

**JOINT RESIDENCY REVIEW COMMITTEE
COUNCIL ON PODIATRIC MEDICAL EDUCATION
9312 Old Georgetown Road
Bethesda, Maryland 20814-1621**

APPLICATION FOR INCREASE IN POSITIONS

Increases in residency positions are considered and authorized by the Joint Residency Review Committee. The application must be submitted prior to activation of the residency position(s), preferably at least six months before the anticipated starting date. **The effective date of granting an authorization of increased residency positions by the Joint Residency Review Committee will be no earlier than the date on which the program has both authorization of the increase and the additional resident(s) in place. A program on probationary approval may not request an increase in positions.**

Responses must be typewritten or generated by computer. A \$500 application fee, made payable to the Council on Podiatric Medical Education, must accompany the application. An application will not be processed until all requested materials are received.

Institutions may submit to the Council office either two CDs or two flash drives of the following:

- the application;
- documentation in response to items 7-11; and
- clinical report (JRRC 671 **and** 681) for each of the past 12 months for all current residents or permission for members of the Committee to review the logs online in Podiatry Residency Resource.

1. INSTITUTION: _____

2. ADDRESS: _____

3. CITY-STATE-ZIP: _____

4. Current number of positions per program (please provide the number of approved positions for each program sponsored by the institution):

PM&S-24 (per year) ____/____

PM&S-36 (per year) ____/____/____

5. Proposed number of positions per program (please provide the number of proposed positions for each program sponsored by the institution):

PM&S-24 (per year) ____/____

PM&S-36 (per year) ____/____/____

9. For programs that cannot document adequate surgical volume for the proposed increase in positions through PRR only, the chart at the end of the application must be completed to identify all surgical procedures available at the sponsoring institution(s) and all affiliated training sites.

10. List any increase or decrease in training resources through the sponsoring institution or other affiliated facilities. If the program has either developed new training resources or revised existing training resources, provide an updated copy of one resident's comprehensive schedule for the entire training year and specific competencies and resident assessments associated with the new or revised training resource(s).

11. Use the following space to clarify additional training experiences that are available to justify the increase in positions. The sponsoring institution is invited to append to this application any additional statement or information that may provide further evidence of the institution's ability to train the proposed number of residents.

The Joint Residency Review Committee reserves the right to request further information for use in determining authorization of increased residency positions.

Director of Podiatric Medical Education

Date

Chief Administrative Officer

Date

JRRC/CPME: 345
March 2009

9. For programs that cannot document adequate surgical volume for the proposed increase in positions through PRR only, this chart must be completed to identify all surgical procedures available at the sponsoring institution(s) and all affiliated training sites. For secondary institutions or facilities utilized, appropriately executed affiliation agreements must exist to be included in the number of procedures column.

CATEGORY 1 DIGITAL SURGERY

RANGE OF CPT CODES	DESCRIPTION	CODE NUMBER	NUMBER OF PROCEDURES
28108, 28124, 28126	Partial ostectomy/exostectomy	1.1	
28150	Phalangectomy	1.2	
28160, 28024	Arthroplasty (interphalangeal joint [IPJ])	1.3	
	Implant (IPJ)	1.4	
28160	Diaphysectomy	1.5	
28310, 28312	Phalangeal osteotomy	1.6	
28755	Fusion (IPJ)	1.7	
28820, 28825	Amputation	1.8	
28175	Management of osseous tumor/neoplasm	1.9	
28124, 28005	Management of bone/joint infection	1.10	
28505, 28525	Open management of digital fracture/dislocation	1.11	
	Revision/repair of surgical outcome	1.12	
62702, 28280	Other osseous digital procedure not listed above	1.13	

TOTAL NUMBER OF PROCEDURES: _____

CATEGORY 2 FIRST RAY SURGERY, Hallux Valgus

RANGE OF CPT CODES	DESCRIPTION	CODE NUMBER	NUMBER OF PROCEDURES
28290	Bunionectomy (partial ostectomy/Silver procedure)	2.1.1	
28292	Bunionectomy with capsulotendon balancing procedure	2.1.2	
28298	Bunionectomy with phalangeal osteotomy	2.1.3	
28296, 28306	Bunionectomy with distal first metatarsal osteotomy	2.1.4	
28296, 28306	Bunionectomy with first metatarsal base or shaft osteotomy	2.1.5	
28297, 28299	Bunionectomy with first metatarsocuneiform fusion	2.1.6	
28790	Metatarsophalangeal joint (MPJ) fusion	2.1.7	
28293	MPJ implant	2.1.8	
28270	MPJ arthroplasty	2.1.9	

TOTAL NUMBER OF PROCEDURES: _____

CATEGORY 2 FIRST RAY SURGERY, Hallux Limitus

RANGE OF CPT CODES	DESCRIPTION	CODE NUMBER	NUMBER OF PROCEDURES
28289	Cheilectomy	2.2.1	
28310	Joint salvage with phalangeal osteotomy (Kessel-Bonney, enclavement)	2.2.2	
28296, 28306	Joint salvage with distal metatarsal osteotomy	2.2.3	
28296, 28306	Joint salvage with first metatarsal shaft or base osteotomy	2.2.4	
28297	Joint salvage with first metatarsocuneiform fusion	2.2.5	
28750	MPJ fusion	2.2.6	
28293	MPJ implant	2.2.7	
28290	MPJ arthroplasty	2.2.8	

TOTAL NUMBER OF PROCEDURES: _____

CATEGORY 2 FIRST RAY SURGERY, Other First Ray

RANGE OF CPT CODES	DESCRIPTION	CODE NUMBER	NUMBER OF PROCEDURES
28294	Tendon transfer/lengthening/capsulotendon balancing procedure	2.3.1	
28306, 28307	Osteotomy (e.g., dorsiflexory)	2.3.2	
28615	Metatarsocuneiform fusion (other than for hallux valgus or hallux limitus)	2.3.3	
28810	Amputation	2.3.4	
28104-28106	Management of osseous tumor/neoplasm (with or without bone graft)	2.3.5	
28122	Management of bone/joint infection (with or without bone graft)	2.3.6	
28645	Open management of fracture or MPJ dislocation	2.3.7	
28485	Corticotomy/callus distraction	2.3.8	
28322	Revision/repair of surgical outcome (e.g., non-union, hallux varus)	2.3.9	
28899	Other first ray procedure not listed above	2.3.10	

TOTAL NUMBER OF PROCEDURES: _____

CATEGORY 3 OTHER SOFT TISSUE FOOT SURGERY

RANGE OF CPT CODES	DESCRIPTION	CODE NUMBER	NUMBER OF PROCEDURES
28315	Excision of ossicle/sesamoid	3.1	
28080	Excision of neuroma	3.2	
10121, 11011, 11012, 28020-4, 28192, 28193	Removal of deep foreign body (excluding hardware removal)	3.3	
28008	Plantar fasciotomy	3.4	
28270	Lesser MPJ capsulotendon balancing	3.5	
28200-34	Tendon repair, lengthening, or transfer involving the forefoot (including digital flexor digitorum longus transfer)	3.6	
28615	Open management of dislocation (MPJ/tarsometatarsal)	3.7	
28001-3, 20000, 20005, 20103	Incision and drainage/wide debridement of soft tissue infection (including plantar space)	3.8	
28060-2	Plantar fasciectomy	3.9	
28043-6, 11400-11426, 11600-11646	Excision of soft tissue tumor/mass of the foot (without reconstructive surgery)	3.10	
28055, 64702, 64704, 64722, 64726	External neurolysis/decompression (excluding tarsal tunnel)	3.11	
14020, 14021, 14040, 14041, 14300, 14350, 15050, 15051	Plastic surgery techniques (including skin graft, skin plasty, flaps, syndactylization, desyndactylization, and debulking procedures limited to the forefoot)	3.12	
64727	Microscopic nerve/vascular repair (forefoot only)	3.13	
	Other soft tissue procedures not listed above (limited to the foot)	3.14	

TOTAL NUMBER OF PROCEDURES: _____

CATEGORY 4 OTHER OSSEOUS FOOT SURGERY

RANGE OF CPT CODES	DESCRIPTION	CODE NUMBER	NUMBER OF PROCEDURES
28116, 28118, 28119, 28120	Partial ostectomy (distal to and including the talus)	4.1	
28052	Lesser MPJ arthroplasty	4.2	
28110	Bunionectomy of the fifth metatarsal without osteotomy	4.3	
28111-14	Metatarsal head resection (single or multiple)	4.4	
28899	Lesser MPJ implant	4.5	
28307-9	Central metatarsal osteotomy	4.6	
28308	Bunionectomy of the fifth metatarsal with osteotomy	4.7	
28485	Open management of lesser metatarsal fractures	4.8	
20900, 20902	Harvesting of bone graft distal to the ankle	4.9	
28805, 28810	Amputation (lesser ray, transmetatarsal amputation)	4.10	
20005, 28005	Management of bone/joint infection distal to the tarsometatarsal joints (with or without bone graft)	4.11	
28171, 28173, 28175	Management of bone tumor/neoplasm distal to the tarsometatarsal joints (with or without bone graft)	4.12	
28465, 28615	Open management of tarsometatarsal fracture/dislocation	4.13	
28304, 28309	Multiple osteotomy management of metatarsus adductus	4.14	
28730, 28735	Tarsometatarsal fusion	4.15	
28308	Corticotomy/callus distraction of lesser metatarsal	4.16	
	Revision/repair of surgical outcome in the forefoot	4.17	
	Other osseous procedures not listed above (distal to the tarsometatarsal joint)	4.18	

TOTAL NUMBER OF PROCEDURES: _____

CATEGORY 5 RECONSTRUCTIVE REARFOOT AND ANKLE SURGERY, Elective – Soft Tissue

RANGE OF CPT CODES	DESCRIPTION	CODE NUMBER	NUMBER OF PROCEDURES
14020, 14021, 14040, 14041, 14300, 14350, 15050, 15051	Plastic surgery techniques involving the midfoot, rearfoot, or ankle	5.1.1	
27690, 27691, 28236	Tendon transfer involving the midfoot, rearfoot, ankle, or leg	5.1.2	
27685, 27686, 27687, 28240	Tendon lengthening involving the midfoot, rearfoot, ankle, or leg	5.1.3	
28260-4	Soft tissue repair of complex congenital foot/ankle deformity (clubfoot, vertical talus)	5.1.4	
27698	Delayed repair of ligamentous structures	5.1.5	
27698, 27654, 27659, 27665, 27685, 27686	Ligament or tendon augmentation/supplementation/restoration	5.1.6	
28625, 27625, 28070	Open synovectomy of the rearfoot/ankle	5.1.7	
28035	Tarsal tunnel decompression	5.1.8	
27615-8	Other elective rearfoot reconstructive/ankle soft tissue surgery not listed above	5.1.9	

TOTAL NUMBER OF PROCEDURES: _____

CATEGORY 5 RECONSTRUCTIVE REARFOOT AND ANKLE SURGERY, Elective – Osseous

RANGE OF CPT CODES	DESCRIPTION	CODE NUMBER	NUMBER OF PROCEDURES
29891, 29892, 29894, 29895, 29897-9, 29904-7	Operative arthroscopy	5.2.1	
28118	Detachment/reattachment of Achilles tendon with partial ostectomy	5.2.2	
28899	Subtalar arthroeresis	5.2.3	
28705, 28715, 28725	Midfoot, rearfoot, or ankle fusion	5.2.4	
27705-9, 27712, 27715	Midfoot, rearfoot, or tibial osteotomy	5.2.5	
28116	Coalition resection	5.2.6	
28120, 28302	Open management of talar dome lesion (with or without osteotomy)	5.2.7	
27610, 27620	Ankle arthrotomy with removal of loose body or other osteochondral debridement	5.2.8	
27702, 27703	Ankle implant	5.2.9	
27715, 27899, 28899	Corticotomy or osteotomy with callus distraction/correction of complex deformity of the midfoot, rearfoot, ankle, or tibia	5.2.10	
	Other elective rearfoot reconstructive/ankle osseous surgery not listed above	5.2.11	

TOTAL NUMBER OF PROCEDURES: _____

CATEGORY 5 RECONSTRUCTIVE REARFOOT AND ANKLE SURGERY, Non-Elective – Soft Tissue

RANGE OF CPT CODES	DESCRIPTION	CODE NUMBER	NUMBER OF PROCEDURES
27650, 27658, 27664, 27675	Repair of acute tendon injury	5.3.1	
27695, 27696	Repair of acute ligament injury	5.3.2	
64727	Microscopic nerve/vascular repair of the midfoot, rearfoot, or ankle	5.3.3	
28043, 28045, 28046	Excision of soft tissue tumor/mass of the foot (with reconstructive surgery)	5.3.4	
27615, 27618, 27619	Excision of soft tissue tumor/mass of the ankle (with or without reconstructive surgery)	5.3.5	
28585, 27846	Open repair of dislocation (proximal to tarsometatarsal joints)	5.3.6	
	Other non-elective rearfoot reconstructive/ankle soft tissue surgery not listed above	5.3.7	

TOTAL NUMBER OF PROCEDURES: _____

CATEGORY 5 RECONSTRUCTIVE REARFOOT AND ANKLE SURGERY, Non-Elective – Osseous

RANGE OF CPT CODES	DESCRIPTION	CODE NUMBER	NUMBER OF PROCEDURES
28465, 28555	Open repair of adult midfoot fracture	5.4.1	
28415, 28420, 28445, 28465	Open repair of adult rearfoot fracture	5.4.2	
27766, 27769, 27792, 27814, 27822, 27823, 27827	Open repair of adult ankle fracture	5.4.3	
27766, 27769, 27792, 27814, 27822, 27823, 27827	Open repair of pediatric rearfoot/ankle fractures or dislocations	5.4.4	
27635, 27637, 27638, 27645-7, 28100-3, 28104	management of bone tumor/neoplasm (with or without bone graft)	5.4.5	
20005, 27610, 27603, 28005	management of bone/joint infection (with or without bone graft)	5.4.6	
28800	amputation proximal to the tarsometatarsal joints	5.4.7	
	other non-elective rearfoot reconstructive/ankle osseous surgery not listed above	5.4.8	

TOTAL NUMBER OF PROCEDURES: _____