

The American Board of Plastic Surgery, Inc.

2018 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 20th!
- ❖ 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, 2017

2018 Oral Examination Information Letter
November 8, 9, 10, 2018
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, 2017. To “finalize” your submitted Case List and have it reviewed by the Oral Exam Committee, you must have submitted **a minimum of 50 MAJOR cases, complex enough to require the skill set of a subspecialty trained plastic surgeon.** 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 20, 2018**, the late deadline of April 25, 2018 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, 2017 through March 31, 2018.

To utilize the program beginning July 2017 and thereafter, please visit the Board’s website 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 the 2018 Oral Examination Information. **Your username originally was your 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 abps@dataharsolutions.com or by telephone at **312-944-0642** for technical support. You can also e-mail questions to the Board at 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 2018. **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 Oral Exam tab on the Board’s website at 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 2017-2018 Booklet of Information and available on the Oral Exam tab on the Board’s website. The 2018 Oral Examination requirements may also be viewed on the Board’s website, prior to login, in the Oral Examination section.

Additional required materials to submit with the case list, affidavits and statistics:

1. **Letter from one medical staff office.** Refer to the Booklet of Information and the sample hospital privilege letter for details.
2. **Outpatient accreditation certificates/letters (if applicable).** Refer to the Booklet of Information and the sample accreditation certificates for details.
3. **One set of all required advertising/marketing materials** from the past 12 months from the deadline (i.e. April 2017 – April 2018). (See the Booklet of Information, section titled “Preparation for Submission of Data”).

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 tab/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,



David H. Song, M.D.
Chair, Oral Examination Committee

DHS/mmh
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.

*Please contact Web Data Solutions at abps@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) and on the Clinical Case Log.

- Log in to the Board's website at 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. **Surgery Centers affiliated with a hospital should include the name of the affiliated hospital along with the name of the surgery center. Accreditation certificates are not required for hospital-based surgery centers.**
 - 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 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 or initials,** first and last (middle initial if available). At least 2 initials must be entered. **Candidates can see full name but initials only are printed. For added confidentiality, use only 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 period regardless of the date or location (e.g. office, outpatient facility, hospital) to allow for cross-referencing.** Do **not** use full social security numbers to protect patient confidentiality. Follow institutional, state and HIPAA requirements to protect patient confidentiality.

- **Enter patient date of birth as mm/dd/yyyy.** This DOB will not be displayed on the finalized case list. **Only age in years (years/months/days) will be displayed on the printed list.** Do not leave spaces in the DOB fields as this may cause errors with the age on the printed case list.
- **Enter patient gender.** Male or female is reported 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. Candidates can enter facilities during initial setup or any time during the case collection period. An outpatient designation here will create a default entry in the admission status field during data entry. Facilities with no cases can be deleted.
- **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 even with an overnight stay.
- **Enter date of procedure.** Enter multiple procedures on the same patient, on the same date during the same OR session, as one case. Use the date of admission for non-operative inpatient admissions.
- **Enter duration of procedure.** Duration is defined as skin to skin excluding anesthesia time. Enter approximate duration of the surgical procedure in hours and minutes. For non-operative cases, list "0" minutes.
- **Anesthesia Type.** Enter the type of anesthesia used; Local only (including nerve block), IV sedation, General Anesthesia, none.
- **Enter the diagnosis description in the free text box. Providing accurate diagnosis information is essential.** Comments about follow-up, subsequent planned procedures or other notes should be entered here. **For non-operative cases, include a discharge summary diagnosis.** Be concise and use professional judgment

on the details/comments listed in the free text field. The Board does not require ICD-9 or ICD-10 Codes.

- **Describe the procedure in the free text box.** From the operative notes, give an accurate description of the operative procedure(s). CPT code descriptors should not replace the free text procedure description. For non-operative cases, enter a description of the care provided. Be concise and use professional judgment on the details/comments listed in the free text field.

Procedure Codes – Add all CPT Codes that apply

- **Add a CPT code – Include all CPT codes plus modifiers used for billing purposes.** 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.**
 - **CPT codes must be assigned for all cosmetic cases.**
 - **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.**
- The automatic CPT code descriptors, which appear when a CPT code is entered, are the copyright of the American Medical Association (AMA).
- A CPT code frequency field (# of times) 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) during that case.
- **Case classification fields** are 2-part items to reduce the category overlap. The **Category Classification** relates to the nature or origin of the defect. The **Anatomy Classification** relates to the anatomical location of the procedure. Pick one option in each column for every CPT code listed. **The options include:**

CLASSIFICATION	
CATEGORY	ANATOMY
1. Congenital	1. Breast

- 2. Cosmetic
- 3. General Reconstructive
- 4. Hand*
- 5. Skin (including skin cancer)
- 6. Trauma
- 2. Hand/Upper Extremity
- 3. Head & Neck
- 4. Lower Extremity
- 5. Trunk/Genitalia

➤ ***Hand Subcategories** of Bone/Joint; Tendon/Muscle; Contracture & Joint Stiffness; Microsurgery, Vascular; Congenital; Nerve; Skin & Wound Problems; Tumor and Non-Operative will appear for the Hand Category Classification and may be used for the Hand Surgery Examination (HSE) case collection.

➤ **PLEASE NOTE: The Board Office Staff cannot advise candidates on how to classify a case. Candidates should make the most reasonable selection for each case.** Candidates should use their professional judgment when more than one category applies to a case. If the case involves microsurgery, be sure to indicate this in the procedure description. A few examples are:

Case	Category	Anatomy
Abdominoplasty	Cosmetic	Trunk
Abdominoplasty & Abd. Hernia Repair	Cosmetic; Gen Reconstructive	Trunk
Flexor Tendon Repair	Hand	Hand
Carpal Tunnel Release	Hand	Hand
Reduction Mammoplasty	Gen Reconstructive Or Cosmetic	Breast
Breast Reconstruction	Gen Reconstructive	Breast
Cellulitis/in patient admission	Skin	Lower Extremity

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		
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- **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 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, in the Oral Exam tab (after secure login).**

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 2018 Examination is the close of the business day on **April 20, 2018.**

Submission of case list materials from April 21, 2018 through April 25, 2018 requires a late fee. The late fee is charged automatically by credit card payment for Case Lists finalized from **April 21st up to and including April 25th.** However, if a case list is finalized by the deadline on April 20th, 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 in the Booklet of Information. No case lists will be accepted after the late fee deadline date. **The Clinical Case Log will be available through April 25, 2018 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 staff 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 case list.** This includes the signed and notarized affidavits for each institution and the top page, which is the Candidate Affidavit Sheet.
- One set of the **Statistical Summary Report.** Attached separately as the last section.
- **One set of all advertising materials from the past 12 months from the deadline (i.e. April 2017 – April 2018) including, but not limited to, business cards, letterhead, brochures, Curriculum Vitae, proof copy of billboard images, telephone book (yellow page) listings and other print advertisements such as announcement flyers, magazine and newspaper advertisements and articles. Also submit selected website content** including: the candidate's and the practice's homepage, the candidate profile (About the Doctor) page, any page with candidate qualifications and credentials, any page that includes any Board or society emblem for the practice or the candidate and any page with references to Board Certification for the candidate or practice. Do NOT include multiple procedure information pages with photographs. **Audiovisual ads are not required to be submitted.** Please refer to the **Advertising Requirements** in the Advertising and Marketing section of the Booklet of Information.

Also required are copies of third party physician search sites such as, but not limited to; Realself.com, Yelp, Healthgrades.com, Doximity, etc. **Perform a web-based search of yourself** to identify any instances of physician rating before submission of materials to the Board. The candidate is responsible for policing all instances of physician rating.

For social media sites, submit just the profile pages. This could be your practice profile pages for Facebook, Snap Chat, Twitter or other social media sites, and/or a list of videos from your practice posted to YouTube. Candidates should not include multiple procedure information pages with photos. Audiovisual ads are not required to be submitted at this time. Be selective; do not submit every post or patient blog from the last 12 months, just the profile pages.

- **Hospital Privileges.** A letter from **one** medical staff office verifying hospital privileges in plastic surgery which corresponds to the start of clinical surgical practice. The privilege expiration or reappointment date must be listed. Candidates must have active inpatient admitting privileges in plastic surgery. Note that **ALL hospital privilege letters will be required at the time of the Reply Form.**
- **Accreditation Certificates.** The candidate must provide an accreditation certificate (e.g. AAAASF; AAAHC; Medicare Certification; State Licensure; Other) or a currently dated letter from the accrediting body documenting that certification is in process for ALL non-hospital surgical facilities. This includes all office-based surgery centers, where the candidate operates (if applicable). The name of the facility listed on the Clinical Case Log “add facility” function must match the facility name on the certificate or letter. Hospital-based surgical centers accredited by The Joint Commission do not require documentation but the name of the affiliated hospital should be entered on the Clinical Case Log “Add Facility” function (e.g. New Age Surgery Center-*Bryn Mawr Hospital*). Candidates must include an explanation for non-accredited surgical facilities stating the reason for lack of accreditation in the text box provided on the Clinical Case Log (e.g. only local procedures performed without intra-venous sedation at the location).

- 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 21st up to and including April 25th.
- A check for the Late Fee must accompany the case List materials and advertising documents if received in the Board Office from April 21st up to and including April 25th. **This applies to Case Lists finalized by April 20th 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 20, 2018: 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. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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!

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

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

16. 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 and on your Oral Exam tab on the Board's website 3. E-mail Web Data Solutions @ abps@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.

17. 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.

18. 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 and your browser.

19. 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."

20. What cases should be included in the Case List?

Refer to the Booklet of Information for the Must Include and Do Not Include 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 Penn Center
1635 Market Street, Suite 400
Philadelphia, PA 19103-2204

Tech Support

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- GO TO 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 Facility (Include reason for lack of accreditation in text box provided, e.g. only local procedures performed without intra-venous sedation at the location)

[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

[Click here to view statistics](#)

Case Count: 5 Case(s)

Case #	Patient Name	Record #	Facility	Date of Summary	Edit Date	Status
 1470856	TEST, TEST	123	County Hospital	07/01/2016	07-01-16 11:09 AM	<input checked="" type="checkbox"/>  
 1470857	TEST, TEST	456	University Medical Center	07/02/2016	07-01-16 11:11 AM	<input checked="" type="checkbox"/>  
 1470859	TEST, TEST	789	University Medical Center	07/03/2016	07-01-16 11:12 AM	<input checked="" type="checkbox"/>  
 1470860	TEST, TEST	111	County Hospital	07/03/2016	07-01-16 11:13 AM	<input checked="" type="checkbox"/>  
 1470861	TEST, TEST	222	County Hospital	07/05/2016	07-01-16 11:14 AM	<input checked="" 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**
- **HOURGLASS 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 # (Visible to physician only; initials visible to ABPS)

* Birth Date (mm/dd/yyyy) * Patient Gender (Age, not DOB, prints on the Case List)
 1. Male 2. Female

* Hospital/Facility Name * Admission
Hospital of Saint Raphael at Yale New Haven [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. IV sedation 3. General Anesthesia 4. None

* Diagnosis Description

* Procedure Description

- 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 (Select one per CPT code)	* Category Classification (Select one per CPT code)	* Hand Sub-Category (Select one per CPT code)
<input type="checkbox"/> 1. Breast	<input type="checkbox"/> 1. Congenital	<input type="checkbox"/> 1. Bone and Joint
<input checked="" 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 checked="" 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
		<input type="checkbox"/> 10. N/A <small>This option may be checked for procedures performed on the upper extremity that are non-hand cases. Please note, all hand cases must have a subcategory selected in order to be counted on the hand case list for those who will be applying to the Hand Surgery Examination.</small>

- **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

STATISTICS (page 1)

Statistics for Dr. Sample Candidate (04/12/2018)

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	17 (28%)	44	15	53	51
Female	42 (71%)	38	12	48	59
Total	59	39	13	49	56

CPT Codes

Total Codes	Codes Per Case	Distinct Codes
94	1.6	25

Major/Minor CPT Codes Count

Cases with Major CPT Codes	Cases with ONLY Minor CPT Codes
28 (47%)	31 (53%)

Case Count By Admission Status

	Count	%
Inpatient	0	0%
Outpatient	59	100%

Case Count By Outcome

	Count	%
Unknown Adverse Events	0	0%
No Adverse Events	54	92%
Minor Adverse Events	3	5%
Moderate Adverse Events	2	3%
Major Adverse Events	0	0%
Patient Died	0	0%
Other	0	0%

Case Count By Institution And Admission Type

	Count	%	Inpatient/Outpatient	Accreditation Program
Office Name	59	100%	Outpatient	

STATISTICS (page 2)

Category Counts		
	Count	%
Congenital	3	5%
Cosmetic	54	92%
General/Reconstructive surgery	5	8%
Hand	0	0%
Skin (including skin cancer)	3	5%
Trauma	0	0%
Nonoperative/Other	1	2%
Total	66	

Anatomy Counts		
	Count	%
Breast	10	17%
Hand/Upper Extremity	0	0%
Head and Neck	40	68%
Lower Extremity	1	2%
Trunk/Genitalia	15	25%
Total	66	

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	2	0	1	3
Cosmetic	12	0	44	0	28	84
General/Reconstructive surgery	1	0	0	0	5	6
Hand	0	0	0	0	0	0
Skin (including skin cancer)	0	0	2	1	1	4
Trauma	0	0	0	0	0	0
Nonoperative/Other	1	0	0	0	0	1
Total	14	0	48	1	35	98

➤ **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
07/01/2017 through 03/31/2018**

Board ID #: 1xxxxx

Date: 4/6/2018

Candidate Name

Email: Candidate@xxxx.com

CANDIDATE'S AFFIDAVIT

Attest: The patients listed on the attached pages are ALL of my major cases as required by ABPS during the period of 07/01/2017 through 03/31/2018 and the CPT codes listed are an exact representation of those submitted for billing purposes. I understand that CPT codes for cases which were not billed to a third party were entered for classification purposes.

Candidate Signature 4/6/2018

Candidate Name

Date

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

Notary Signature 4/6/2018

Signature of Notary

Date

8-11-2018

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: 4/6/2018
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 07/01/2017 to 03/31/2018.

Sign here 4/7/2018
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 4/7/2018
Signature of Notary Date

8-11-2018
My Commission Expires

Notary Official Seal

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

Candidate: **Your Name** Board ID #: **1xxxxx** Date: 4/6/2018

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

#1			
<i>PATIENT INITIALS:</i> MR	<i>Medical Record #:</i> 16046	<i>GENDER:</i> Male	<i>DATE:</i> 07/10/2017
<i>AGE (y/m/d):</i> 16/0/2	<i>ADMISSION:</i> Outpatient	<i>DURATION:</i> 0:55 (hrs. & mins.)	
<i>ANESTHESIA TYPE:</i> General Anesthesia			
<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

#2			
<i>PATIENT INITIALS:</i> JH	<i>Medical Record #:</i> 67543	<i>GENDER:</i> Female	<i>DATE:</i> 07/17/2017
<i>AGE (y/m/d):</i> 50/7/28	<i>ADMISSION:</i> Outpatient	<i>DURATION:</i> 0:35 (hrs. & mins.)	
<i>ANESTHESIA TYPE:</i> General Anesthesia			
<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 cancer)]	Excision, soft tissue tumor, shoulder area; subcutaneous
13121 [Hand/Upper Extremity] [Skin (including skin cancer)]	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm

#3			
<i>PATIENT INITIALS:</i> MF	<i>Medical Record #:</i> 56743	<i>GENDER:</i> Female	<i>DATE:</i> 08/18/2017
<i>AGE (y/m/d):</i> 26/10/20	<i>ADMISSION:</i> Outpatient	<i>DURATION:</i> 3:13 (hrs. & mins.)	
<i>ANESTHESIA TYPE:</i> General Anesthesia			
<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