

The American Board of Plastic Surgery, Inc.

## 2017 Oral Examination

# CLINICAL CASE LOG MANUAL

*Program Instructions, Frequently Asked Questions &  
Data Screens*



Board website: Physician Profile & Oral Exam Tab Links

<https://www.abplasticsurgery.org>

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## Case Collection Recommendations

- ❖ The Board suggests compilation of the case list on a weekly/monthly basis.
- ❖ Review this Manual, proofread your case list data and make corrections along the way. Allow at least a week before the deadline to obtain medical record affidavit signatures.
- ❖ Don't be caught short: the case list submission date is April 19<sup>th</sup>!
- ❖ NOTE: On-Line Credit Card Payment required to submit case log.
- ❖ Factor in unexpected delays – e.g. power outages, local or global technical interruptions in service.
- ❖ Use a guaranteed delivery date service to send materials by the deadline.

**CANDIDATE INFORMATION LETTER WITH  
REGISTRATION INSTRUCTIONS**

July 1, 2016

**2017 Oral Examination Information Letter**

**November 9, 10, 11, 2017**

**Phoenix, Arizona**

Dear Candidate:

Congratulations on completion of your Plastic Surgery training and on becoming a candidate for certification by the American Board of Plastic Surgery. As you know, the ABPS Oral Examination includes a "Case Report" component where you will be examined on your own cases. The initial step in that process is the case collection period where you will record every case you do over the nine months beginning July 1, 2016. The resulting Case List will be evaluated by the Board to determine your practice profile, to determine if the scope and complexity of your practice are appropriate for oral exam candidacy and, if so, to allow selection of cases for your Case Report exam session. The remainder of this letter explains the web-based program and other details concerning recording your cases. This is an extremely important part of your examination and certification process, so please read these instructions carefully and save them for future reference. The deadline for case list submission is **April 19, 2017**, the late deadline of April 25, 2017 is a hard-stop with no grace period or exceptions, so I recommend that you become familiar with the program and begin recording cases now and that you keep up with case entry throughout the collection period.

The American Board of Plastic Surgery, Inc. utilizes a web-based Case List Collection program for the Oral Examination. You must have Internet access to collect case list data. The program collects

and reports surgical cases performed by certification candidates during the period of July 1, 2016 through March 31, 2017.

To utilize the program beginning July 2016 or thereafter, please visit the Board's website [www.abplasticsurgery.org](http://www.abplasticsurgery.org). Log in to the Board's website to become familiar with the Oral Exam tab content and the physician profile (for address changes and password changes). View the link to the Clinical Case Log as well as links to the documents included with this 2017 Oral Examination Information. **Your username originally was your Six Digit Board ID # located at the top of this page and your password is your last name with the first letter capitalized (example: Smith). If you customized your username and password, it remains unchanged.** If you are unsure of the password, click the login box at the top right of the Board's website and click the "Forgot Password?" function below the log-in fields. You will be asked to provide your last name and e-mail address. If the values match the data in the web files, your log-in information will be sent to the e-mail address on file.

Web Data Solutions may be reached at [abplsurg@dataharborsolutions.com](mailto:abplsurg@dataharborsolutions.com) or by telephone at **312-944-0642** for technical support. You can also e-mail questions to the Board at [oral@abplasticsurgery.org](mailto:oral@abplasticsurgery.org).

The program is designed and maintained by Web Data Solutions, a medical management/consulting organization. The program utilizes data management tools to save time, resources, and improve the consistency and reliability of data for all case lists and candidates. The program also provides a standardized case list format that facilitates the Board's review. The Board utilizes your collected data to become familiar with your practice and to select five cases for you to prepare for the case reports section of your examination. The data submitted to the Board is strictly confidential. The full patient data is viewed only by you. **For**

**added confidentiality, use only patient initials. Please follow your institution's guidelines for patient confidentiality as well as HIPAA and state requirement compliance.** De-identified data collected for the Board is viewed only by the Board. The standardized data collection fields in the Clinical Case Log will be familiar to candidates in the future when presenting data to ASPS for TOPS2, for research or Quality Assurance activities or for membership application to the American College of Surgeons (ACS). A Business Associate Agreement between the Board and the candidate will appear when you first enter the Clinical Case Log. A copy of this is included for your reference. An **electronic acceptance** of this Agreement must be clicked to comply with HIPAA regulations. Candidates must also comply with state law in protecting patient confidentiality throughout the Oral Examination process. This applies to the case list compilation and the Case Report book materials.

You will be required to submit patient photographs for the Case Report Session of the Oral Examination and you must have a patient consent form for all records and photographs for the five cases selected for Case Reports. The Board advises candidates to obtain the patient permission at the time of surgery rather than at the time the 5 selected cases are identified in July 2017. **Refer to the mandatory consent language in the Booklet of Information, in the section titled "Photographic Documentation." A sample patient consent form is also included in this instruction packet.**

Review the enclosed **Instructions** (Clinical Case Log Manual) which are also available on the Clinical Case Log via the Board's website at [www.abplasticsurgery.org](http://www.abplasticsurgery.org). These instructions are your primary source of information for using the program and inputting data. However, it is vital that you continue to refer to the Board's requirements, which are included in the enclosed 2016-2017 Booklet of Information and available by clicking the **Requirements** button on the Clinical Case Log via the Board's website. The 2017

Oral Examination requirements may also be viewed on the Board's website, prior to login, in the Oral Examination section.

**NOTE: Hospital Privilege Letters: A letter of verification of hospital privileges in plastic surgery corresponding to the start of clinical surgical practice and which lists an expiration date is required with submission of the case list. This requirement must be met in order to be eligible to take the 2017 Oral Examination. The Board also requires two copies of all advertising/marketing materials used by candidates in their practices from the past 12 months from the deadline (i.e. April 2016 – April 2017) to be submitted with the case list by the close of the business day on April 19, 2017.**

It is your responsibility to secure the use of appropriate computer equipment as well as arranging for competent technical expertise. Do not underestimate the magnitude of the data collection task. An early start and regular updating of this process will be essential to its timely completion. **The Board has taken initial steps to make the Case Report process digital. You will be required to upload each section of your selected case books to a secure web function next summer.**

Again, congratulations on completion of your Plastic Surgery training and on becoming a Candidate for certification by the American Board of Plastic Surgery.

Sincerely,



Joseph E. Losee, M.D.  
Chair, Oral Examination Committee  
JEL/tmc/mda  
Enclosures

## CLINICAL CASE LOG PROGRAM

### ABPS Web Manual

*Note: These directions will be updated on the website as needed. Also refer to the FAQ's at the end of this manual for answers to common candidate problems if they arise. The FAQ's can also be found as a link on the Clinical Case Log.*

**Please contact Web Data Solutions at  
[abplsurg@dataharborsolutions.com](mailto:abplsurg@dataharborsolutions.com) or 312-944-0642  
Monday-Friday: 9:00 a.m. - 5:00 p.m. Central Time for questions**

#### **System Requirements:**

In order to use the Clinical Case Log web-based tool you will need a computer with internet access. **Browsers recommended:**

- Internet Explorer (version 9.0 or higher)
- Google Chrome (version 50.0 or higher -MAC & PC)
- **Adobe Acrobat Reader** - If you don't already have it installed, you can download Acrobat Reader for free at <https://get.adobe.com/reader>.

*We recommend using Internet Explorer on a PC or Google Chrome on a MAC. Please verify the printed case list, affidavit sheets and statistics sheets against the sample case list documents provided in this manual.*

**Step 1 – Registration – You are pre-registered on the Board's website ([www.abplasticsurgery.org](http://www.abplasticsurgery.org)) and on the Clinical Case Log.**

- Log in to the Board's website at [www.abplasticsurgery.org](http://www.abplasticsurgery.org) which contains a link to the Clinical Case Log on the Oral Exam tab.

- Your username is your Six Digit Board ID # located at the top of the information letter and your password is your last name with the first letter capitalized (example: Smith). If you customized your username and password, it remains unchanged.

**NOTE: The Board recommends that you become familiar with your Oral Exam tab, on the Board's website, as a resource for all documents sent by mail.**

## **Step 2 – Setting Up Your Clinical Case Log**

- Please read the Terms and Conditions carefully and if you agree to them click the “Yes” button at the bottom of the page. There is a Business Associate Agreement between yourself and the Board for the confidentiality of the entered data. A sample of the Business Associate Agreement is included with the case collection instructions. This form is provided as a sample of the agreement on the Clinical Case Log. You are **not required** to sign and return this form with the case list submission.
- The **Training State** (plastic surgery) must be entered.
- Click the link “Click here to add a facility...” to add facilities at which you have surgical privileges.
- You will need to complete:
  - Facility Name - Use abbreviations if name of facility is unusually long and **do not use commas** as this can cause printing problems on the statistics sheet.
  - Facility Type (i.e. Acute Care, Ambulatory Care, etc.) Note: A designation of Ambulatory Care will dictate an “outpatient” type for all cases listed at those facilities.
  - Facility Zip Code
  - Admission Types
  - Level of credentialing at facility: Active, Admitting, Consultant, Attending, Courtesy or Other
  - Surgery Center Accreditation Type (if applicable)



- Surgery Center Accreditation Program (if applicable): 1. AAAASF; 2. AAAHC; 3. The Joint Commission; 4. Medicare Certification; 5. State Licensure; 6. Other: \_\_\_\_\_
- Explanation for non-accredited surgical facilities stating reason for lack of accreditation (if applicable)
- Click the Add Facility button. Repeat this process to add more facilities.

### Step 3 – Collecting Case Data

- Click on “Click here to add a case...”
- **All required fields will appear with a red asterisk.** This includes first name and last name of patient.
- Complete all required fields. **YOU CANNOT FINALIZE YOUR CASE LIST UNLESS THE FIELDS BELOW ARE COMPLETED.**

#### Patient Information

- **Enter patient name.** Only patient initials (first name, last name) will be displayed to the Board and on the case list. For added confidentiality, use only patient initials.
- **Enter a patient number in the medical record # field.** Use the same patient number for all procedures for the same patient during the case collection time regardless of the location (e.g. office, outpatient facility, hospital) to allow for cross-referencing. Do not use full social security numbers to protect patient confidentiality. **Please follow your institution’s guidelines for patient confidentiality and HIPAA and state requirement compliance.**
- **Enter patient date of birth.** Age in years (years/months/days) will be calculated and displayed on the printed list. Be sure there are no spaces here as it will cause zeros to be displayed for the age on the printed case list.
- **Enter patient gender.** Male or Female will be displayed on the printed case list.

## Facility and Procedure Information

- **Enter Hospital Facility Name.** Click on the Edit Facility link to add/edit the name of a facility (if not completed previously). Facilities which have zero (0) cases can be deleted later, if needed.
- **Enter the admission status as inpatient or outpatient.** An inpatient admission is defined as an overnight stay of one or more nights. An outpatient admission is defined in some facilities as 23 hours or less.
- **Enter date of procedure.** Multiple procedures on the same patient, on the same date, during the same OR session should be entered as one case. Use the date of admission for non-operative inpatient cases.
- **Enter duration of procedure.** Duration is defined as skin to skin excluding anesthesia time. Approximate duration of the surgical procedure should be entered in hours and minutes. For non-operative cases, enter the average time for a bedside visit or just "0" minutes.
- **Enter the Anesthesia Type.** The type of anesthesia used must be identified for each case: 1. Local (including nerve block), 2. Conscious Sedation (both oral and intravenous), 3. General Anesthesia or 4. None.
- **Enter the diagnosis description as free text.** Providing complete diagnosis information is essential. From the operative notes, give an accurate written description of the diagnosis. Do not use CPT codes in place of the written description of the diagnosis. Comments about Adverse Events or death of a patient may also be added here. A text box is also provided in the Outcomes section, titled Describe all Adverse Events (required field if Adverse Events selected). If the case was non-operative, include a discharge summary diagnosis.
- **Enter the procedure description as free text.** Providing complete procedure information is essential. From the operative notes, give an accurate written description of the

operative procedure(s). Do not use CPT codes in place of the written description of the procedure(s). Comments about Adverse Events or death of a patient may also be added here. A text box is also provided in the Outcomes section, titled Describe all Adverse Events (required field if Adverse Events selected). If the case was non-operative, a description of wound care or dressing changes could be entered, for example, with an Evaluation & Monitoring CPT code.

#### **Procedure Codes – Add all CPT Codes that apply**

- **Add a CPT code** – If you know the CPT code(s) for the case, enter the code in the CPT Code box **before** selecting the anatomy and category classifications that correspond to the CPT code entered.
  - **The Board prefers that you list only one Anatomy and Category Classification per CPT code.**
  - **Bilateral Procedures should be entered only once using one CPT code. The -50 modifier (opposite side, e.g. breast augmentation) may be used.**
  - Once all information for the CPT code has been entered, click “Save Record” and your code will appear under “CPT Code (Description).”
  - There will be a pencil icon to the right of the code so that you can view information entered for that code and edit it if necessary. Be sure to click “Save Record” again if edits are made.
  - A garbage can icon to the right of the code allows a code to be deleted if needed.

- You may enter another code by clicking “Add CPT Code” to blank out any information in the fields.
- CPT codes must be assigned for all cases that were not billed to insurance (e.g. cosmetic cases). CPT codes starting with 99 (evaluation and management codes for office visits, consultations, etc.) **are not required**. However, for non-surgical admissions, 99 CPT codes can be used.
- **To provide an equitable examination for all candidates, no candidate will be exempt from CPT coding. Candidates practicing in Managed Care Relationships, Military, Veterans Administration, Kaiser Permanente, Shriners Hospitals, Canada and foreign countries must also include CPT codes for all cases.**

### **Outcomes and Adverse Events**

- ***List Outcomes and Adverse Events.*** If there were Adverse Events, indicate such in the Outcomes question. If you click “Adverse Events”, more fields will appear on the screen where you can specify exactly what the Adverse Events were. A text box titled “Describe all Adverse Events” has been added to this section. This is a required field if Adverse Events is selected and it will be displayed on the printed case list. Each case will then become categorized as a case with Unknown Adverse Events, Major Adverse Events, Moderate Adverse Events, Minor Adverse Events, or No Adverse Events. Severity of Adverse Events are grouped by the program (but not on the Adverse Events screen as you view it) and reported on your Case List as follows:

<u>Major Adverse Events</u>	<u>Moderate Adverse Events</u>	<u>Minor Adverse Events</u>
Unplanned admission	Unplanned Re-op w/o sedation	Seroma requiring drainage
MI, DVT, CVA, PE	Dressing changes > 6 weeks	Hematoma requiring drainage
Unplanned Re-op w/sedation	Infection - IV antibiotics as outpt.	Wound Infection requiring drainage
Infection - IV antibiotic as inpatient	Unplanned consult w/other specialist	PO antibiotics
Adverse drug event		Dressing changes less than 6 weeks
Unplanned ED visit		Increased number of office visits
Flap loss		
Prolonged hospital stay		

- **Save your Cases.** You can click any of the following buttons located at the bottom of the screen to save your data:
  - **Prev** – Saves any changes and returns user to the previous case in the list.
  - **Save Case** – Saves any changes and current case remains on screen.
  - **New Case** – Saves any changes and allows user to add another case.
  - **Next** – Saves any changes and directs user to the next case in the list.

***We recommend that you logout whenever you leave the site to prevent unauthorized users from accessing your Clinical Case Log data.***

#### Step 4 – Editing/Verifying Case Data

The Clinical Case Log provides several ways for you to filter and sort your case list to ease the task of finding, verifying, and editing data. From the Case Log screen, you will see all of your cases in a list. The first time you enter the **Case Log** screen you will not see any cases listed. This list will be populated as you begin entering cases. These cases will be listed as those with incomplete data, and cases that are complete. To complete incomplete cases, **click on the pencil icon next to a case** which will take you back to that case form. When you click the Save button, you can easily identify the missing fields by the red, bold text.

- **Sorting the List** – You can sort the list by any of the columns displayed simply by clicking on the column heading. Clicking once will sort the list in descending order. Clicking again will sort the list in ascending order.
- **Filtering Your Case List** – you can also use the “All Facilities” drop-down box and the “All Cases” drop-down box to filter your list by these fields.
- **Editing Your Data** – Click on the pencil icon to go back into a case and edit the data. Click on the buttons at the bottom of the screen to save the data.
- **Deleting a Case** – Click the garbage can icon at the right side of a case, from the case log, to delete a case.
- **An hour glass icon appears in the far right status column to indicate case data is incomplete.**

#### Step 5 – Preview Your Case List for Verification – do this step early!

At any point while you are collecting your data you can preview your case list so you can review your data for accuracy. To do this, click on the “Preview Cases” link. There will be a link for each facility for which you have entered cases. Click the link to print the case list for each facility. This will allow you to save the file to your

computer to review prior to finalizing. **You will need Adobe Acrobat Reader installed on your machine. If you do not already have it installed, you can download Acrobat Reader for free at <https://get.adobe.com/reader>.**

### **Step 6 – Finalizing Your Case List**

Once you have verified all of your case data and assured its accuracy, you are now ready to finalize your case list.

- From the Case List screen, click the “Finalize Case List” button at the bottom of the page.
- Once you finalize your case list, you will no longer be able to edit your case information.
- If you discover an error in your case list after you have finalized, please contact the Board Office staff by e-mail at [oral@abplasticsurgery.org](mailto:oral@abplasticsurgery.org) or by phone at 215-587-9322.
- Once finalized, you need to print out your case list for submission to the Board. **Check that the candidate affidavit sheet, hospital affidavit sheet(s) and case list pages have printed correctly. As a reference, please see the samples of these pages at the end of this booklet.** Incorrect or incomplete submissions will delay processing and result in a Missing/Incomplete Items Fee or an Administrative Fee.

### **Step 7 – Printing Your Case List – Be patient-allow time for reports to load!**

The “Finalized Case List Documents” section appears after clicking “Finalize Case List” and submitting your payment. You will need to print the contents from every link in this section. You will print a case list from each of your facilities which are ordered by date. These case lists will now have a signature affidavit sheet that must be signed by the medical records administrator at each institution and notarized. There will also be a candidate affidavit sheet that will need to be signed by the candidate and notarized.

The purpose of the notary is to witness the signature of the hospital official or candidate. The signature dates of the Medical Records Administrator and the notary must correspond (same applies to the candidate affidavit.)

**In addition, you also need to print your Statistical Summary Report.** Click on “Statistics” and print the page from your web browser. The Accreditation Program of all outpatient surgery centers is included on the statistical summary report.

The Board recommends that you save an electronic copy of both the final case list and the statistical summary report to your personal computer for reference. Save this as an Adobe PDF file. **Past candidates have found this useful for the American College of Surgeons.**

Candidates may continue to collect cases on the Clinical Case Log after the case collection period. Candidates planning to apply to the Hand Surgery Examination have found this helpful. The Oral Exam cases are not able to be edited, only viewed once the list is finalized. **A link to the Clinical Case Log will remain on the Board’s website, under Candidates, Oral Examination.**

***TIP: Save your case list and statistics page to your desktop and print from there to improve speed and ease of printing. These reports demand a great deal of processor speed and can be very slow in the few days before the deadline when usage is high. Printing from your own computer will save time.***

#### **Step 8 – Submitting Material to the Board Office**

The deadline date for submission of case list materials for the November 2017 Examination is the close of the business day on **April 19, 2017**.



**Submission of case list materials from April 20, 2017 through April 25, 2017 requires a late fee.** The late fee is charged automatically by credit card payment for Case Lists finalized from **April 20<sup>th</sup> up to and including April 25<sup>th</sup>**. However, if a case list is finalized by the deadline on April 19<sup>th</sup>, but not received in the Board Office until the late period, a check for the Late Fee must accompany the Case List materials and advertising documents. The check should be made payable to ABPS. Refer to the Fee Schedule. No case lists will be accepted after the late fee deadline date. **The Clinical Case Log will be available through April 25, 2017 for completion of the case list.**

See the current Booklet of Information, section titled "Preparation for Submission of Data" for correct collation of the case list. **Case lists which require making copies, correct assembly, or collation by the Board Office may result in a Missing/Incomplete Items Fee or Administrative Fee.**

To summarize, candidates are required to submit the following items to the Board Office:

- One original and one exact copy of the case list. This includes the signed and notarized affidavits for each institution and the top page, which is the Candidate Affidavit Sheet.
- One original and one exact photocopy of the Statistical Summary Report. Attached separately as the last section.
- **Two copies of all advertising materials from the past 12 months from the deadline (i.e. April 2016 – April 2017) including, but not limited to, business cards, letterhead, brochures, Curriculum Vitae, proof copy of billboard images, telephone book (yellow page) advertisements and other print advertisements such as announcement flyers, magazine and newspaper advertisements and articles. Also submit selected website content (for example, the candidate's and the**

practice's qualifications and credentials and any references to Board Certification for the practice in the practice profile. Do NOT include procedure information pages). No video or audiotapes are required. The Board recommends that a web-search be performed to identify any instances of internet advertising before submission of materials to the Board. The candidate is responsible for all instances of advertising.

- Verification of hospital privileges in plastic surgery from one medical staff office with start and end dates listed. **Hospital privileges must correspond to the start of clinical surgical practice** with expiration date of plastic surgery privileges listed. Privilege letters from all facilities will be required with the reply form in August 2017.
- Credit Card Payment on-line will be required at the time of finalization by Visa, MasterCard or American Express only (non-refundable, United States currency only).
- The late fee is charged online automatically by credit card payment for Case Lists finalized from April 20<sup>th</sup> up to and including April 25<sup>th</sup>.
- A check for the Late Fee must accompany the case List materials and advertising documents if received in the Board Office from April 20<sup>th</sup> up to and including April 25<sup>th</sup>. **This applies to Case Lists finalized by April 19<sup>th</sup> but received after that deadline.** The late fee check should be made payable to The American Board of Plastic Surgery, Inc.
- Submit all required material to the Board Office by the close of the business day on **April 19, 2017: The American Board of Plastic Surgery, Inc., Seven Penn Center, Suite 400, 1635 Market Street, Philadelphia, PA 19103-2204**

## FAQ'S FROM CLINICAL CASE LOG WEBSITE

**1. What if there is information that I feel is pertinent to the case but there isn't a place to record it on the case screen?**

If a case needs some added explanation, the diagnosis and procedure sections are "free text" areas where additional information can be added. For example, infection later than six weeks occurred.

**TIP/Advice:** Take some time to review incomplete cases each month rather than at the deadline date.

**2. Can all modifiers be entered freehand into the "Modifiers" field in the CPT coding tool (i.e., 19328.50.51 – Peri-prosthetic capsulectomy, breast, bilateral & multiple procedures)?**

The modifiers can be entered freehand in the "modifiers" field. The CPT code box will only accept the 5-digit number, then tab to the "modifiers" box to key in the -50 or -51.

**3. Does the "number of times" field need to be completed with the value of "2" for bilateral procedures appended with the -50 modifier?**

If a bilateral modifier is used then you do not enter a "2" in the quantity field. That is for multiple procedures on the same area, e.g. multiple wound closures in a trauma case where many lacerations were located anatomically in the same area.

**4. What CPT code do I use for Botox Injections?**

Botox and other injectables should **not** be included on the case list.

**5. A billing office handles my CPT coding - should cases be coded how I think they should be coded, or in the actual manner that the billing office coded the case?**

All CPT codes should be entered exactly as they were billed. It is assumed that how cases were actually billed with CPT coding was the same as the surgeon would have coded. Whether a surgeon's billing is outsourced or completed in-house, the surgeon's provider number is used and therefore the surgeon is ultimately responsible for the manner in which the billing was submitted to the third party payers.

**6. What should I do if I discover that the CPT code billing submitted for a case was not correct?**

You must provide documentation that you have made corrections. If a billing company was responsible, they have the ability to provide a report as to how CPT coding is submitted and this will provide an opportunity for you to ensure that those who submit the billing with your provider code and on your behalf, do so in the correct manner.

**7. Can the facility affidavits be faxed to the facility for signatures and notarization?**

The affidavit for the medical records administrator can be faxed as long as the entire list of cases to which they are attesting is sent also. However, the notarized affidavit must then be picked up at the facility since only originals are acceptable. The print-out date must be the same for the list of cases and the affidavit sheet to which it applies. Re-notarization may be required if the dates do not match. The faxed copy that the facility received should also be submitted behind a clean copy of the case list for that facility.

**8. Since the case list will not print without required fields entered, what is the proper procedure for recently performed cases in regard to the 4-6 wk. complication field or the 30 day mortality?**

Enter the Adverse Events as known at the time of the April submission. The Reviewers and Examiners understand this time constraint.

**9. What should I do about printing problems with the Candidate Affidavit, the case list from each hospital (with the Hospital Affidavit as last page) and the 2 - 3 page Statistics Sheets?**

Right click the link and select "Save As" which will save a copy of your case list facilities in the specified folder on your computer as a PDF file. This also allows you to keep an electronic copy of your case list that you may need later for the American College of Surgeons and lets you print from your computer and not from the internet. Keep in mind that this is a lot of data. Do the same for your Statistics Sheet. Samples of the printed case list, affidavits and statistics sheets are included in the back of this booklet as reference. **NOTE: Case Lists are produced as PDF files for ease of printing.**

**10. How do I apply the Anatomy and Category Classifications in the CPT coding?**

Click on the pencil icon next to the CPT code and go to the boxes below and select an anatomy and category classification. They are not automatically selected for you.

**11. There is a "Non-operative/other" category. Would complex wounds managed without operation be an example of that?**

An admission for wound infection/treatment is a perfect example of the non-operative category.

**12. In trying to enter a CPT code, e.g., for debridement of necrotizing fasciitis (11006), I get a "not valid" message even though it is a valid code.**

If this occurs, try putting in a similar code and note the correct code in the text area of the procedure description. Should that

case be selected, it will be clear from the text that it was a limitation of the data entry field and not your billing.

**13. Should I enter aesthetic cases that I perform as a co-surgeon even though it is not an insurance case?**

Any cases, billed or not, where you independently performed part of the surgery (co-surgeon) should be listed. This means that you are responsible for the records, pre-op evaluation and post-op care if the case is selected.

**14. Can MAC users access the Clinical Case Log? Yes, but some MAC users have reported problems printing out the case list, affidavits and stats sheets. We recommend using Internet Explorer or Google Chrome on a PC. NOTE: Case lists will be produced as PDF files for ease of printing.** Please verify the printed case list, affidavit sheets and statistics sheets against the sample case list documents in this manual.

**15. Why do the stats sheets and some case lists take so long to appear on the screen?**

The compilation of the case lists and stats sheets for printing demands a great deal of processor time. Allow a few minutes for those reports to load on your screen before giving up. Remember to save your case list to your computer. You may need this for the American College of Surgeons next year!

**16. How do I list inpatient non-surgical admissions, for example for cellulitis?**

Enter the day of admission or discharge as the "operation date." You can use Evaluation and Monitoring Codes (99...) as the CPT code for that type of case.

**17. Where do I get answers to my questions about data entry, the Clinical Case Log program, Board requirements, printing, etc.?**

1. Take time to review the Board's materials - most answers are there. 2. Instructions and requirements are available in this web manual, on your Oral Exam tab on the Board's website and on the Clinical Case Log 3. E-mail Web Data Solutions @ abplsurg@dataharborsolutions.com. 4. E-mail the Board at oral@abplasticsurgery.org. 5. Call Web Data Solutions support at 312-944-0642. 6. Call the Board at 215-587-9322.

**18. I entered cases and now they are gone, I can't see them, what do I do?**

Up to 50 cases appear on a page. Click the page numbers that appear above the case list to view your cases.

**19. Why is the system slow (usually around deadline dates)?**

The viewing and printing of case lists and statistics sheets creates a very high demand of processor speed on Web Data Solutions' servers. This is especially true the week before a deadline date when many are doing this at the last minute. Even with upgraded servers, with twice the speed and memory, this function may still be slower at high peak times. We suggest you save the case list on your desktop or somewhere on your own computer, then print from your computer rather than from the Clinical Case Log website and your browser.

**20. Why am I unable to see the information (cases, CPT codes, etc.) that has just been entered?**

The pages viewed in the browser are stored so that the page loads quickly the next time the webpage is visited. If the browsers are not set up to get updated pages from the server, only the old page is displayed. As users update cases, the browser is still showing the old page that is stored on the individual's computer rather than obtaining the new, updated pages from the server.

**The answer below is how Tech Support advises users to set up Internet Explorer:**

If you are using Internet Explorer, please ensure that the browser is set to receive new pages from the server automatically. To do this, click on Tools, Internet Options. On the "General" tab in the "temporary Internet files" section, click on "Settings." Make sure that the "check for newer version of stored pages" is set to "automatically."

**21. What cases should be included in the Case List?**

Refer to the Booklet of Information for the Do List and Do Not List information.

**END FAQ's**



## SCREEN-SHOTS: A USER GUIDE

### 1. INITIAL LOG IN SCREEN

THE AMERICAN BOARD OF PLASTIC SURGERY, INC.  
*Promoting safe, ethical, efficacious plastic surgery since 1937*

About Us Residents Candidates Diplomates Program Directors Public Contact Us **Login**

Please sign in

Username

Password

[Forgot Password?](#)

**Sign in**

Sevens Plaza Center  
1635 Market Street, Suite 400  
Philadelphia, PA 19103-2204

Tech Support

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- GO TO [www.abplasticsurgery.org](http://www.abplasticsurgery.org) TO ACCESS YOUR PHYSICIAN PROFILE ON THE BOARD'S WEBSITE TO LINK TO THE CLINICAL CASE LOG FROM THE ORAL EXAM TAB AND FOR ADDRESS CHANGES ANY TIME.

## CLINICAL CASE LOG SCREEN

### PLASTIC SURGERY TRAINING STATE MUST BE ENTERED



THE AMERICAN BOARD OF PLASTIC SURGERY, INC.  
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Written Exam Oral Exam My Profile Admin Screen Logout

Welcome Dr. Test Candidate (06/29/2016)

Training State:

Facilities:

[\\* Click here to add a facility...](#)

[\\* Click here to add a case...](#)

All Facilities   [Click here to view statistics](#)

Case Count: 0 Case(s)

Legend

 = Edit Case  = Delete Case

 = Incomplete  = Finalize Case List  = Required Fields Completed

## ADD FACILITY SCREEN

New Facility

Facility Name

Facility Zipcode

Facility Type

Admission Type(s)  
 Inpatient  Outpatient  Both

What is your level of credentialing at this facility?

Surgery Center Accreditation Type

Surgery Center Accreditation Program

1. AAAASF  2. AAAHC  3. The Joint Commission:

4. Medicare Certification  5. State Licensure  6. Other:

Non-accredited Surgical Facilities

[Return to Clinical Case Log](#)

➤ ACCREDITATION PROGRAM SHOULD BE CHECKED FOR ALL SURGERY CENTERS THAT APPLY

## CASE LIST SCREEN SAMPLE

Welcome Dr. Test Candidate (07/01/2016)

Training State:

Facilities:  
[County Hospital](#)  
[University Medical Center](#)
















[\\* Click here to add a facility...](#)

[\\* Click here to add a case...](#)

Cases	Anatomy	Category
5	You have cases in the following Anatomies: Hand/Upper Extremity Head and Neck Lower Extremity Trunk/Genitalia	You have cases in the following Categories: General/Reconstructive surgery Hand Skin (including skin cancer) Trauma

All Facilities:  All Cases:   [Click here to view statistics](#)

**Case Count: 5 Case(s)**

Case #	Patient Name	Record #	Facility	Date of Surgery	Edit Date	Status
 1470856	TEST, TEST	123	County Hospital	07/01/2016	07-01-16 11:09 AM	<input type="checkbox"/>  
 1470857	TEST, TEST	456	University Medical Center	07/02/2016	07-01-16 11:11 AM	<input type="checkbox"/>  
 1470859	TEST, TEST	789	University Medical Center	07/03/2016	07-01-16 11:12 AM	<input type="checkbox"/>  
 1470860	TEST, TEST	111	County Hospital	07/03/2016	07-01-16 11:13 AM	<input type="checkbox"/>  
 1470861	TEST, TEST	222	County Hospital	07/05/2016	07-01-16 11:14 AM	<input type="checkbox"/>  

- **CLICK ON “CLICK HERE TO ADD A CASE” TO BEGIN ENTERING YOUR CASES**
- **CLICK ON PENCIL ICON TO EDIT AN ENTERED CASE**
- **RED CHECK BOX DENOTES ALL DATA FIELDS COMPLETE**
- **HOURLASS ICON DENOTES INCOMPLETE DATA FIELDS**

## DATA FIELDS

Please check one answer per question unless otherwise indicated. Required fields have an asterisk (\*). Incomplete required fields are highlighted in red.

* Patient First Name	* Last	* Medical Record #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(Visible to physician only; initials visible to ABPS)</small>		
* Birth Date (mm/dd/yyyy)	* Patient Gender	
<input type="text"/>	<input type="radio"/> 1. Male <input type="radio"/> 2. Female	
<small>(Age, not DOB, prints on the Case List)</small>		
* Hospital/Facility Name	* Admission	
<input type="text"/>	<input type="radio"/> 1. Inpatient <input type="radio"/> 2. Outpatient	
<a href="#">Edit Facility</a>		
* Procedure Date (mm/dd/yyyy)	* Procedure Duration	
<input type="text"/>	<input type="text"/> : <input type="text"/> (hours & minutes, skin-to-skin, excluding anesthesia time)	
* Anesthesia Type		
<input type="checkbox"/> 1. Local (including nerve block) <input type="checkbox"/> 2. Conscious Sedation (both oral and intravenous) <input type="checkbox"/> 3. General Anesthesia <input type="checkbox"/> 4. None		
* Diagnosis Description		
<input type="text"/>		
* Procedure Description		
<input type="text"/>		

- **RED ASTERISK DENOTES AN INCOMPLETE FIELD**
- **DIAGNOSIS DESCRIPTION AND PROCEDURE DESCRIPTION ARE FREE TEXT FIELDS. USE THESE FOR EXPLANATIONS OR SPECIAL NOTATIONS**
- **FOR NON-OPERATIVE CASES LIST THE AVERAGE TIME FOR A BEDSIDE VISIT OR "0" MINUTES IN THE PROCEDURE DURATION TEXT FIELD**

## ADD CPT CODES

\*Procedure Code(s) Add all CPT Codes that apply. \_\_\_\_\_

\*CPT Code      Modifiers      # Times  
           

In order for a procedure to qualify for inclusion in the case list for certification in the Subspecialty of Hand Surgery, please be sure to select Hand under Category Classification if a procedure was performed on the upper extremity distal to the elbow.

- |   |  |   |
|---|--|---|
| <b>*Anatomy Classification</b><br>(Select one per CPT code) | <b>*Category Classification</b><br>(Select one per CPT code) | <b>*Hand Sub-Category</b><br>(Select one per CPT code)      |
| <input type="checkbox"/> 1. Breast                          | <input type="checkbox"/> 1. Congenital                       | <input type="checkbox"/> 1. Bone and Joint                  |
| <input type="checkbox"/> 2. Hand/Upper Extremity            | <input type="checkbox"/> 2. Cosmetic                         | <input type="checkbox"/> 2. Nerve                           |
| <input type="checkbox"/> 3. Head and Neck                   | <input type="checkbox"/> 3. General/Reconstructive surgery   | <input type="checkbox"/> 3. Tendon and Muscle               |
| <input type="checkbox"/> 4. Lower Extremity                 | <input type="checkbox"/> 4. Hand                             | <input type="checkbox"/> 4. Skin and Wound Problems         |
| <input type="checkbox"/> 5. Trunk/Genitalia                 | <input type="checkbox"/> 5. Skin (including skin cancer)     | <input type="checkbox"/> 5. Contracture and Joint Stiffness |
|   | <input type="checkbox"/> 6. Trauma                           | <input type="checkbox"/> 6. Tumor                           |
|   | <input type="checkbox"/> 7. Nonoperative/Other               | <input type="checkbox"/> 7. Congenital                      |
|   |  | <input type="checkbox"/> 8. Microsurgery Vascular           |
|   |  | <input type="checkbox"/> 9. Nonoperative                    |

Save Record

- **CPT CODE DIRECTIONS INCLUDED IN THIS MANUAL**
- **A “# TIMES” FIELD IS INCLUDED SO THAT A CPT CODE MAY BE ENTERED ONCE WITH THE NUMBER OF TIMES THE PROCEDURE WAS PERFORMED (X2, X3, ETC.) E.G. FOR MULTIPLE SKIN GRAFTING PROCEDURES**
- **THE HAND SUB-CATEGORY WILL ONLY APPEAR WHEN THE HAND CATEGORY CLASSIFICATION IS SELECTED**
- **ONLY SELECT ONE CATEGORY AND ONE ANATOMY CLASSIFICATION PER CPT CODE**
- **BE SURE TO CLICK “SAVE RECORD” TO SAVE THE CPT CODE**

## OUTCOMES

### \* Outcome (4-6 weeks)

1. No Adverse Events  2. Outcome unknown  3. Adverse Events (Check all that apply below)

#### Adverse Events

Describe all Adverse Events:

##### Delayed healing

- Increased number of office visits
- Dressing changes less than 6 weeks
- Dressing changes greater than 6 weeks

##### Infection

- PO antibiotics
- IV antibiotics as outpatient
- IV antibiotics as inpatient

##### Unplanned consultation with other specialist

- Infectious disease
- Neurologist
- Cardiologist
- Pulmonologist
- Vascular
- Other specialist

##### Puncture or laceration to other body organ or structure

- Which organ or structure?

##### Adverse event

- Adverse drug event
- DVT
- MI
- PE
- CVA
- Flap loss

##### Drainage

- Seroma requiring drainage
- Hematoma requiring drainage
- Wound Infection requiring drainage

##### Unplanned re-operation

- Without need for IV sedation or anesthesiologist
- With need for IV sedation or anesthesiologist

##### Unplanned hospital stay

- Unplanned admission
- Unplanned emergency department visit
- Prolonged hospital stay (longer than planned)

Other Adverse Event

### \* Mortality within 30 days of procedure

1. Yes  2. No

[Save Case](#)

[New Case](#)

[Return to Clinical Case Log](#)

- IF “NO ADVERSE EVENTS” CLICKED THEN BREAK OUT SCREENS DO NOT APPEAR
- “DESCRIBE ALL ADVERSE EVENTS” IS A REQUIRED TEXT FIELD IF ADVERSE EVENTS IS SELECTED
- “MORTALITY WITHIN 30 DAYS OF PROCEDURE” IS A REQUIRED FIELD EVEN IF “NO ADVERSE EVENTS” IS SELECTED (SOME REDUNDANCY IS BUILT IN)
- IT IS UNDERSTOOD THAT “MORTALITY WITHIN 30 DAYS OF PROCEDURE” CANNOT BE KNOWN FOR CASES COMPLETED LESS THAN 30 DAYS FROM THE SUBMISSION DEADLINE OF 4-19-17

## STATISTICS

Statistics (04/06/2017)

This information is protected by the Medical Studies Act of the State of Illinois

### Case Count Distribution

	Count	Age (years)		Duration of Surgery (minutes)	
		Average	Std. Dev.	Average	Std. Dev.
Male	7 (6%)	44	9	91	34
Female	109 (94%)	35	11	174	90
Total	116	36	11	169	90

### CPT Codes

	Total Codes	Codes Per Case	Distinct Codes
	351	3.0	23

### Case Count By Outcome

	Count	%
Unknown Adverse Events	0	0%
No Adverse Events	66	57%
Minor Adverse Events	0	0%
Moderate Adverse Events	0	0%
Major Adverse Events	0	0%
Patient Died	0	0%
Other	0	0%

### Case Count By Institution And Admission Type

	Count	%	Inpatient/Outpatient	Accreditation Program
Beverly Hills Sunset Surgery Center	40	34%	Outpatient	Medicare Certification
Profiles	76	66%	Outpatient	Medicare Certification

### Case Count By Admission Status

	Count	%
Inpatient	0	0%
Outpatient	116	100%

Category Counts (At least one procedure in at least 4 of 6 categories required, excluding Nonoperative/Other.)

	Count	%
Congenital	0	0%
Cosmetic	1	1%
General/Reconstructive surgery	58	35%
Hand	2	1%
Skin (including skin cancer)	50	30%
Trauma	40	24%
Nonoperative/Other	0	0%
Total	151	92%

Anatomy Counts (At least one procedure in at least 3 of 5 anatomies required.)

	Count	%
Breast	8	5%
Hand/Upper Extremity	3	2%
Head and Neck	90	55%
Lower Extremity	40	24%
Trunk/Genitalia	0	0%
Total	141	85%

Anatomy By Category (Procedural Counts)

(More than one anatomy and/or category classification may have been selected for an individual procedure.)

	Anatomy					Total
	Breast	Hand/Upper Extremity	Head and Neck	Lower Extremity	Trunk/Genitalia	
Congenital	0	0	0	0	0	0
Cosmetic	1	0	0	0	0	1
General/Reconstructive surgery	8	1	24	48	0	113
Hand	0	1	1	0	0	2
Skin (including skin cancer)	1	0	78	12	0	109
Trauma	0	0	44	7	0	51
Nonoperative/Other	0	0	0	0	0	0
Total	10	2	147	67	0	276

- **SAVE A COPY OF ALL CASE LIST AND STATS DATA FOR YOUR RECORDS.**



**SAMPLE CANDIDATE AFFIDAVIT FROM FINALIZED CASE LIST  
PRINT-OUT- TOP PAGE  
Must be Notarized**

**Plastic Surgery Board Candidate**

**Listing of Cases**

**07/01/2016 through 03/31/2017**

**Board ID #: 1xxxxx**

**Date: 4/6/2017**

**Candidate Name**

Email: Candidate@xxxx.com

**CANDIDATE'S AFFIDAVIT**

**Attest: The patients listed on the attached pages are ALL of my cases during the period of 07/01/2016 through 03/31/2017 and the CPT codes listed are an exact representation of those submitted for billing purposes.**

**Candidate Signature 4/6/2017**

Candidate Name

Date

**Witness: As witness to the adjacent signature I hereunto set my hand and affix my seal:**

**Notary Signature 4/6/2017**

Signature of Notary

Date

**8-11-2017**

My Commission Expires

**Notary Official Seal**

**SAMPLE FACILITY/HOSPITAL  
RECORDS ADMIN AFFIDAVIT  
Must Be Notarized  
Lists all pages for that institution  
Prints at the end of each facility**

Page 20

**MEDICAL RECORDS ADMINISTRATION AFFIDAVIT**

Candidate: **Candidate Name** Board ID #: **1xxxxx** Date: 4/6/2017  
Hospital: **Facility Name**

Attest: The patients listed on pages 1 through 19 include ALL patients discharged or transferred from the care of Candidate Name here at this facility from 07/01/2016 to 03/31/2017.

Sign here 4/7/2017  
Signature of Medical Records Administrator      Date

Medical Director  
Title of Medical Records Administrator

As witness to the adjacent signature I hereunto set my hand and affix my seal:

Notary signs here 4/7/2017  
Signature of Notary      Date

8-11-2017  
My Commission Expires

**Notary Official Seal**

**SAMPLE PAGE FROM FINALIZED CASE LIST  
MUST BE IN THIS FORMAT!**

Candidate: **Your Name** Board ID #: **1xxxxx** Date: 4/6/2017

Page: 1 of 20 Hospital: **Facility Name**

<b>#1</b>			
<i>PATIENT INITIALS:</i> MR	<i>Medical Record #:</i> 16046	<i>GENDER:</i> Male	<i>DATE:</i> 07/10/2016
<i>AGE (y/m/d):</i> 16/0/2	<i>ADMISSION:</i> Outpatient	<i>DURATION:</i> 0:55 (hrs. & mins.)	
<i>DIAGNOSIS:</i> Middle finger digital nerve, FDS/FDP lacerations			
<i>TREATMENT/OPERATION:</i> Primary repair digital nerve, FDP, FDS			
<i>OUTCOME :</i> No Adverse Events			

<i>CPT Codes (mod, times) [Anatomy][Category]</i>	
26356 (2x) [Hand/Upper Extremity] [Hand, Tendon and Muscle]	Repair or advancement, flexor tendon, in digital flexor tendon sheath (eg, no man's land); primary, each tendon
64831 [Hand/Upper Extremity] [Hand]	Suture of digital nerve, hand or foot; one nerve

<b>#2</b>			
<i>PATIENT INITIALS:</i> JH	<i>Medical Record #:</i> 67543	<i>GENDER:</i> Female	<i>DATE:</i> 07/17/2016
<i>AGE (y/m/d):</i> 50/7/28	<i>ADMISSION:</i> Outpatient	<i>DURATION:</i> 0:35 (hrs. & mins.)	
<i>DIAGNOSIS:</i> Recurrent lipoma of shoulder			
<i>TREATMENT/OPERATION:</i> Excision of lipoma			
<i>OUTCOME :</i> No Adverse Events			

<i>CPT Codes (mod, times) [Anatomy][Category]</i>	
23075 [Hand/Upper Extremity] [Skin (including skin	Excision, soft tissue tumor, shoulder area; subcutaneous

cancer)]	
13121 [Hand/Upper Extremity] [Skin (including skin cancer)]	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm

<b>#3</b>			
<i>PATIENT INITIALS:</i> MF	<i>Medical Record #:</i> 56743	<i>GENDER:</i> Female	<i>DATE:</i> 08/18/2016
<i>AGE (y/m/d):</i> 26/10/20	<i>ADMISSION:</i> Outpatient	<i>DURATION:</i> 3:13 (hrs. & mins.)	
<i>DIAGNOSIS:</i> Bilateral breast hypertrophy			
<i>TREATMENT/OPERATION:</i> Bilateral breast reduction			
<i>OUTCOME :</i> No Adverse Events			

*CPT Codes (mod, times) [Anatomy][Category]*

NOTES