

**AMERICAN BOARD OF UROLOGY
2019 CERTIFICATION EXAMINATION PROCESS
INSTRUCTIONS FOR SUBMISSION OF ELECTRONIC LOGS**

Please read all instructions carefully before preparing your log. It will be returned for correction if it does not follow the specified format exactly. Failure to comply with the required format may affect your eligibility to sit for the examination. 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.

2019 PRACTICE LOG TEMPLATE: <http://bit.ly/2IQcLf5>

The American Board of Urology has created a process for certification candidates to submit their practice logs electronically. Step-by-step instructions for preparing your log are attached to this sheet. You must submit one and only one Microsoft Excel workbook (.xls or .xlsx), with a separate worksheet for each location at which you practice. Do not to separate adult and pediatric cases; do not provide a summary.

If you do not have the capability of exporting from your billing system, you have three options: 1) you can manually create Excel worksheets in the required format per the attached instructions; or 2) you can manually type the data in the required format into a plain text file that is tab delimited; or 3) 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 June 15. Call the Board office for further details about the criteria for data submission for this option). Note: if portions of your practice do not use the AMA codes, call the Board office for instructions.

HIPAA COMPLIANCE: Each patient must have a unique identifier or number. The number can contain numbers and/or letters. It should be something that you can use to locate a specific patient in the event the Board has questions. In order to comply with the HIPAA 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.

Your practice log must be **six consecutive months in length (between 160 - 180 consecutive days)** (for example: July 1 – December 31) from the 17-month period between April 1, 2017 and August 30, 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.

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

All logs are **due Sept. 1. Early log submissions are encouraged.** Logs will be accepted until Sept. 15 with a \$750 late fee. Logs received after Sept 15 will not be accepted. It is recommended that you retain a copy of your log submission in the event modifications are needed or the Board has specific questions.

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.**

You may submit your completed log to the Board office via the online portal, via e-mail to certlogs@abu.org **OR** on CD-ROM or flash drive. **DO NOT SEND COPIES OF YOUR LOG AND DO NOT SEND A PRINTED COPY.**

The Practice Breakdown, complications narratives, and notarized Practice Log Verification Statement must be completed online by September 1.

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

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:

- 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 125
Column C Gender	Text	Patient's gender (M, F, or U (if uncertain))
Column D Date of Service	Date	Date of office visit or procedure (*mm/*dd/yyyy)
Column E ICD-9 or ICD-10	<u>Text</u>	Primary ICD-9 or ICD-10 code (<u>include decimals</u> where applicable)
Column F PROCEDURE	Text	A single CPT code, E&M code or HCPCS code
Columns G-	<u>Text</u>	Additional ICD-9/ICD-10 codes, one to a column, <u>not</u> required

Please use the following template: <http://bit.ly/2IQcLf5>

- 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) named "certlog.ABUnumber", inserting your ABU number in the file name; for example: certlog.15361. (Your ABU number is on your cover letter of this mailing.)

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
1	99293	70 M		9/4/2017	198.1	52332	
2	99293	70 M		9/4/2017	198.1	99213	
3	99298	66 M		9/4/2017	599.72	52005	
4	99300	68 M		9/4/2017	188.8	52204	591
5	99389	67 M		9/11/2017	591	52332	
6	99390	67 M		9/11/2017	592.1	50081	
7	99388	62 M		9/11/2017	607.84	54405	
8	99387	75 M		9/11/2017	188.4	52234	
9	99479	50 M		9/18/2017	185	55866	592
10	99481	56 F		9/18/2017	187.4	54120	
11	99480	45 M		9/18/2017	592	52332	
12	99482	65 M		9/18/2017	188.8	52204	
13	99581	72 M		9/25/2017	592.1	52332	
14	99598	73 M		9/25/2017	188.2	52234	
15	99724	58 M		10/9/2017	189	50543	

- Format the columns.** All columns other than the date should be formatted as "text".
- Insert 7 rows at the top of the worksheet (USE THE TEMPLATE PROVIDED IN #1 ABOVE).** When you download the appropriate log template, the critical data headers are filled in.

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 [not your AUA number].

b. In column B, row 2, type your Last Name only 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, 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: CERT 2019 (It must be exactly like this – all capitals and a space between CERT and 2019.)

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 identifier. The entry can contain numbers and/or letters. The identifier should be something 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. If a patient is < 1 year (i.e. 6 months), please choose a value of either 0 or 1.

- **NO FORMULAS** should be present in the practice log when submitted. If you use formulas, be sure to 'Copy' the column, then 'Paste Special' selecting 'Value' as the paste option. This will paste only the Value of the formula; NOT the formula.

- **MACTINOSH USERS PLEASE NOTE:** If you use formulas to determine age at date of service –Microsoft Excel for Macintosh uses a different 'Date System' than Microsoft Excel for Windows. If you use a Mac worksheet then copy the formula(s) into a Microsoft worksheet for Windows, the patient's age will be different by 4 years and 1 day IF YOU HAVE NOT already 'PASTED' the 'VALUES' ONLY AS described above. Refer to this website for complete

instructions to modify the date system used for THE WORKBOOK you use SPECIFICALLY FOR YOUR ABU practice log: <http://support.microsoft.com/kb/180162>

c. **Column C: Patient gender.** The only valid entries 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” in mm/dd/yyyy format. (It is not necessary to put leading zeroes to make the month and day two-digits.) 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/ICD-10 (Diagnosis) Code.** The data 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. Only the primary diagnosis is required. (Though not reviewed, if you provide additional diagnosis codes, put these in columns G, H, I, etc., with only one code per column.). See the examples in #8, rows 11 and 16.

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 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).

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 code. In this case, all cells in the second and subsequent rows will be the same, but with a different code. See the examples in #8, rows 8-9.

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

	A	B	C	D	E	F	G
1	ABU ID #	15337	<=	NOT your AUA membership number			
2	Last Name only	Woodson					
3	UROLOGY Practice Type	GENERAL					
4	Location Name (Limit 40 char.)	University of Virginia			Use a separate worksheet (TAB @ bottom) for each location.		
5	Setting	HOSPITAL			Before submitting your log, DELETE any unused worksheets.		
6	Class	CERT 2019					
7	Case Number *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 (one per cell)	Gender enter 'F', 'M' or 'U' ONLY REQUIRED (one per cell)	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, HCPCS code REQUIRED (one per cell)	Add'l Diagnoses ICD-9 - or - ICD-10 (optional) MAY be left blank
8		99293	70 M	9/4/2017	198.1		52332
9		99293	70 M	9/4/2017	198.1		99213
10		99298	66 M	9/4/2017	599.72		52005
11		99300	68 M	9/4/2017	188.8		52204 591
12		99389	67 M	9/11/2017	591		52332
13		99390	67 M	9/11/2017	592.1		50081
14		99388	62 M	9/11/2017	607.84		54405
15		99387	75 M	9/11/2017	188.4		52234
16		99479	50 M	9/18/2017	185		55866 592
17		99481	56 F	9/18/2017	187.4		54120
18		99480	45 M	9/18/2017	592		52332
19		99482	65 M	9/18/2017	188.8		52204
20		99581	72 M	9/25/2017	592.1		52332
21		99598	73 M	9/25/2017	188.2		52234
22		99724	58 M	10/9/2017	189		50543

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.**

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.** A blank worksheet will cause your log to be rejected by the software.

g. Name your practice log **certlog.#####** <= where ##### is YOUR ABU ID. Example **certlog.12345**

h. **Your log file must be submitted as a Microsoft Excel workbook (.xls or .xlsx). NO other formats are acceptable.** Do not mail a paper copy of your log. Please use the current template <http://www.abu.org/plt.xls>

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

To submit via the online portal, please log onto our website at www.abu.org and click Diplomat Portal. Once you are logged with your user id and password, you will be able to upload your practice log.

To submit your log via email, send it to certlogs@abu.org using only your name and ABU ID number in the subject line. (Example: **Smith, Joe – ABU ID 12345**. Do not send your log using a secure server that requires the Board to create a user id in order to access your log. When your email is received, you will receive an auto-reply message that your email was received.

To submit your log via postal mail, copy the file to a flash drive or CD-ROM and send it to the Board office. It is recommended you send these by courier for guaranteed delivery.

Please do not call to verify we received your log. Courier service is recommended for guaranteed delivery. We will contact you if we have not received it or there are any questions or concerns. Log review will be in early fall, and if there are any questions about your log, you will be notified by letter after that time.