

**AMERICAN BOARD OF UROLOGY
LIFE LONG LEARNING LEVEL 2
2018 INSTRUCTIONS FOR SUBMISSION OF
ELECTRONIC LOGS**

Please read all instructions carefully before preparing your log. It is imperative that you carefully review the data contained in your log submission. Your signature is required on a Practice Log Verification Statement attesting that you have reviewed the data contained in your log submission and that it is a true, complete, and accurate log of your consecutive office visits and surgical procedures for the required time period. If, following review by the ABU committee charged with reviewing logs, it becomes necessary to repeat processing on a log submission due to errors, oversights, or omissions, a \$500 fee will be assessed for this process.

Step-by-step instructions for preparing your log are attached to this sheet. You must submit a Microsoft Excel workbook (.xls or .xlsx) which includes all locations where you practice. The locations may be combined on one work sheet or may be on separate worksheets. You do not need to separate adult and pediatric cases, and do not need to provide a summary.

You may download the template at this link. [Log Template](#)

Note: if portions of your practice do not use the AMA codes or if you do not have Excel, call the Board office for instructions. If you do not have the capability of exporting from your billing system, you have two options: 1) you can manually add your data to the log template which you may download from our website; or 2) the Board office will contract with a data entry person to type your log from the data you submit for a fee of \$500 (the deadline for data to be submitted for this option is February 1. Call the Board office for further details about the criteria for data submission for this option).

Your practice log must be **between 160 –180 days in length** (for example: July 1 – December 31) from the 18 month period between **August 1, 2016 and January 31, 2018**. **All facilities** where you practiced during the six-month reporting period must be included in your practice log and must include the **same six months**. Do not submit a log with a length of more than 180 days: any additional days will be deleted.

Your log must **include all office visits** (whether or not a procedure was performed at the same visit), **and all procedures** that are performed by you or by physician health care extenders including nurse practitioners, physician assistants, or other auxiliary health care professionals in your name.

Your log **must be submitted in the exact format pictured in # 8** of these instructions. Before submitting your log, be sure it meets all specified criteria or it will be returned to you for correction.

All logs are due by April 1, 2018. Logs received between April 1st and April 15th will incur a \$750 late fee. No logs will be accepted after April 15th. It is recommended that you retain a copy of your log submission in the event modifications are needed or the Board has specific questions.

You may submit your completed log to the Board office via the document uploader in the Diplomate portal.

If you have questions after thoroughly reviewing the attached instructions, please call the Board office for assistance. The phone number is (434) 979-0059.

It is imperative that your practice log submission is complete and correct. If after log review it is determined that your log submission is invalid, you will be required to submit a corrected log. The fee for resubmission of a practice log due to omission of data or errors is \$500.

MANDATORY FORMAT FOR ELECTRONIC PRACTICE LOG SUBMISSION

In order for this electronic submission to work properly, you will need to output or export data for all office visits and procedures for 6 consecutive months within the allowable date range from the billing system for each location where you practice. Many billing systems have an export functionality or “wizard”, that, when accessed, will start a step-by-step process that will assist you in your export to an Excel (.xls), comma-delimited (.csv), or text format file. It may be necessary for you to consult the vendor who supplies your billing software if you have questions about how to do this export. The Board office does not have knowledge of specific billing software and cannot answer billing-software-specific questions for you.

Your submission may include one workbook that combines separate worksheets for multiple locations, separate worksheets for each location, or variations of that, depending on your billing system. All of these are acceptable.

Step-by-step instructions for creating your electronic log:

1. **Export the data.** When asked, you will need to choose the option that allows you to export the data listed below. The instructions that follow are for a .csv format or comma-delimited format. (Specific required formatting for your submission is shown in #8, below.)

<u>Export As:</u>			
Column A	Case #	Text	Unique Identifier, up to 20 alpha-numeric characters
Column B	Patient Age	Text	Number between 0 and 110
Column C	Gender	Text	Patient's gender (M, F, or U (if uncertain))
Column D	Date	Date	Date of office visit or procedure (*m/*d/yyyy)
Column E	ICD-9 or ICD -10	<u>TEXT</u>	Primary ICD-9 or ICD-10 <u>code (include decimals and leading zeroes)</u>
Column F	CPT	Text	A single CPT code, E&M code, or HCPCS code
Columns G-		<u>TEXT</u>	Additional ICD-9 codes, one to a column, if applicable

2. **Save this file to a computer disk drive** where it can be opened using Microsoft Excel. Open the file in Excel. Save the file as a Microsoft Office Excel workbook(.xls or .xlsx) file named "recertlog.ABUnumber", inserting your ABU number in the file name; for example: recertlog.15361.xls. (Your ABU number is on your certificate and on your letter notifying you of your eligibility to recertify.)

The practice log generated from your billing system will now be visible in Excel as a worksheet. It should look like the example below. Be careful to not change any values in the data.

	A	B	C	D	E	F	G	H
1	9399	45	M	02/14/2014	078.1	54055		
2	9624	76	M	02/28/2014	078.1	54055	600.1	
3	9542	37	M	03/01/2014	078.1	54055		
4	9399	46	M	03/03/2014	078.1	54055		
5	9399	46	M	03/17/2014	078.1	99212		
6	534	77	M	04/04/2014	185	99213	599.7	592
7	2334	68	M	04/04/2014	185	99213		
8	2334	68	M	04/04/2014	185	J9217		
9	2334	68	M	04/04/2014	185	96400		
10	255970	47	M	05/12/2014	605	54161		
11	1706871	37	M	05/17/2014	599.7	52005-50		
12	1706871	37	M	05/17/2014	599.7	52204-59		

3. **Format the columns.** All columns other than the date should be formatted as "text".

4. A template for the worksheet is available on the ABU website at this link: http://www.abu.org/assets/images/general/2018LLL.Level2PracticeLogTemplate_ForWebsite.xls

Note: If you do not use the template, insert 7 rows at the top of the worksheet for the header.

5. **Complete column A, rows 1-6; and row 7 by typing in the entries as shown in the figure below in # 8.**

6. **Complete the remaining header information as follows:**

a. **In column B, row 1, type your ABU Number.**

b. **In column B, row 2, type your Last Name** with no punctuation. Do not put your first name, initials, suffix, or degree.

c. **In column B, row 3, type your Practice Type.** It must be a single value selected from one of the following, spelled exactly like this, *in all capitals*. No other values are acceptable.

- ANDROLOGY
- GENERAL
- ENDOUROLOGY
- FEMALE
- INFERTILITY
- ONCOLOGY
- PEDIATRIC
- UROLITHIASIS

d. **In column B, row 4, type your Location Name.** This is the name of the facility where the office visits occurred or the procedures were performed. The location name must be unique for each setting, for example: ST. MARY'S HOSPITAL, ST. MARY'S AMBULATORY SURGERY, ST. MARY'S CLINIC, Urology Associates of Rochester, etc.

e. **In column B, row 5, type the Clinical Setting.** It must be one of the following that best describes the setting in which the office visit occurred or the procedure was performed. No other choices are acceptable. If the setting is not exactly one of these, or if all of your office visits and procedures are listed on one worksheet, use the **one** which most closely describes the type of setting.

- OFFICE
- HOSPITAL
- AMBULATORY CARE CENTER

f. **In column B, row 6, type your class exactly as follows: 3RCT 2018** if your initial certification was 1991 or prior; **2RCT 2018** if your initial certification was after 1991. (It must be entered exactly like this –all capitals and a space between RCT and 2018.)

7. **Case data must begin in row 8. The data columns in each worksheet must be in exactly this order:** See the figure in #8 for an example.

a. **Column A: Case #.** Each patient must have a unique number. The number can contain numbers and/or letters. It should be a number that you can use to locate a specific patient in the event the Board has questions. In order to comply with the HIPPA regulations, it cannot be a name or social security number that would identify the patient. If you need to assign numbers because of this, keep a list of the patients that correspond to those numbers for your records in the event there are questions.

b. **Column B: Patient age.** Do not put anything in this column but a number. Do not put

"years", "yrs.", "months", etc. Do not enter the date of birth. If a formula is used to calculate the patients' ages, the formula must be removed from the cells and only the values should be listed.

c. **Column C: Patient gender.** The only choices are M, F, or U (for Unknown, if the gender is uncertain).

d. **Column D: Date of service.** The cells in this column must be formatted as "date" and must be in mm/dd/yyyy format. No other format is acceptable. (It is not necessary to put leading zeroes to make the month and day two-digit.) The dates on all worksheets must fall within the same consecutive 6-month period within the acceptable date range. Do not include more than 6 months of data. **Sort each worksheet by date in ascending order.**

e. **Column E: ICD-9 or ICD-10 (Diagnosis) Code.** The cells in this column must be formatted as "text." Put the primary diagnosis code in this column. The **decimal point must be included.** Be sure required leading zeroes are visible, as in the 078.11 ICD-9 code, or the record will be rejected. If there are additional diagnoses, put these in columns G, H, I, etc., with only one code per column. (However, only the primary diagnosis is required.) See the examples in #8, rows 9 and 13.

f. **Column F: CPT (Procedure) Code, E&M (Evaluation and Management) Code, or HCPCS Level II Code.** All cells in this column must be formatted as "text". Put **only one code in each cell in this column.** Each CPT code must be listed on a separate row. Modifiers are not required. If you include a modifier, it must be formatted as follows: CPT code, no space, hyphen, no space, and then the modifier (for example: 53420-77). **ICD-9 PCS and ICD-10 PCS codes are not acceptable.**

If a procedure is performed on the same patient at the time of the office visit, or multiple procedures are performed at the same time, put the data on separate rows. You will have one row with the office visit (E&M) code, and/or separate rows for each procedure (CPT) code. In this case, all cells in the second and subsequent rows will be the same, but with a different CPT code. See the example below in #8, rows 12-14.

8. Compare your worksheets to the example below. Each of the final worksheets must have the following format:

Case Identifier "READ comment!" LIMIT: 20 Char. REQUIRED	Patient Age on Date of Service Enter a number only. Do NOT enter any text such as "day", "mos." or "yrs." REQUIRED	Gender Enter "M" or "U" ONLY REQUIRED	Date of Service enter 'mm/dd/yyyy' REQUIRED (one per cell)	PRIMARY Diagnosis Code ICD-9 or ICD-10 REQUIRED (one per cell)	PROCEDURE CPT, E&M or HCPCS code REQUIRED (one per cell)	Add'l Diagnoses ICD-9 - or - ICD-10 (optional) MAY be left blank
924118	64	M	8/3/2017	99244	99244	
61143	83	F	8/3/2017	788.33	99213	
6345	61	M	8/4/2017	600.01	76857	
418253	61	M	8/4/2017	600.01	52648	
389212	69	M	8/4/2017	185	51720	
389212	69	M	8/4/2017	185	J0280	
389212	69	M	8/4/2017	185	99213	
398578	66	M	8/7/2017	600.01	51700	
398578	66	M	8/7/2017	600.01	51798	
38921	74	F	8/7/2017	239.4	52224	
38921	74	F	8/7/2017	239.4	52234	
918723	46	M	8/7/2017	799.81	99215	
388152	85	M	8/7/2017	599.0	99215	
95814	60	M	8/8/2017	790.93	36415	
95814	60	M	8/9/2017	592.0	85153	
92188	69	M	8/10/2017	592.0	82310	
92188	69	M	8/11/2017	592.0	99204	

9. **Additional information:**

a. **The heading information in rows 1-7 is required on each worksheet.** This heading should only be at the top of each worksheet. DO NOT put it at the top of each computer screen view.

b. **The data in columns A-F must be in the exact order specified above.** If your log data is not in this exact format, it will be returned to you for re-formatting. If your billing data gives other columns, delete them. If there are additional rows that are not to be included in your log, delete them. Do not hide rows or columns to make your log look like the format above - the software will see the hidden columns and reject your log, and it will be returned to you for correction.

c. **All cells in columns A – F beginning in row 8 must contain data.** Your log will not load into the software for processing if there are blank data cells in these columns, and it will be returned to you for correction.

d. **Sort each worksheet in ascending date order.** Then review to ensure you have included the correct number of months and that they are within the acceptable range.

e. **Do not list any items that are not billed** such as cancelled appointments, those listed as “no show”, requests for medical records, meetings with attorneys, etc. Delete each of these rows before submitting your log.

f. **Delete any blank worksheets in the workbook.**

g. **Your log file must be submitted as a Microsoft Excel workbook (.xls or xlsx).** Formats including XML, HTML, PDF or any other format **are not acceptable**.

h. **Confirm the accuracy of your practice log submission.**

It is imperative that you carefully review the data contained in your log submission. Your signature is required on a Practice Log Verification Statement attesting that you have reviewed the data contained in your log submission and that it is a true, complete, and accurate log of your consecutive office visits and surgical procedures for the required time period. If, following review by the ABU committee charged with reviewing logs, it becomes necessary to repeat processing on a log submission due to errors, oversights, or omissions, a \$500 fee will be assessed for this process.

10. **Submit your log to the Board after you have verified that all criteria have been met.**

To submit your practice log to the Board, please go to our website’s home page, www.abu.org, and click on the “DIPLOMATE PORTAL” button. You will then enter your User ID and Password to enter your secure account. When you have successfully logged in, click on the center tab at the top of the web page (L2 or Recert, depending on which process you are completing). Then scroll down and click on the “Document Uploader” tab. On the screen that opens, scroll down to find the Practice Log section. Click on the “Choose file” button and locate your practice log on your device. After selecting your practice log file, click on the “Submit” button to submit your practice log to the Board.