

**AMERICAN BOARD OF UROLOGY
2020 CERTIFICATION EXAMINATION PROCESS
INSTRUCTIONS FOR ELECTRONIC LOG SUBMISSION**

Please read all instructions carefully before preparing the log. Logs which do not exactly conform to the specified format will be returned for correction. Failure to comply with the required format may impact eligibility to sit for the examination. Prior, careful review of the log data is imperative. A signed verification statement attesting to this review and complete/true data accuracy must accompany the submitted log. Following review by ABU Trustees, logs found to contain errors or omissions will incur a \$500 re-processing fee.

2020 PRACTICE LOG TEMPLATE: <http://bit.ly/2IQcLf5>

Step-by-step instructions are attached. Please submit only one Microsoft Excel workbook (.xls or .xlsx), with a separate worksheet for each applicable practice location. Do not separate adult and pediatric cases; do not provide a summary.

Candidates lacking capability to export billing system data have three options:

- 1) Manually create Excel worksheets in the required format per the attached instructions
- 2) Manually type the data in the required format into a plain text file that is tab delimited
- 3) Contract the Board office to data enter the log for a \$500 fee. Deadline for this option is June 15. Call the Board office for further details.

Note: if portions of a practice do not use AMA codes, contact the Board office for instructions.

HIPAA COMPLIANCE: Each patient must have a unique identifier. This entry can contain numbers and/or letters. The identifier should be something that only the physician can use to locate a specific patient, in the event the Board has questions. In order to comply with HIPAA regulations, this identifier cannot be a name or social security number. Log inquiries are common; therefore, it is imperative to privately maintain an accurate list of corresponding identifiers to patients which is easily accessible.

The time frame of the log is physician-selected and must be a 6 consecutive month period (160 – 180 days) between April 1, 2018 and August 31, 2019. The log must contain data from **all** applicable practice locations for the **same** six-month reporting period. Do not submit a log in excess of 180 days.

The log data must include **all** office visits, procedures and **anything** for which patients were billed. Everything billed under the physician's name in this period, whether performed by the physician or physician health care extenders (to include: nurse practitioners, physician assistants, or other auxiliary health care professionals) must be included.

All logs are **due September 1**. Early log submissions are encouraged. After September 1, logs will be accepted until September 15 with a \$750 late fee. Logs received after September 15 will not be accepted. It is highly recommended that a copy of the submitted log be retained in the event modifications are needed or the Board has an inquiry.

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

You may submit the 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 Practice Log Verification Statement must also be completed via the online portal by **September 1**.

If, after thorough review of the attached instructions, there are questions, please contact the ABU for assistance. The Board office is staffed Monday – Friday 8:00 a.m. to 4:00 p.m. EST.

MANDATORY FORMAT FOR ELECTRONIC PRACTICE LOG SUBMISSION

The ABU requires that the specified Excel template be used for electronic practice log submission. The log data comprises all office visits, procedures, and anything else for which patients were billed. The time frame is physician-selected and must be a 6 consecutive month period between April 1, 2018 and August 31, 2019 for which data must be exported from the billing system of each practice location. Most types of billing software have this export functionality. For guidance, it may be necessary to consult the particular software vendor. The Board office cannot assist in this endeavor.

Practice log data must be submitted in a single workbook comprised of worksheets for multiple or single locations, according to billing system. Either are acceptable.

Step-by-Step Log Creation Instructions:

- Export the data.** Choose the option that allows for the export of the data listed below. The instructions that follow are for a .csv format or comma-delimited format. *(Specific required formatting 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/pt2log>

- Save this data as a Microsoft Excel (.xls or .xlsx) workbook (all Excel files are called workbooks). Name the workbook "certlog.#####"** (inserting the five digit ABU number, ie: certlog.15361). **The ABU number is noted on the cover letter of invitation to apply.**

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

	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, except for date, should be formatted as "text".
- Insert 7 rows at the top of the worksheet (Use the template provided in #1 above).** When the appropriate log template is downloaded, the critical data headers are pre-filled.
- Complete Column A, Rows 1-7 by typing the entries shown below in # 8.**

6. Complete the remaining header information as follows:

- a. In Column B, Row 1, insert only the five-digit ABU Number [not AUA number].
- b. In Column B, Row 2, insert the Last Name only (Omitting M.D., III, Jr., etc.)
- c. In Column B, Row 3, insert Practice Type. Please make a single selection from the following, keeping spelling and all-capital formatting exactly as listed. No other values are acceptable.

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

d. In Column B, Row 4, insert Location Name. This is the name of the facility at which office visits or procedures were conducted. Each location name must be unique for each setting (ie: St. Mary's Hospital, St. Mary's Ambulatory Surgery, St. Mary's Clinic, Urology Associates of Rochester, etc.)

e. In Column B, Row 5, insert Clinical Setting. Please choose **one** of the following which best describes the setting at which the office visit or procedure was conducted. No other choices are acceptable. If the actual clinical setting differs, select the one most closely related.

- OFFICE
- HOSPITAL
- AMBULATORY CARE CENTER

f. In Column B, Row 6, insert class exactly as follows: CERT 2020

7. Case data must begin in Row 8. The data columns of each worksheet must follow this exact order (See #8):.

- a. **Column A: Case #.** Each patient must have a unique identifier. This entry can contain numbers and/or letters. The identifier should be something that only the physician can use to locate a specific patient, in the event the Board has questions. In order to comply with HIPAA regulations, this identifier cannot be a name or social security number. Log inquiries are common; therefore, it is imperative to privately maintain an accurate list of corresponding identifiers to patients which is easily accessible.
- b. **Column B: Patient Age.** Only a single **numeric** value can be entered. Absolutely no letters can be entered. Do not enter the date of birth. If a formula is used to calculate patient age, 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 anywhere in the submitted practice log. To eliminate any formulas used, 'Copy' the column, then 'Paste Special' selecting 'Value' as the paste option. This will paste only the Value of the formula; NOT the formula itself.
 - **MACTINOSH USERS PLEASE NOTE:** If formulas are used to determine age at date of service, please be aware that Microsoft Excel for Macintosh uses a different 'Date System' than Microsoft Excel for Windows. If using a Mac worksheet, copy the formula(s) into a Microsoft worksheet for Windows. Otherwise, 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: <http://support.microsoft.com/kb/180162> for complete date system modification instructions relevant to these ABU practice log data requirements.
- c. **Column C: Patient Gender.** The only valid entries are M, F, or U (for Unknown, if gender is uncertain).
- d. **Column D: Date of Service.** The cells in this column must be formatted as "date" in mm/dd/yyyy format. (Leading zeroes to increase month and day to two-digits are not necessary.) The dates on all worksheets must fall within the

same consecutive 6-month period within the acceptable date range specified at the top of these instructions. 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 any 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, any additional diagnosis codes provided must be separately placed, in columns G, H, I, etc., -- only one code per column). See 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”. Only one code per cell is allowed. Each code must be listed on a separate row. Modifiers are not required. If a modifier is included, it must be formatted as follows: CPT code, no space, hyphen, no space, and then the modifier (for example: 53420-77).

When a single patient has multiple simultaneous services, the code of each service must appear on a separate row. In such cases, all cells in the second and subsequent rows will be the same, but with a different Column F code. See 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					
	Case Number	Patient Age on Date of Service	Gender	Date of Service	PRIMARY	Procedure - CPT,	Add'l Diagnoses
	READ comment !	Enter a number only.	enter	enter	Diagnosis Code	E&M, HCPCS code	ICD-9
	LIMIT: 20 Char.	Do NOT enter any text such as 'day',	'F', 'M' or 'U'	'mm/dd/yyyy'	ICD-9 or ICD-10		- or -
	REQUIRED	'mos.' or 'yrs.'	ONLY	REQUIRED	REQUIRED	REQUIRED	ICD-10
	REQUIRED	REQUIRED (one per cell)	REQUIRED	REQUIRED	REQUIRED	REQUIRED	(optional)
			(one per cell)	(one per cell)	(one per cell)	(one per cell)	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
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12		99389	67 M	9/11/2017	591		52332
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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 through F must appear exactly as specified above.** If log data does not conform, it will be returned for re-formatting. If the billing data gives other columns or rows, delete them. Do not hide rows or columns to make the log superficially look like the format above - the processing software used by the ABU will see the hidden columns, reject the log, and it will be returned for correction.

c. **All cells in Columns A through F, beginning in Row 8, must contain data.** Logs will not load into the software for processing if there are blank data cells in these columns, and those logs will be returned for correction.

d. **Sort each worksheet in ascending date order.**

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

f. **Delete any blank worksheets in the workbook.** A blank worksheet will cause the log to be rejected by the software.

g. **Name the practice log** certlog.##### <= where ##### is the five-digit ABU ID. Example certlog.12345

h. **Log files 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://bit.ly/pt2log>

10. **Submit the log to the Board ONLY after verifying that all criteria have been met.**

To submit via the online portal, please go to: www.abu.org and click Diplomate Portal. Then, enter USER ID and PASSWORD to upload the practice log.

To submit the log via email, send it to: certlogs@abu.org **using only physician name and five-digit ABU ID in the subject line.** (Example: Smith, Joe – ABU ID 12345). Do not send the log using a secure server that requires the Board to create a User ID for access. Auto-reply messages are sent by the Board confirming when emailed logs are received.

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

Please do not call to verify receipt of the log. Courier service is recommended for guaranteed delivery. The ABU will be in contact regarding missing logs, or those posing questions or concerns.

Log review occurs in the fall, after which applicable log inquiries are sent by postal mail to the address on file.