2015 Oral Examination

CLINICAL CASE LOG MANUAL

Program Instructions, Frequently Asked Questions & Data Screens

https://www.abplsurg.org – Board site: Physician Profile & Oral Exam Tab Links

https://secure.dataharborsolutions.com/clinicalcaselog – to enter cases

Collection Recommendations

The Board suggests compilation of the case list on a weekly/monthly basis.

Review this Booklet, 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 = April 20th!

NOTE: On-Line Credit Card Payment

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.

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July 1, 2014

Candidate Name
Candidate Address
City, State Zip

Six Digit Board ID #:

2015 Oral Examination Information Letter
November 12, 13, 14, 2015
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, 2014. 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, 2015, the late deadline of April 27, 2015 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, 2014 through March 31, 2015.

To utilize the program beginning July 2014 or thereafter, please visit the Board’s website www.abplsurg.org. There are two log-in steps, one for your Board Oral Exam tab and one for the case collection. Initially, we recommend that candidates 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 2015 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. Passwords for the Board’s website and the Clinical Case Log are identical now; however, if you change your password be sure to change it in both places – in the Board profile and
in the Clinical Case Log profile. If you are unsure of the password, use the “Forgot Password?” function below the password box in the upper right corner of the Board’s website. 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. If you are unsure of the password on the Clinical Case Log, use the “I forgot my password” function below the login box. You will be asked to provide your username. If the values match the data in the web files, your log in information will be sent to the e-mail address on file. You may want to create a shortcut directly to the Clinical Case Log log-in screen once these first steps are completed. The URL to go directly to the Clinical Case Log website is https://secure.dataharborsolutions.com/clinicalcaselog.

Web Data Solutions may be reached at support@dataharborsolutions.com or by telephone at 312-944-0642 for technical support. You can also e-mail questions to the Board at oral@abplsurg.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 log-in to the site. 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.

Review the enclosed Instructions (Clinical Case Log Manual) which are also available on the Clinical Case Log website. 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 2014-2015 Booklet of Information and available by clicking the Requirements button on the Clinical Case Log website. The 2015 Oral Examination requirements may also be viewed on the Board’s website at www.abplsurg.org in the Examination Information section under ABPS Oral Exam.

NOTE: A letter of verification of hospital privileges in plastic surgery dated 2015 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 2015 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 2014 – April 2015) to be submitted with the case list by the close of the business day on April 20, 2015.

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 August 2015. 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.

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.

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
CLINICAL CASE LOG PROGRAM

ABPS Web Manual

Note: These directions will be updated on the website as needed. Also refer to the FAQ’s on pages 19-24 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 support@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. A high-speed line such as a DSL, Cable or T1 line is recommended. A dial-up connection will work but is very slow. In addition you will need the following web browser and software:

- **Internet Explorer** (version 8.0 or higher)
- **Adobe Acrobat Reader** - If you don’t already have it installed, you can download Acrobat Reader for free at [www.adobe.com](http://www.adobe.com).

*We recommend using Internet Explorer on a PC. Please verify the printed case list, affidavit sheets and statistics sheets against the sample case list documents on pages 32-36 of this manual.*

Step 1 – Registration – You are pre-registered on the Board’s website ([www.abplsurg.org](http://www.abplsurg.org)) and on the Clinical Case Log ([https://secure.dataharborsolutions.com/clinicalcaselog](https://secure.dataharborsolutions.com/clinicalcaselog)).

**NOTE:** The Board recommends that you become familiar with your Oral Exam tab, on the Board’s website, as a resource for
documents sent and a link to the Clinical Case Log URL listed above.

- Initially, there are two log-in steps, one for your Board Oral Exam tab and one for the case collection.
- Log on to the Board’s website at www.abplsurg.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.
- Passwords are identical now; however, if you change either you should change it in both places – the Board profile and the Clinical Case Log profile.

Step 2 – Setting Up Your Clinical Case Log Profile (Your Board web profile came first)

- Link to the Clinical Case Log from the Board’s website at www.abplsurg.org (see above).
- Enter your username and password.
- 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.
- Complete all fields in your profile. The plastic surgery training state must be entered. If you want to change your password to something you’ll more easily remember you can do so here.
- Click the “Add Facility” link at the bottom of the page to add facilities at which you have surgical privileges.
- You will need to complete:
o 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.
o 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.
o Facility Zip Code
o Admission Types
   o Level of credentialing at facility: Active, Admitting, Consultant, Attending, Courtesy or Other
   o Office Surgery Center Accreditation Type (if applicable)
   o Office Surgery Center Accreditation Program (if applicable): 1. AAAASF; 2. AAAHC; 3. The Joint Commission; 4. Medicare Certification; 5. State Licensure; 6. Other:_____
   • Click the Add Facility button. Repeat this process to add more facilities.
   • Click on “Save Profile” at the bottom of the page.

*Note: you can return to your profile at a later time to add/change data.

Step 3 – Printing Out the Forms

• Click on “Print Forms” in the main menu.
• You will need Adobe Acrobat Reader installed on your machine. If you don’t already have it installed, you can download Acrobat Reader for free at www.adobe.com.
• The CLINICAL CASE LOG form available under Print Forms on the main menu is a sample of the data you’ll need to collect for each patient.

Step 4 – Collecting Case Data

• Click on “Go Mode Oral” or “Go Mode All” in the main menu.
• Click on “Click here to add a case…”
• **All required fields will appear in a red box** along with an 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 yellow asterisk/pencil 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 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 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.

**CPT Codes**

- **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) may be used. Multiple selections can be made by holding down the “Ctrl” key on your keyboard.

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

Once all information for the CPT code has been entered, click “Save Code”. All the fields will become blank and your code will appear under “CPT Code (Description).”

There will be a pencil icon to the left of the code so that you can view information entered for that code and edit it if necessary.

A garbage can icon to the right of the code allows a code to be deleted if needed.

You may enter another code after clicking “Save Code” since all fields are blanked out for this reason or by clicking “Add CPT Code” to blank out any information in the fields.

If you do not know the CPT Code for this case, click on “CPT Coding Tool” which will generate a list of CPT codes matching any anatomy and category classification selection.

Clicking “CPT Coding Tool” will open up a new window where, as you check off anatomy and category classifications, a list of CPT codes that match your anatomy and category classification selections will appear.
Select the CPT code you wish to use and click the “Add Code” button. A pop-up box will appear letting you know that the code has been added.

You can repeat this process for each procedure. Click “Close Window” when you are done and you will return to the case screen.

The CPT code(s) entered will appear under “CPT Code (Description)”. There will be a pencil icon to the left of the code so that you can view information entered for that code and edit it if necessary.

A garbage can icon to the right of the code allows a code to be deleted if needed.

As you continue to use particular CPT codes, the system will generate “My TOP Procedures for you”. Then, for subsequent cases, you only need to click on CPT code and the CPT code, Anatomy & Category Classification fields will automatically be completed (auto filled).

**Include all CPT codes plus modifiers used for insurance billing purposes.** CPT codes must be assigned as well for all cases that were not billed to insurance (e.g. cosmetic cases). CPT codes starting with 99 (evaluation and monitoring codes for office visits, consultations, etc.) are not required. For nonsurgical 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. Once 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:

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

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Save your Case List. You can click any of the following buttons located at both the top and bottom of the screen to save your data:

- **Case Log** – Saves any changes and returns user to the case log.
- **Save Case** – Saves any changes and current case remains on screen.
- **New Case** – Saves any changes and allows user to add another case.
- **Logout** – Saves any changes and logs the user out of the system.

We recommend that you logout whenever you leave the site to prevent unauthorized users to access your CLINICAL CASE LOG data.

Step 5 – 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, clicking on the pencil icon next to a case will take you back to that case form. You can easily identify the missing fields by the red box around them.

- **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.
- **Changing Number of Cases per Page** – By default the system will only display 25 cases per page. You can increase/decrease this number by clicking on the “25 per page” drop-down box and...
changing the value. You can also flip through the pages by clicking the forward/backward arrows.

- **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. To filter your list even further, click the “Search Cases” link. From this screen you can filter your list by several criteria such as gender, anatomy, category, etc. You can do the same thing by clicking on Statistics in the main menu. Here you will see a statistical summary of your case list. Many numbers on this report are links that will filter your case list as well.

- **Editing Your Data** – Click on the pencil icon to go back into a case and edit the data. Once again you can click on the buttons at the top and 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.

- “Case Due or Case Overdue” exclamation points in the far right column indicate case data is incomplete.

**Step 6 – Printing Your Case List for Verification – do this step early!**

At any point while you are collecting your data you can print out your case list so you can review your data for accuracy. To do this, click on the “Print Cases” link in the main menu. There will be a link for each facility at which you have entered cases. Click this link to print the file to the screen or save it to your hard drive. **You will need Adobe Acrobat Reader installed on your machine. If you don’t already have it installed, you can download Acrobat Reader for free at [www.adobe.com](http://www.adobe.com).**

**Step 7 – 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 “Go Mode Oral” screen, click the “Finalize Case List” link, identified by the key icon. 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@abplsurg.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 $130.00 Missing/Incomplete Items Penalty Fee or a $250.00 Administrative Penalty Fee.

**Step 8 – Printing Your Case List – Be patient-allow time for report to load!**

The “Print Cases” Screen appears after clicking “Finalize Case List.” You will need to print the contents from every link on this page. You will print a case list from each of your facilities which are ordered by date. These case lists will now have a signature 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.) TIP: Select “Save to Desktop” option to improve speed and ease of printing. This allows you to keep a copy on your computer and to print from your computer rather than from your browser and the website.

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. There is a toggle between Go Mode Oral and Go Mode All on the left-hand
side menu. Go Mode Oral is the current year’s case log and Go Mode All are all cases entered including the Oral Exam cases. However, the Oral Exam cases in the Go Mode All are not able to be edited, only viewed. A link to the Clinical Case Log will remain on the Board’s website, under Examination Information, ABPS Oral Exam.

In addition, you also need to print your 2 to 3 page Statistical Summary Report. Click on “Statistics” in the main menu. Then click on “Printer Friendly Version”, (please note this link will only appear after your case list is finalized). You can now use the printer icon in your browser toolbar or click the “File” menu and then click “Print.” TIP: Save to your desktop and Print from there (see above). 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 and database work for everyone. The Accreditation Program of all outpatient surgery centers (as entered in your profile) is included on the statistical summary report.

Step 9 – Submitting Material to the Board Office

The deadline date for submission of case list materials for the November 2015 Examination is the close of the business day on April 20, 2015.

Submission of case list materials from April 21, 2015 through April 27, 2015 requires the late penalty fee of $545.00. The late penalty fee is charged automatically by credit card payment for Case Lists finalized from April 21st up to and including April 27th. However, if a case list is finalized by the deadline but not received in the Board Office until the late penalty period from April 21st to April 27th, a check for the Late Penalty Fee must accompany the Case List materials and advertising documents. The check should be made payable to ABPS in the amount of $545.00. No case lists will be accepted after the late fee deadline date. The
Clinical Case Log will be available through April 27, 2015 for completion of the case list.

To summarize, candidates are required to submit the following items to the Board Office: TIP: 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 $130.00 Missing/Incomplete Items Penalty Fee or a $250.00 Administrative Penalty Fee.

- 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 2014 – April 2015) 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 dated 2015. Hospital privileges must
correspond to the start of clinical surgical practice with expiration date of plastic surgery privileges listed. All facilities will be required with the reply form in August 2015.

- Credit Card Payment on-line will be required at the time of finalization in the amount of $685.00 by Visa, MasterCard or American Express only (non-refundable, United States currency only).

- The $545.00 late penalty fee is charged online automatically by credit card payment for Case Lists finalized from April 21st up to and including April 27th.

- A check for the Late Penalty Fee of $545.00 must accompany the Case List materials and advertising documents if received in the Board Office from April 21st up to and including April 27th. 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, 2015:

  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.

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

3. What do the exclamation points indicating "Case Due" or "Case Overdue" mean when they appear at the end of an entered case?
Both of these Legends (icons) indicate that a "required" field has not been filled out on that particular case. All required data must be entered in order to finalize the case list.

4. Can all modifiers be entered freehand into the "Modifiers" field in the CPT coding tool (i.e., 19328.50.51 – Periprosthetic capsulectomy, breast, (bilateral & multiple procedure)?
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.

5. 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.
6. **What CPT code do I use for Botox Injections?**
   Botox and other injectables should **not** be included on the case list.

7. **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.

8. **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.

9. **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 the clean copy of that facility.
10. 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.

11. What to 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?
See text in red at the bottom of the screen that directs you to right click and select “Save As” which will put a copy in the specified folder 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. This is a lot of data keep in mind. Your Stats Sheet: same as above. Watch - there is MORE THAN ONE PAGE. Samples of the printed case list, affidavits and statistics sheets are included in the back of this booklet as reference. NOTE: Reports will be produced as PDF files for ease of printing.

12. How do I apply the Anatomy and Category Classifications in the CPT coding? I still have a red box around the CPT code.
If the red box surrounds the CPT codes then you have to 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.

13. What do I do if I cannot find a CPT code for a procedure?
Use the CPT coding tool in the clinical log. A colleague or training program office can provide some guidance in this area. Also ASPS publishes a "CPT Code Corner" article every month in Plastic Surgery News that may be of some assistance. The
Board Staff does not have the expertise to advise anyone regarding selection of specific CPT codes.

14. There is a "non-operative" category. Would complex wounds managed without operation, for example, be an example of that?
   An admission for wound infection/treatment is a perfect example of the non-operative category.

15. In trying to enter the CPT code 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.

16. 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.

17. Can MAC users access the CLINICAL CASE LOG site? Yes, but most MAC users have reported problems printing out the case list, affidavits and stats sheets. We recommend using Internet Explorer on a PC. NOTE: Reports 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 on pages 32-36 of this manual.

18. 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 PC. You may need this for the American College of Surgeons next year!

19. 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.

20. Where do I get answers to my questions about data entry, the Clinical Case Log program, Board Requirements or 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 @ support@dataharborsolutions.com. 4. E-mail the Board at oral@abplsurg.org. 5. Call Web Data Solutions support at 312-944-0642. 6. Call the Board at 215-587-9322.

21. I entered cases and now they are gone, I can't see them, what do I do?
   Make sure you are viewing "250 cases per page" - see the drop down box at the top of your case log screen.

22. The system is 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 in 2005, 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.
23. Not being able to see the information (Cases, CPT codes, etc.) that has just been entered. This issue is caused by the way the individual’s Internet Explorer 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. This is the origin of the problem. 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:
The problem is how the pages are cached. 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.”

24. I have two procedures for one case and they are classified differently, will both procedures count towards the minimum anatomy and category classifications?
Multiple procedures within a case will be counted toward satisfying the one (1) case minimum for anatomy and category classification requirements.

25. What cases should be excluded from the Case List?
1. Office-based surgery of a minor nature such as small benign lesion excisions, removal of lipomas, cysts, warts, keloids and minor laceration repairs.
2. Procedures for injectables and fillers such as Botox, Restylane, Sculptra, Radiesse or other dermafillers.

END FAQ’s
SCREEN-SHOTS: A USER GUIDE

1. INITIAL LOG IN SCREEN

GO TO www.abplsurg.org TO ACCESS YOUR PHYSICIAN PROFILE ON THE BOARD’S WEBSITE TO LINK TO THE CLINICAL CASE LOG SCREEN ABOVE AND FOR ADDRESS CHANGES ANY TIME.

THE URL FOR THE CLINICAL CASE LOG SIGN-IN SCREEN ABOVE IS https://secure.dataharborsolutions.com/clinicalcaselog

ATTN 2015 ABPS Oral Exam Candidates
Reminder: The deadline for case collection is April 20, 2015.
PLASTIC SURGERY TRAINING STATE MUST BE ENTERED

ADD FACILITY SCREEN

Accreditation Program should be checked for all surgery centers that apply.
**CASE LOG SCREEN**

- **Click on pencil icon to edit an entered case**
- **Red check box denotes all data fields complete**
- **Note finalize “key” at top right**

<table>
<thead>
<tr>
<th>Case #</th>
<th>Patient Name</th>
<th>Record #</th>
<th>Facility</th>
<th>Date of Surgery</th>
<th>Edit Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>920036</td>
<td>Smith, Michael</td>
<td>769</td>
<td>University Medical Center</td>
<td>07/15/14</td>
<td>07/25/14</td>
<td>1st</td>
</tr>
<tr>
<td>896613</td>
<td>Thomas, Mary</td>
<td>123</td>
<td>University Medical Center</td>
<td>07/25/14</td>
<td>08/20/14</td>
<td>2nd</td>
</tr>
<tr>
<td>895002</td>
<td>Harris, John</td>
<td>400</td>
<td>University Medical Center</td>
<td>08/08/14</td>
<td>08/10/14</td>
<td>3rd</td>
</tr>
<tr>
<td>994405</td>
<td>Smith, John</td>
<td>654321</td>
<td>University Medical Center</td>
<td>01/30/15</td>
<td>02/01/15</td>
<td>4th</td>
</tr>
<tr>
<td>900412</td>
<td>Jones, Kate</td>
<td>321001</td>
<td>University Medical Center</td>
<td>03/20/15</td>
<td>03/31/15</td>
<td>5th</td>
</tr>
</tbody>
</table>
## Menu Options Found on Each Screen

### Profile
- Go Mode All
- Print Cases
- Print Forms
- Reports
- Statistics
- Instructions
- Requirements
- FAQ
- Contact Info
- Suggestions

### Logout
DATA FIELDS

Please check one answer per question unless otherwise indicated. Required fields have an asterisk (*).

**RED BOXES DENOTE 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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Shells</th>
<th># Times</th>
</tr>
</thead>
</table>

For procedures to qualify for inclusion in the Hand CPT code list, please be sure to select the Hand Category Classification if a procedure was performed on the upper extremity distal to the elbow.

**# 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.

---

SEE PAGES 9-11 FOR CPT CODE DIRECTIONS.
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” CAN’T BE KNOWN FOR CASES COMPLETED LESS THAN 30 DAYS FROM THE SUBMISSION DEADLINE OF 4-20-15.
## Statistics (2 - 3 Pages)

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

### Case Count Distribution

<table>
<thead>
<tr>
<th>Count</th>
<th>Age (years)</th>
<th>Duration of Surgery (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average</td>
<td>Std. Dev.</td>
</tr>
<tr>
<td>Male</td>
<td>7 (6%)</td>
<td>44</td>
</tr>
<tr>
<td>Female</td>
<td>105 (94%)</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>112</td>
<td>36</td>
</tr>
</tbody>
</table>

### CPT Codes

<table>
<thead>
<tr>
<th>Total Codes</th>
<th>Codes Per Case</th>
<th>Distinct Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>351</td>
<td>3.0</td>
<td>23</td>
</tr>
</tbody>
</table>

### Case Count By Outcome

<table>
<thead>
<tr>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown Adverse Events</td>
<td>0</td>
</tr>
<tr>
<td>No Adverse Events</td>
<td>56</td>
</tr>
<tr>
<td>Minor Adverse Events</td>
<td>0</td>
</tr>
<tr>
<td>Moderate Adverse Events</td>
<td>0</td>
</tr>
<tr>
<td>Major Adverse Events</td>
<td>0</td>
</tr>
<tr>
<td>Patient Died</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
</tbody>
</table>

### Case Count By Institution And Admission Type

<table>
<thead>
<tr>
<th>Count</th>
<th>%</th>
<th>Inpatient/Outpatient</th>
<th>Accreditation Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverly Hills Sunset Surgery Center</td>
<td>60</td>
<td>14%</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Profits</td>
<td>75</td>
<td>56%</td>
<td>Outpatient</td>
</tr>
</tbody>
</table>

### Case Count By Admission Status

<table>
<thead>
<tr>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>0</td>
</tr>
<tr>
<td>Outpatient</td>
<td>116</td>
</tr>
</tbody>
</table>
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

07/01/2014 through 03/31/2015

Board ID #: 1xxxxx

Date: 4/6/2015

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 07/01/2014 through 03/31/2015 and the CPT codes listed are an exact representation of those submitted for billing purposes.

Candidate Signature_________4/6/2015
Candidate Name Date

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

Notary Signature_________4/6/2015
Signature of Notary Date

8-11-2016
My Commission Expires

Notary Official Seal

34
Medical Records Administration Affidavit

Candidate: **Candidate Name**  
Board ID #: 1xxxxx  
Date: 4/6/2015

Hospital: **Facility Name**

Attest: The patients listed on pages 1 through 20 include ALL patients discharged or transferred from the care of **Candidate Name** here at this facility from 07/01/2014 to 03/31/2015.

**Sign here**  
4/7/2015

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**  
4/7/2015

Signature of Notary  
Date

8-11-2015  
My Commission Expires

Notary Official Seal

**NOTE:** Submit the version of the case list to the Board Office that was verified by medical records. The print dates for each facility on the case list must correspond to the print date on the notarized affidavit. The medical records administrator’s signature attests that all cases are listed as compared to the facility records; the notary’s signature verifies the identity of the signee. Both signatures must be dated on the same day.
| #1 | PATIENT INITIALS: MR | Medical Record #: 16046 | GENDER: Male | DATE: 07/10/2014 |
|    | AGE (y/m/d): 16/0/2 | ADMISSION: Outpatient | DURATION: 0:55 (hrs. & mins.) |
|    | DIAGNOSIS: Middle finger digital nerve, FDS/FDP lacerations |
|    | TREATMENT/OPERATION: Primary repair digital nerve, FDP, FDS |
|    | OUTCOME: No Adverse Events |
|    | CPT Codes (mod, times) [Anatomy][Category] |
|    | 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 | PATIENT INITIALS: JH | Medical Record #: 67543 | GENDER: Female | DATE: 07/17/2014 |
|    | AGE (y/m/d): 50/7/28 | ADMISSION: Outpatient | DURATION: 0:35 (hrs. & mins.) |
|    | DIAGNOSIS: Recurrent lipoma of shoulder |
|    | TREATMENT/OPERATION: Excision of lipoma |
|    | OUTCOME: No Adverse Events |
|    | CPT Codes (mod, times) [Anatomy][Category] |
|    | 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 | PATIENT INITIALS: MF | Medical Record #: 56743 | GENDER: Female | DATE: 08/18/2014 |
|    | AGE (y/m/d): 26/10/20 | ADMISSION: Outpatient | DURATION: 3:13 (hrs. & mins.) |
|    | DIAGNOSIS: Bilateral breast hypertrophy |
|    | TREATMENT/OPERATION: Bilateral breast reduction |
|    | OUTCOME: No Adverse Events |
|    | CPT Codes (mod, times) [Anatomy][Category] |