The American Board of Plastic Surgery, Inc.®

2018 HAND SUBSPECIALTY CERTIFICATION (HSC)

CLINICAL CASE LOG MANUAL

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HAND SURGERY EXAMINATION (HSE)
IMPORTANT DATES AND DEADLINES

HAND EXAM - COMPUTER BASED TEST (CBT)	**August 29, 2018**
HAND RECERTIFICATION EXAM - CBT	**Aug. 29 – Sept. 11, 2018**
HSE Online Application available	**December 1, 2017**
Last Date to Request HSE Application Material	**January 2, 2018**
Deadline - HSE Applications Finalized	**February 5, 2018**
Applications Finalized with Late Fee	**February 6-12, 2018**
Application Approval Letters and online Reply Forms available	**March 1, 2018**
Deadline - HSE Online Reply Forms Finalized	**March 30, 2018**
Reply Forms Finalized with Late Fee	**March 31-April 6, 2018**
HSE Scheduling Permits available	**July 2018**
Hand Exam Withdrawal Date with Partial Refund	**July 30, 2018**
Hand Exam for Initial Subspecialty Certification	**August 29, 2018**
Hand Exam for Recertification	**Aug. 29 – Sept. 11, 2018**
Hand Exam Results available on the Board's website after secure login	**November 2018**
Hand Subspecialty Certificates mailed	**December 2018**
Deadline - 2017 MOC-PS[®] Primary Certification Exam Reply Form*	**January 16, 2018**
Deadline - 2018 MOC-PS[®] Exam Application	**September 3, 2018**

Board Office Policies and Reminders

) The Board Office is unable to verify receipt or completeness of materials by telephone.
) Diplomates with incomplete materials will be notified via email.
) Incorrect or incomplete submissions (document uploads) may result in a Missing Items Fee.
) The Board Office is unable to accept faxed or emailed documents in lieu of required uploads to the Application or Reply Form. Contact the Board Office for assistance.
) Payment of Examination Fees is accepted only by credit card – VISA, MasterCard or American Express.
) Notification of change in address, telephone number, email, etc. must be updated on the Board's website under "My Profile" after secure log in.
) Note all Board deadline dates carefully to avoid late fees or exclusion from the examination.
) Stay current on all Board requirements via the Board's website.
) If you need assistance, please contact the Board Office at hand@abplasticsurgery.org.

THIS BOOKLET OF INFORMATION SUPERSEDES ALL PREVIOUSLY
PUBLISHED BOOKLETS OF INFORMATION OF
THE BOARD CONCERNING REQUIREMENTS, POLICIES AND PROCEDURES
AND MAY BE MODIFIED AT ANY TIME.

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THE HSE CASE LIST AND HSE APPLICATION MUST BOTH BE FINALIZED BY FEBRUARY 12, 2018 (late deadline).

For questions or concerns, please contact the Board Office at hand@abplasticsurgery.org.

Case List Compilation Requirements

1. You must submit a 15 consecutive month case list for hand surgery cases performed within the two years preceding submission of the Application Material. The case list must include at least 125 hand cases during the 15-month period.

2. Do not list assistant cases, namely cases billed by the diplomate as an assistant surgeon. Cases performed by a resident and attended by the diplomate, or cases billed as co-surgeon should be included on the case list, and noted as such in the procedure section. Co-surgeon cases must include evaluation, surgical plan and follow-up care of the patient by the diplomate applying for Hand Surgery Certification.

3. Do not list voluntary surgical activity in developing countries. Cases performed during such service are not to be included in case compilation because of the lack of continuum of care.

4. The list must include all operative procedures performed on the same patient within the 15-month reporting period. Hospital (or other) identifying numbers and patient initials must be consistent for the patient with multiple procedures (i.e. if a patient is listed at more than one institution, the same identifying number must be used to identify the patient).

5. All operative procedures on the upper extremity distal to the elbow joint must be included whether inpatient, outpatient, or office-based surgery during the 15-month reporting period. All patients hospitalized by the diplomate as the admitting physician must also be included, even if the patient is managed non-operatively. All emergency room patients who required an operative note must be included. Do not include inpatient consultations on patients admitted by physicians on other services that did not culminate in a surgical procedure. Office-based surgery that does not require a dictated note does not

need to be included. However, the Board suggests that the diplomate err in the direction of inclusion of cases rather than exclusion.

6. The automatic CPT code descriptors, which are visible when a CPT code is entered, are the copyright of the American Medical Association (AMA). A CPT code frequency field is included so that a CPT code may be entered once with the number of times the procedure was performed (e.g. X2, X3, etc. for multiple skin grafting procedures).

7. The case list must include at least 125 cases fulfilling at least five of the following nine categories:

CATEGORY	# OF CASES
Bone and Joint (distal to the elbow joint)	20
Nerve	20
Tendon and Muscle	20
Skin and Wound Problems	14
Contracture and Joint Stiffness	10
Tumor	10
Congenital	3
Microsurgery Vascular	3
Non-operative (a limit of 6 non-operative cases will be counted)	6

Applicants who do not fulfill the practice requirements may petition the Credentials Committee of the Board for individual consideration. This consideration will take into account other contributions and dedication to the discipline of hand surgery such as teaching, publication, administration, and research.

8. Case classification is a two-part item in order to reduce the category overlap. The **Category** relates to the nature or origin of the defect. The **Anatomy** relates to the anatomical location of the procedure **(Choose Hand as the Anatomy for Hand Surgery case collection)**. In the Clinical Case Log screen, these fields become available when the *Add CPT Code* option is clicked. One selection from each column is required. The Board Office staff cannot advise the Diplomate on how to classify a case. Diplomates should use their professional discretion to make the most reasonable assignment for each case.

9. Complex operative management represents a more substantial surgical operative experience than a less complex single task surgery. A complex injury is defined as those cases which involve several of the nine categories in addition to the skin/wound category. Therefore, in an injury involving the volar wrist, multiple tendons and the median nerve would 'count' as two categories, tendon and nerve – but not additionally for the skin closure. Further, no single operative case would be allowed to count for more than three categories towards the requirement of 125 cases.

   For example, the management of a complex mutilating injury involving repair of muscle, tendon, nerve, vascular injury, and skin would count for tendon and muscle, nerve, and microsurgery vascular, but not for the skin. This example clearly indicates a more complex operative experience than a simple, single task surgery. Those cases in which the involvement of two categories is part of a single focus surgery, such as the use of a tendon in ligament reconstruction and tendon interposition of the basal joint, would continue to count as only one case.

10. Providing "outcome" information is essential. A complications menu appears when "Adverse Events" is selected. Not all cases "heal without complications." Examples include "necrosis of tip of flap" or "normal sensation returned, but index finger stiff

after tendon repair." Complications are displayed on the case list only as a Minor, Moderate or Major Adverse Events. Narrative statements can also be included in the Adverse Events text box. The outcome categories are:

#1 **No Adverse Events**: No complication or complication so trivial that no intervention is required.

#2 **Outcome Unknown:** This includes patients **lost to follow-up** and is displayed that way on the case list.

#3 **Adverse Events:** Check all that apply including delayed healing, infection, unplanned consultation with another specialist, adverse event such as DVT, MI, PE, or Flap loss or unplanned re-operation. A short description of the adverse event is required in the text box provided.

11. Complete the Mortality within 30 days of the procedure box. This is a required field and is displayed on the case list.

CLINICAL CASE LOG WEB MANUAL

Note: These directions will be updated on the website as needed.

Technical Assistance is available.

Please contact Web Data Solutions at
support@dataharborsolutions.com or 312-944-0642
Monday-Friday: 9:00 a.m. - 5:00 p.m. Central Time

System Requirements:

In order to use the Clinical Case Log web-based tool you will need a computer with high-speed internet access. The following web browsers are recommended:

- Internet Explorer (version 10.0 or higher)
- Google Chrome (version 59.0 or higher)

Board website: https://www.abplasticsurgery.org

Step 1 – Registration

You are pre-registered on the Board's website.

- Your username and password have been preset by the Board. Your username is your six digit Board ID number and your password is your last name with the first letter capitalized (e.g. Smith). If you customized your login information, it remains unchanged.

- **Access the Clinical Case Log link via your Hand tab on the Board's website.**

Step 2 – Setting Up Your Profile

➢ Please read the Terms and Conditions carefully. 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.

➢ You must enter the state that you completed your plastic surgery training.

➢ You must indicate the start date of your 15-month hand surgery case list. All hand cases entered during the 15-month time frame specified will appear on the hand case list.

➢ 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 as this can cause printing problems in 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 Type(s)**
  ❖ **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 the above 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 ALL REQUIRED FIELDS ARE COMPLETE.**

Patient Information

➢ *Enter patient name.* Only patient initials (first and last) will be displayed to the Board and on the printed 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 compliance requirements.**

➢ *Enter patient date of birth.*

➢ *Enter patient gender.*

Facility and Procedure Information

➢ *Enter Hospital/Facility Name.* Click the "Edit Facility" link to add/edit the name of a facility.

➢ *Enter the admission status as inpatient or outpatient.* An inpatient admission is defined as an overnight stay of more than one night. An outpatient admission is defined as 23 hours or less.

➤ **Enter the procedure date.** Multiple procedures on the same patient, on the same date, 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.

➤ **Enter the Anesthesia Type.** The type of anesthesia used must be identified for each case: 1. Local (including nerve block), 2. IV Sedation 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 and the operative procedure(s). **ICD-9 codes are not required.**

➤ **Enter the procedure description as free text.** Comments about adverse events or death of a patient may also be added here. Do not use CPT codes in place of the written description of the procedure(s). If the case was non-operative, include a discharge summary diagnosis. A text box is also provided for adverse events.

CPT Codes

➤ **Add a CPT code** – Enter the code in the CPT Code box **before** selecting the anatomy and classification that corresponds to the CPT code entered.

❖ **The Board prefers that you list only one Anatomy and Category per CPT code.**

❖ **Bilateral Procedures should be entered only once using one CPT code with a -50 modifier.**

- ❖ Once all information for the CPT code has been entered, click "Save Record." All the fields will clear and your code will appear under "CPT Code (Description)." The automatic CPT code descriptors appear when a CPT code is entered. CPT codes are the copyright of the American Medical Association (AMA).

- ❖ There will be a **pencil icon** to the right of the code so that you can view information entered for that code and edit 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 in another code after clicking "Save Record."

- ❖ **Include all CPT codes plus modifiers used for insurance billing purposes.** CPT codes starting with 99 (evaluation and management codes for office visits, consultations, etc.) are not required. However, for non-surgical admissions to the hospital, 99 CPT codes should be used.

- ❖ A CPT code frequency field is included so that a CPT code may be entered once with the number of times that procedure was performed (e.g. X2, X3, etc. for multiple skin grafting procedures).

- ➢ **No candidate is exempt from CPT coding. Candidates practicing in Managed Care Practices, Military, Veterans Administration, Kaiser Permanente, Shriners' Hospitals, Canada and foreign countries must also include CPT codes for all cases.**

Outcomes and Adverse Events

> ➤ If there were adverse events, indicate such in the Outcomes question. Once you click "Adverse Events", additional fields will appear on the screen allowing you to describe the adverse events. A brief description for every adverse event is required in the text box provided.

> ➤ Severity of complications are **reported on your case list** as follows:

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

Save your Case

> ➤ You can click any of the following buttons located at the bottom of the screen to save your data:

❖ **Prev –** Saves any changes and directs user to the previous case on 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 on the list.

We recommend that you log out 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. 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 the case** which will take you back to that case form. You can easily identify the missing fields by the red, bold text.

➢ **Sorting the List –** Sort the list by any of the columns displayed simply by clicking on the column heading. Clicking once will sort the list in ascending order. Clicking again will sort the list in descending order.

➢ **Filtering Your Case List –** 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 open the case form 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 hourglass icon in the far right column indicates that case data are incomplete.**

Step 5 – Finalizing Your Case List – Must be finalized by February 12, 2018 (late deadline).

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 log screen, click the **"Finalize Case List"** link 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 at hand@abplasticsurgery.org.

Please note, the online Application, Registration Fee and all required documents uploaded as PDF files must also be finalized on the Board's website, www.abplasticsurgery.org, by February 12, 2018. See Application Cover letter for details.

Step 6 – Saving a Copy of Your Case List (Recommended)

You do not need to submit a hard copy of your case list to the Board Office. However, the Board recommends that diplomates retain an electronic copy of their list with the statistics page for future reference for society membership or other purposes. The "Print Cases" Screen appears after clicking "Finalize Case List" which allows you to save a copy to your computer.

SAMPLES

OF

CLINICAL CASE LOG

SCREENS

INITIAL LOG IN SCREEN

❖ **LOG IN TO YOUR PHYSICIAN PROFILE ON THE BOARD'S WEBSITE, www.abplasticsurgery.org,**

  ↷ Your default username is your six-digit Board ID number. Your default password is your last name (case sensitive, with the first letter capitalized, e.g. Smith). You may change this at any time.

  ↷ If you previously customized your username and password, it remains unchanged.

❖ **ACCESS THE CLINICAL CASE LOG LINK ON THE HAND TAB**

CLINICAL CASE LOG SCREEN

Training State: CA

Facilities:
University Medical Center **Edit Facility** | **View Case List Prior to Finalization**

* Click here to add a facility...

* Click here to add a case...

Start of Tracking Date: 03/13/2015 [Save Tracking Date]
(Please enter a date on or after January 1, 2015 but no later than November 1, 2015. Your case list must be 15 consecu
the Application Material.)

[All Facilities ∨] [All Cases ∨] [Reset] **View statistics**

- ❖ **THE STATE WHERE YOU COMPLETED YOUR PLASTIC SUGERY TRAINING MUST BE ENTERED**

- ❖ **START OF TRACKING DATE MUST BE ENTERED**

- ❖ **CASE LIST MUST BE 15 <u>CONSECUTIVE</u> MONTHS WITHIN TWO YEARS PRECEDING SUBMISSION OF APPLICATION MATERIAL**

ADD FACILITY SCREEN

- ❖ **FACILITY TYPE SOMETIMES PREFILLS THE ADMISSION TYPES**

- ❖ **ACCREDIATION PROGRAM MUST BE CHECKED FOR ALL APPLICABLE SURGERY CENTERS**

CASE LIST SCREEN SAMPLE

- ❖ **CLICK ON PENCIL ICON TO EDIT AN ENTERED CASE**

- ❖ **RED CHECK BOX DENOTES ALL DATA FIELDS COMPLETE**

- ❖ **HOURGLASS ICON DENOTES INCOMPLETE DATA FIELDS**

CASE 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 #**

(Visible to physician only; initials visible to ABPS)

* Birth Date (mm/dd/yyyy)   *** Patient Gender**

○ 1. Male ○ 2. Female

(Age, not DOB, prints on the Case List)

* Hospital/Facility Name   *** Admission**

▼ Edit Facility

○ 1. Inpatient ○ 2. Outpatient

* Procedure Date (mm/dd/yyyy)   *** Procedure Duration**

__ : __ (hours & minutes, skin-to-skin, excluding anesthesia time)

* Anesthesia Type

☐ 1. Local (including nerve block) ☐ 2. Conscious Sedation (both oral and intravenous) ☐ 3. General Anesthesia ☐ 4. None

* Diagnosis Description

* Procedure Description

❖ **RED ASTERISKS DENOTE REQUIRED FIELDS**

❖ **DIAGNOSIS DESCRIPTION AND PROCEDURE DESCRIPTION ARE FREE TEXT FIELDS. USE THESE FOR EXPLANATIONS OR SPECIAL NOTATIONS.**

❖ **ICD 9 CODES ARE NOT NEEDED**

CPT FIELD AND CLASSIFICATION

* **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.

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

[Save Record]

- ❖ **SELECT ANATOMY AND CATEGORY FOR EACH CPT CODE**

- ❖ **HAND SUB-CATEGORIES ONLY APPEAR ONCE HAND IS SELECTED UNDER BOTH ANATOMY AND CATEGORY CLASSIFICATIONS**

- ❖ **MINIMUM # OF CASES MUST BE MET IN 5 OF 9 REQUIRED CATEGORIES**

- ❖ **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**

- ❖ **BE SURE TO CLICK "SAVE RECORD" TO SAVE THE CPT CODE**

OUTCOMES

❖ **IF "NO ADVERSE EVENTS" BOX IS CHECKED THEN THE ADDITIONAL FIELDS DO NOT APPEAR**

❖ **"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 2-12-18**

STATISTICS REPORT

Case Count Distribution

	Count	Age (years)		Duration of Surgery (minutes)	
		Average	Std. Dev.	Average	Std. Dev.
Male	4 (20%)	31	7	75	39
Female	1 (5%)	39	2	120	2
Total	5	33	7	84	39

CPT Codes

Total Codes	Codes Per Case	Distinct Codes
11	2.2	11

Major/Minor/Non-Plastic Surgery CPT Codes Count

Cases with Major CPT Codes	Cases with Minor (and NO Major) CPT Codes	Cases with ONLY Non Plastic Surgery CPT Codes
18 (95%)	1 (5%)	0 (0%)

Case Count By Outcome

	Count	%
Unknown Adverse Events	2	40%
No Adverse Events	3	60%
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 Admission Status

	Count	%
Inpatient	3	60%
Outpatient	2	40%

Case Count By Institution

	Count	%
Sharp Memorial Hospital	4	80%
Scripps Encinitas Hospital	1	20%

Category Counts

	Count	%
Bone and Joint	2	40%
Nerve	3	60%
Tendon and Muscle	1	20%
Skin and Wound Problems	2	40%
Contracture and Joint Stiffness	0	0%
Tumor	0	0%
Congenital	0	0%
Microsurgery Vascular	1	20%
Nonoperative	0	0%
Total	9	

Frequently Asked Questions
(FAQ's)

Q.1 **Why am I receiving a message when trying to enter a new case that the surgery date is not valid?**

A.1 You must first enter your case collection start date for your 15-month case list. The case collection period must be at least 15 months within the two years preceding the application deadline date. Surgery dates outside of this range will not be accepted during the data entry process.

Q.2 **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?**

A.2 If a case needs some added explanation, the diagnosis and procedure description sections are free text areas where additional information can be provided. A text box is also provided for additional description of adverse events. For example, infection later than six weeks occurred.

Q.3 **What do the hourglass and red checkmark notations in the status column mean?**

A.3 The hourglass icon indicates that a required field has not been completed for that particular case. Click the pencil icon to the left of the case number to open the form. The incomplete data fields will be identified by red, bold text. CPT code Anatomy & Category Classifications are often overlooked. All required data must be entered in order to finalize the case list. When a case is complete, the status column on the case log will update to a red checkmark.

Q.4 **Should all modifiers be entered manually into the "Modifiers" field in the CPT coding tool?**

A.4   Yes. The CPT code box will only accept the 5-digit number. Tab to the "modifiers" field to key in the -50 or -51 modifier manually.

Q.5   **Does the "number of times" field need to be completed with the value of "2" for bilateral procedures appended with the -50 modifier?**

A.5   If a bilateral modifier is used, then 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.)

Q.6   **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?**

A.6   All CPT codes should be entered exactly as they were billed. It is assumed that how the 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.

Q.7   **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. adverse events field or the 30 day mortality?**

A.7   Enter the Adverse Events as known at the time of the submission. The Board understands this time constraint.

Q.8   **How do I apply the Anatomy and Category Classifications in the CPT coding?**

A.8   Click on the pencil icon next to the CPT code and go to the
       boxes below to select an anatomy and category
       classification. They are not automatically selected for you.
       Be sure to click "Save record" to save the classification
       selections.

Q.9   **There is a "non-operative" category. What type of case
       should be entered for that category?**

A.9   Burns managed without operation is an example of a non-
       operative category.

Q.10   **When trying to enter a CPT code, I get a "not valid"
       message even though it is a valid code.**

A.10   If this occurs, try putting in a similar code and note the
       correct code in the text area of the procedure description.

Q.11   **Why do the stats sheets and case lists for certain
       facilities take so long to appear on the screen?**

A.11   The compilation of the lists and stats sheet for printing
       and saving demands a great deal of processor time. Allow
       a few minutes for those reports to load on your screen.

Q.12   **How do I list inpatient non-surgical admissions, for
       example, cellulitis?**

A.12   Enter the day of admission or discharge as the "operation
       date." You can use Evaluation and Management Codes
       (99…) as the CPT code for that type of case.

Q.13   **Where do I get answers to my questions about data
       entry, the Clinical Case Log program, Board requirements
       or printing, etc.?**

A.13   1. Take time to review the Board's materials – most answers are there. 2. Instructions and Requirements are accessible in the Clinical Case Log Menu. 3. Email questions to Web Data Solutions (WDS) at support@dataharborsolutions.com. 4. Email the Board at hand@abplasticsurgery.org. 5. Call Web Data Solutions technical support at 312-944-0642. 6. Call the Board Office at 215-587-9322.

Q.14   **I entered cases and now can't see them on my case list. What do I do?**

A.14   Up to 50 cases appear on a page. Click the page numbers that appear above the case list to view your cases.

Q.15   **Why is the system slow?**

A.15   The viewing and printing of case lists and statistics sheets creates a very high demand on processor speed at Web Data Solutions' servers. This is especially true the week before a deadline date. 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.

Q.16   **Why am I unable to see the information (Cases, CPT codes, etc.) that has just been entered?**

A.16   This issue is caused by the way the individual's Internet Explorer or other browser is set up to update cached pages. 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, in Internet Explorer, 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."

Q.17 **I have two procedures for one case and they are classified differently. Will both procedures count towards the minimum anatomy and category classifications?**

A.17 Multiple procedures within a case will be counted toward satisfying the one (1) case minimum for anatomy and category classification requirements.

Complex operative management represents a more substantial surgical operative experience than a less complex single task surgery. A complex injury is defined as those cases which involve several of the nine categories in addition to the skin/wound category. Therefore, in an injury involving the volar wrist, multiple tendons and the median nerve would 'count' as two categories, tendon and nerve – but not additionally for the skin closure. Further, no single operative case would be allowed to count for more than three categories towards the requirement of 125 cases.

For example, the management of a complex mutilating injury involving repair of muscle, tendon, nerve, vascular injury, and skin would count for tendon and muscle, nerve, and microsurgery vascular, but not for the skin. This

example clearly indicates a more complex operative experience than a simple, single task surgery. Those cases in which the involvement of two categories is part of a single focus surgery, such as the use of a tendon in ligament reconstruction and tendon interposition of the basal joint, would continue to count as only one case.

Q.18   **The ASSH is requesting the "cover sheet" from my case list for membership application requirements. Where do I find this document?**

A.18   The statistics page generated by the Clinical Case Log after finalization of your case list is sufficient for this requirement. The statistics page is accessible to print or save by clicking the "View Statistics" link from the finalized case list screen.

END FAQ's

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HAND SURGERY EXAMINATION FEES

Application Registration Fee (Payable with Online Application and is non-refundable.)	$ 405.00
Application Registration Late Fee	$ 160.00
Hand Surgery Examination Fee (Payable with Online Reply Form)	$1,240.00
Examination Late Fee	$ 250.00
Withdrawal Fee	$ 520.00
Missing Items Fee	$ 120.00
Credential Review Fee	$ 280.00
Ethics Review Fee	$ 280.00
Additional Certificate Fee	$ 145.00
Verification of Status Fee	$ 50.00
Checks Returned for Insufficient Funds Charge	$ 65.00
Photocopying Fee	$ 30.00

❖ Application and Examination Fees must be submitted by credit card only. Foreign currencies, including Canadian, are unacceptable. Select other fees acceptable by check only. Fees are non-refundable.

❖ Fees are subject to change by the Board. The fee schedule applicable to the current examination will apply regardless of when the Diplomate is approved for admission to examination.

❖ The Board is a nonprofit organization, and the fees of Diplomates are used solely for defraying the actual expenses of the Board. The Directors of the Board serve without remuneration.

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