- 5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above
- 5.3.7 other non-elective reconstructive rearfoot/ankle soft tissue surgery not listed above
- 5.4.8 other non-elective reconstructive rearfoot/ankle osseous surgery not listed above

Logging Guidelines Changes

Subchondroplasty

- In cases where subchondroplasty is performed as part of another procedure, **only** the index procedure must be logged.
- **Example:** a talar dome or distal tibial subchondroplasty may only be logged as:
 - 5.2.1 operative arthroscopy - or
 - 5.2.7 open management of talar dome lesion (with or without osteotomy) - or
 - 5.2.8 ankle arthrotomy with removal of loose body or other osteochondral debridement
- If subchondroplasty is performed in isolation, appropriate logging mandates use of the following subcategories with complete documentation in “Procedure Notes” section
 - 1.13 other osseous digital procedure not listed above
 - 2.3.10 other first ray procedure not listed above
 - 4.18 other osseous procedure not listed (distal to the tarsometatarsal joint)
 - 5.2.11 other elective reconstructive rearfoot / ankle osseous surgery not listed above

Category 6: Other Podiatric Procedures

- 6.1 – Procedure code number no longer used
- 6.2 – Excision or destruction of skin lesion (including skin biopsy and laser procedures). Used for verrucae.
- 6.3 – Nail avulsion (partial or complete)
- 6.4 – Matrixectomy (partial or complete, by any means). Use this for procedures performed in the clinic or OR.
- 6.5 – Removal of hardware. Includes external fixator removal
- 6.6 – Repair of simple laceration (no neurovascular, tendon, or bone/joint involvement); includes simple delayed wound closure

Category 6: Other Podiatric Procedures

- 6.7 – procedure code number no longer used
- 6.8 - extracorporeal shock wave therapy
- 6.9 - taping/padding/splinting/casting (limited to the foot and ankle)
- 6.10 - orthotics/prosthetics (limited to the foot and ankle casting/scanning/impressions for foot and/or ankle orthosis)
- 6.11 –procedure code number no longer used
- 6.12 - procedure code number no longer used
- 6.13 –procedure code number no longer used

Category 6: Other Podiatric Procedures

- 6.14 - percutaneous procedures (i.e., coblation, cryosurgery, radiofrequency ablation, platelet-rich plasma, digital tenotomy)
- 6.15 - foot care (nail debridement, callus paring)
- 6.16 - therapeutic/diagnostic injections (without sedation)
- 6.17 - incision and drainage (performed outside of the operating room)
- 6.18 - closed reduction of fracture or dislocation
- 6.19 - removal of foreign body (not in the operating room)
- 6.20 - application of external fixation

Biomechanical/H&P Categories

- Category 7 – Biomechanics
- Category 8 – History and Physical Examination
 - 8.1 – Comprehensive history and physical examination
 - 8.2 – Problem-focused history and physical examination

Category 7: Biomechanics

- A biomechanical **case** should be performed in a variety of settings (surgical and non-surgical) and should include diverse pathology and treatment methods. They should be a representation of the learning experiences of the resident.
 - Evaluation –includes static and dynamic exam of the area of chief complaint.
 - Diagnosis
 - Treatment
- A biomechanical **exam** The biomechanical exam must be comprehensive **relative to the diagnosis** and consistent with the clinical findings and **signed by the resident and attending physician**.

Category 7: Biomechanics

- Patient encounters such as taping and padding, orthotics, prosthetics, and other biomechanical experiences that do not include a biomechanical examination and gait analysis are not counted as biomechanical cases but can be logged under the appropriate category 6 procedures.
- Gait analysis may range from basic visual gait analysis to complex computerized gait analysis. An interpretation of the gait analysis must be documented.
- Treatment plans must be justified and supported by findings of the biomechanical exam.
- The treatment plan must address the identified pathology.
- A biomechanical case is identified as procedure code 7.1

Category 8

History and Physical Examination

Comprehensive

- ✓ **Comprehensive medical history:** Past medical history, past surgery history, family history, social history, medications, allergies, review of systems
- ✓ **Vital signs**
- ✓ **Physical exam:** Head, Eyes, Ears, Nose, Throat, Neck, Chest/breast, Lungs, Abdomen, GU, rectal, upper extremity, and neurological

Problem-Focused

- ✓ **Problem-focused history**
- ✓ **Problem focused exam:** vascular, dermatological, neurological and musculoskeletal exam
- ✓ **Biomechanical examination**
- ✓ **Gait analysis.**

Admission, preoperative, and outpatient H&Ps may be used as acceptable forms of a comprehensive H&P, 25 of which must be performed during non-podiatric rotations. A problem-focused history and physical examination does not fulfill this requirement.

Category 9: Surgery and Surgical Subspecialties

- 9.1 general surgery
- 9.2 orthopedic surgery
- 9.3 plastic surgery
- 9.4 vascular surgery
- 9.5 cardiothoracic surgery
- 9.6 hand surgery
- 9.7 neurosurgery
- 9.8 orthopedic/surgical oncology
- 9.9 pediatric orthopedic surgery
- 9.10 surgical intensive care unit (SICU)
- 9.11 trauma team/surgery
- 9.12 other

Category 10: Medicine / Medical Subspecialty Experiences

- 10.1 anesthesiology
- 10.2 cardiology
- **10.3 dermatology***
- 10.4 emergency medicine
- **10.5 endocrinology***
- 10.6 family practice
- 10.7 gastroenterology
- 10.8 hematology/oncology
- 10.9 imaging
- 10.10 infectious disease
- 10.11 internal medicine
- **10.12 neurology***
- **10.13 pain management***
- 10.14 pathology
- **10.15 pediatrics***
- **10.16 physical medicine and rehabilitation***
- 10.17 psychiatry/behavioral medicine
- **10.18 rheumatology***
- 10.19 sports medicine
- **10.20 wound care (non podiatric)***
- **10.21 burn unit***
- **10.22 ICU/CCU***
- **10.23 geriatrics***
- **10.24 vascular medicine***
- 10.25 other

*** Rotations that satisfy medical subspecialty requirement**

Category 11: Lower Extremity Wound Care

- 11.1 - excisional debridement of ulcer or wound (e.g., neuropathic, arterial, traumatic, venous, thermal)
- 11.2 - advanced wound care modalities (e.g., negative pressure wound therapy, cellular and/or tissue-based product, total contact casting, multi-layer compression therapy/Unna boot)
- 11.3 - hyperbaric oxygen therapy

Trauma

- This activity includes resident participation in the evaluation and/or management of patients who present **immediately after** traumatic episodes.
- Trauma cases may be related to any procedure.
- Only one resident may take credit for the encounter.
- Medical histories and physical examinations are components of trauma cases and can be counted towards the volume of required cases.
- At least **25 of the 50** required trauma cases must be foot and/or ankle trauma.

Trauma

- Surgical management of foot and ankle trauma may count towards 25 of the 50 trauma cases even if the resident is active only in the immediate perioperative care of the patient. This data may be counted as both a surgical case and a trauma case by one resident or one resident may log the surgery and one resident may log the trauma.
- The resident **must** participate as first assistant for the surgery to count towards the requirement.

Podopediatric Cases

- Residents must participate in the evaluation and /or management of patients less than 18 years of age.
- Encounters must include the evaluation and / or management of lower limb pathology and can be clinical or surgical experiences
- Resident must log these encounters under category 1-7, not under category 10.15. Category 10.15 is not considered a podopediatric experience

Biomechanical and Logging Resources

CPME website – Approval Information for Residencies

➤ PMSR Documents

- *CPME 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies (July 2023)*
- **Sample - Suggested Biomechanical Exam Form / Pathology Specific Biomechanical Templates** . The examination form and templates were developed and approved by ABPM.

Other Documents

- **Proper Logging of Surgical Procedures (2023)**
- **Biomechanical Case Definition** – Examples of acceptable and unacceptable progress notes are provided.
- **RRC and CPME Residency Policies**

Minimum Activity Volume (MAV)

Case Activities

- Podiatric surgical cases: **250 for PMSR**
Podiatric surgical cases: **300 for PMSR/RRA**
- Trauma cases: **50**
- Podopediatric cases: **25**
- Biomechanical cases: **50**
- Comprehensive history and physicals: **50**
- Other podiatric procedures: **100**
- Lower extremity wound care: **50**

Minimum Activity Volume (MAV)

Procedure Activities:

- First and second assistant procedures (total): 400
- First assistant procedures, including:
 - Digital: 80
 - First Ray: 60
 - Other Soft Tissue Foot Surgery: 45
 - Other Osseous Foot Surgery: 40
 - Reconstructive Rearfoot/Ankle (added credential only): 50
- Elective and non-elective soft tissue RRA may be substituted in the Other Soft Tissue Foot Surgery category whenever there are deficiencies.
- Elective and non-elective osseous RRA may be substituted for Other Osseous Foot Surgery category whenever there are deficiencies.

Log Verification/Correcting Errors

- ❖ Program Directors **must review and verify** logs monthly, therefore residents should log experiences in a timely basis.
- ❖ Logs may not be edited once verified, but may be unverified for editing.
- ❖ The Clinical Log Audit Detail (CLAD) Report is a component of a project undertaken by the American Board of Foot and Ankle Surgery (ABFAS) to audit residents' logs to ensure they're meeting the surgical MAV's required for residency completion as specified in CPME document 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies.