



9312 Old Georgetown Road
Bethesda, Maryland 20814
P 301.581.9200 | F 301.571.4903
www.cpme.org

MEMORANDUM

June 14, 2018

TO: Program Directors and Residents
FROM: Council on Podiatric Medical Education
SUBJECT: Proper Logging Guide

During its March 9, 2018 meeting, members of the Council's Residency Review Committee (RRC) reviewed the *Guide to Proper Logging of Surgical Procedures* and accepted recommended clarifications and revisions to the Guide, to be effective July 1, 2018. The surgical portion of the *Guide* resulted from an ongoing collaborative review by the Committee and the American Board of Foot and Ankle Surgery (ABFAS). The *Guide* was further revised to include guidelines related to the logging of biomechanical examinations and history and physical examinations. As such, the new document is titled *Proper Logging Guide*. Please note the following clarifications to the document:

- Ø The new guidelines are effective July 1, 2018 to allow for updates to the CLAD report in Podiatry Residency Resource.
- Ø All revisions, clarifications, and additions to the *Guide* are highlighted in yellow.
- Ø New sections added include the following:
 - Category 6 – Other Podiatric Procedures
 - Category 7 – Biomechanical Examinations
 - Category 8 – History and Physical Examinations

All logged procedures, biomechanical examinations, and history and physical exams must comply with these guidelines beginning July 1, 2018.

Proper Logging Guide
(Effective July 1, 2018)

GENERAL GUIDELINES:

- 1) 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

- 2) In cases where a subchondroplasty procedure is performed as part of another procedure, only the index procedure must be logged. For example, a talar dome or distal tibial subchondroplasty may only be logged as:

- 5.2.1 Operative arthroscopy
- 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, the appropriate logging mandates use of the following subcategories:

- 1.13 other osseous digital procedure not listed above
- 2.3.10 other first ray procedure not listed above
- 4.18 other osseous procedures not list (distal to the tarsometatarsal joint)
- 5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above

- 3) Laterality (left or right) must be selected for all surgical procedures in categories 1 through 5.
- 4) The “Procedure Notes” must always reflect additional procedures that were performed but not logged individually.
- 5) Procedures may not be fragmented or unbundled into individual component parts to allow more than one resident to claim first assist.
- 6) 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.

Category 1: Digital Surgery (lesser toe or hallux)

A procedure performed at the PIPJ and DIPJ can only be logged once. Include both procedures in the procedure notes.

- ✓ A resident **may** only log one category 1 procedure per toe (the Procedure Note may reflect additional procedures performed) and no more than one resident may claim a first assistant on a single toe.
- ✓ The digit (toe) number must be documented for all digital surgical procedures.

1.6 Phalangeal Osteotomy

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

- 2.1.1 bunionectomy (partial osteotomy/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

∅ **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)

1.8 Amputation

- Ø **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

- Ø **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)

Category 2: First Ray Surgery

In general:

- Ø 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.
- Ø 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

- Ø Osteotomy (Akin) of the proximal phalanx treatment, see above in Digital Surgery
- Ø Use of suture and button construct as the primary method to repair a bunion deformity should be logged as 2.1.1
- Ø 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.

Hallux Limitus Surgery

- Ø All of these procedures **shall be inclusive** and count as **one First Ray Surgery** procedure

Other First Ray Surgery

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.

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)

2.3.10 Other First Ray Procedures Not Listed Above

- ∅ When two separate procedures are performed on the same first ray to correct the bunion deformity, please use 2.1.10.
- ∅ **EXAMPLE:** A first tarsometatarsal arthrodesis and a head osteotomy on the same metatarsal should be logged as 2.1.10.

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

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

3.5 Lesser MPJ Capsulotendon Balancing

- Ø Excludes percutaneous tenotomy/capsulotomy
- Ø **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/tarsometarsal)
 - 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

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

- Ø **May not** be used in conjunction with
 - 3.5 lesser MPJ capsulotendon balancing
 - 3.7 open Management of dislocation (MPJ/tarsometarsal)
 - 4.2 lesser MPJ arthroplasty
- Ø **May not** be used if percutaneous

3.7 Open Management of Dislocation (MPJ/tarsometatarsal)

- Ø **May** be claimed as an additional procedure in conjunction with Digital Surgery.
- Ø Includes plantar plate repair
- Ø **May not** be used if percutaneous
- Ø **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
- Ø Can be used with digital procedure and lesser metatarsal osteotomy

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

- Ø Full documentation in the “Procedure Note” to justify use of procedure 3.8 with another procedure is required.
- Ø If an I&D performed at a different site as an amputation, can be logged separately.

EXAMPLE: an I&D of a first interspace with a 5th digit amputation

- Ø If the I&D, amputation, and bone biopsy are all occurring at the same surgical site, only one of these procedures may be logged.
- Ø **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
- Ø This is inclusive of distal plantar space infection and therefore **may not** be claimed as Reconstructive Rearfoot/Ankle Surgery

3.9 Plantar Fasciectomy

- Ø Includes localized lipectomy or soft tissue excisions and includes the heel spur (exostectomy) resection
- Ø **May not** be claimed as Reconstructive Rearfoot/Ankle Surgery
- Ø TOPAZ and PRP injection are logged as 6.14
- Ø **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)

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

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

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

Category 4: Other Osseous Foot Surgery:

- ∅ **One procedure per metatarsal. Exceptions are noted below.**

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

- ∅ **May** include calcaneal ostectomies, 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 **unionectomy 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 unionectomy of the fifth metatarsal with osteotomy, if associated with the same metatarsal

4.2 Lesser MPJ Arthroplasty

- Ø **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/metatarsal)
 - 4.1 partial osteotomy (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

4.4 Metatarsal Head Resection (single or multiple)

- Ø single, multiple, or adjoining metatarsal head resections are considered as one procedure
- Ø non-adjoining metatarsal head resections can be counted as two procedures with procedure note documentation.

EXAMPLE: 1st and 5th metatarsal head resection

- Ø adjoining metatarsal head resections are considered as one procedure

4.6 Central Metatarsal Osteotomy

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

4.8 Open Management of Lesser Metatarsal Fracture(s)

- Ø Repair of multiple metatarsal fractures is logged as individual procedures

4.10 Amputation (lesser ray, transmetatarsal amputation)

- Ø Transmetatarsal amputation is considered as one procedure
- Ø Amputation of adjoining metatarsals or rays are considered one procedure
- Ø Non-adjoining metatarsal ray amputations can be counted as two procedures

EXAMPLE, 1st and 5th ray amputations

- Ø Lesser ray amputation **includes** the amputation of the toe(s) and metatarsal(s) segment(s)
- Ø **Includes** the incision and drainage

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.

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)

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 ORIF or osteoarthritis
- ∅ This code is not to be used for bunion correction (use 2.1.6 or 2.2.6 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: Reconstructive Rearfoot/Ankle Surgery:

- ✓ 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.

Elective – Soft tissue:

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

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

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

- Ø Any tendon transfer except plantaris with an Achilles tendon repair is acceptable (logged as two procedures)
- Ø **May not** be used in conjunction with:

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

See 5.1.5

- Ø **Does not** include digital tendon transfers i.e., FDL, Hibbs procedure etc.

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

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

5.1.5 Primary or Secondary Repair of Ligamentous Structures

- Ø **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

5.1.6 Tendon Augmentation/supplementation/restoration

- Ø Includes excision of an ossicle or ostectomy

EXAMPLE: Os peroneum with a peroneal tendon repair and Os tibiale Externum with a kidner

- Ø Repair of both peroneal tendons at the same time is counted as one procedure
- Ø **May not** be used in conjunction with:
 - 5.1.2 tendon transfer involving the midfoot, rearfoot, ankle or leg
- Ø **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

- Ø **May not** be used in conjunction with:
 - 5.2.1 operative arthroscopy
 - 5.2.7 open management of talar dome lesion (with or without osteotomy)

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

Elective – Osseous:

5.2.1 Operative Arthroscopy

- ∅ Cannot be separately counted when 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 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)

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 are performed to correct a deformity i.e. Evans and Cotton or Evans and medial sliding calcaneal osteotomy.

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)

5.2.8 Ankle Arthrotomy with Removal of Loose Body or Other Osteochondral Debridement

- ∅ **Includes:**
 - 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
 - 5.2.11 other elective reconstructive rearfoot/ankle osseous surgery not listed above (i.e. subchondroplasty)

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

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

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

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

5.4.9 Application of Multiplanar External Fixation Midfoot, Rearfoot, and Ankle

∅ Does not include application of a monorail, mini-rail, or purely static frame

∅ To be used for cases requiring deformity correction or manipulation

∅ **May not** be used with 4.8, 4.13, 5.4.1, 5.4.2, 5.4.3, and 5.4.4

Additional Guidelines

Although not a surgical category, the RRC determined the following related to **Category 6: Other Podiatric Procedures** (these procedures **cannot** be counted toward the minimum procedure requirements):

- ∅ For a PMSR, 150 of the 300 podiatric surgical cases may come from procedures logged in category 6 (6.1-6.8 only); the remainder must come from categories 1-5.
- ∅ For a PMSR/RRA, the 300 podiatric surgical cases may come only from categories 1-5.

Category 6: Other Podiatric Procedures

- ✓ These procedures cannot be counted toward the minimum procedure requirements, but will allow residents to have these procedures in their logs for possible future reference
 - ✓ Surgical cases performed outside of the United States may be logged as category 6, other procedures (6.13).
- 6.1 Debridement of superficial ulceration or wound by any means in the operating room or clinic. May not be used in conjunction with I&D, metatarsal head resection, or bone biopsy (see 3.8) unless performed at a different site
 - 6.2 Excision or destruction of skin lesion (i.e. verruca) by any means. Includes biopsy of skin lesion.
 - 6.4 Matrixectomy (partial or complete, by any means). Use this for procedures performed in the clinic or operating room.
 - 6.5 Removal of hardware. Includes External Fixation removal.
 - 6.7 Application of a biologic dressing, i.e., Integra, Epifix, Theraskin, etc. in the operating room or clinic. Includes debridement of wound.
 - 6.13 Other clinical experiences (i.e. application of a static external fixation frame or closed reduction of fracture/dislocation).
 - 6.14 percutaneous procedures (i.e., coblation, cryosurgery, radiofrequency ablation, platelet-rich plasma).

Category 7: Biomechanical Examinations

A biomechanical case is identified as procedure code 7. 1

- ✓ Biomechanical case must include diagnosis, evaluation (biomechanical and gait examination), and treatment.
 - Ø Demonstrates understanding of pathomechanics of biomechanical condition
 - Ø May include variety of pathology requiring various treatment options (conservative, surgical)
- ✓ A biomechanical exam includes static and dynamic exam of the area of chief complaint.
- ✓ The biomechanical exam and gait analysis must be comprehensive **relative to the diagnosis** and consistent with the clinical findings.
- ✓ 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.
- ✓ 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.

Category 8: History and Physical Examinations

Admission, preoperative, and outpatient medical H&Ps, performed mostly with MD and DO faculty, may be used as acceptable forms of a comprehensive H&P. Some comprehensive H&Ps with DPM faculty are acceptable. **A focused history and physical examination does not fulfill this requirement.**

8.1 Comprehensive History and Physical Examination:

- Ø Comprehensive medical history: Past medical history, past surgery history, family history, social history, medications, allergies, and review of systems
- Ø Vital signs
- Ø Physical exam: Head, Eyes, Ears, Nose, Throat, Neck, Chest/breast, Lungs, Abdomen, GU, rectal, upper extremity, and neurological
- Ø Performed with MDs and Dos, and some DPMs.

8.2 Problem-Focused History and Physical Examination:

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