**Tips for Logging Cases**

Updated 2022

* Starting your first day of intern year, make a habit of logging every case in which you meaningfully participate. It’s much easier to keep track as you go than trying to figure it out after the fact. This can be done easily if you download the ACGME Logging App. You can log a case immediately after completing it.
* Make a habit of logging procedures as well (eg central lines, A lines, chest tubes). This can be useful with your credentialing to do these things as an attending down the line.
* Don’t forget to log endoscopies! (uppers + PEGs, colonoscopies)
* If a chief takes a junior resident through a case, the chief should log it as a “TA” case and the junior should log it as a “surgeon junior”.
* Non-TA cases done during your 5th year should be logged as “surgeon chief”.
* If 2 residents perform different parts of one case (e.g. a whipple and an open cholecystectomy), then each resident can log the CPT code for the part of the case that they did.
* TA cases do not count as “chief cases” (which is completely stupid, but that is the way the rules currently work).
* Areas that can traditionally be tight to get enough numbers: Operative Trauma, Plastics, Thoracic, Appendectomy, Non-Operative Trauma and Surgical Critical Care (if you forget to keep track).
* Pay attention to the “area” listed for the procedure you select; some procedures can count towards more than one area, so be strategic about which one you pick (e.g. picking the “Plastics” designation, which can sometimes be harder to fill; some CPTs list the area as a “non-tracked codes” which don’t give you credit for a specific organ system.)
* Plastics cases include skin grafts, component separation (myocutaneous flap), “tissue transfer” for lumpectomies
* Critical Care cases (CPT 99292) – need >40 (as of 2018), can only be logged during your SICU rotation. For each case, need to select 2 or more organ systems that you managed.
* Non-operative trauma (CPT 99199) – ACGME says 40, but our program expects at least

100. Basically any trauma patient you took care of but didn’t operate on

o Trauma Leader Resuscitation (CPT 92950) – any trauma alert that you ran

* For robot cases, just log them as the laparoscopic version of the case
* Mediastinoscopy should be a thoracic case (CPT 39000)
* For Sleeve Gastrectomy, log as CPT 43843 to get credit for a gastric procedure
* For kidney transplants, can log as 50360 (basically a non-tracked code), but better to log as 37799, 34833, or 35563 to get credit for a vascular case
* Googling the CPT code can be an effective strategy to find the appropriate case to log