

**AMERICAN BOARD OF UROLOGY
2011 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.

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 a Microsoft Excel workbook, text file, or .csv file with a separate worksheet for each location where you practice. You do not need to separate adult and pediatric cases, and do not need to 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 July 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.

Your practice log must be **six consecutive months in length** (for example: January 15 - July 14) from the 17-month period between April 1, 2009 and August 31, 2010. **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 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 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 e-mail to certlogs@abu.org **OR** on CD-ROM or diskette. **DO NOT SEND DUPLICATE COPIES OF YOUR LOG AND DO NOT SEND A PRINTED COPY.**

The original paper copies of the Practice Breakdown, complications narratives, and notarized Practice Log Verification Statement must be completed and mailed to the Board office 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.

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

4. **Insert 7 rows at the top of the worksheet.** A template is available on the ABU website at: <http://www.abu.org/downloads/PracticeLogTemplate.xls> for an example.

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

a. In **column B, row 1**, type your **ABU 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**
- **ONCOLOGY**
- **PEDIATRIC**
- **UROLITHIASIS**

d. In **column B, row 4**, type your **unique 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 that 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 2011** (It must be exactly like this – all capitals and a space between CERT and 2011.)

g. **Beginning with column A, row 7**, type the **field names listed in a–f below**.

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

a. **Column A: Case number.** The case number must be a unique number for each patient, and 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.

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. (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.

e. **Column E: ICD-9 (Diagnosis) Code.** Put the primary diagnosis code in this column. The cells in this column must be formatted as "text" for the leading zeroes to show. 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. (Only the primary diagnosis is required.) See the examples in #7, 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).

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 examples in #7, rows 14-16.

7. Compare your worksheets to the one below. Each one must have this format:

	A	B	C	D	E	F	G	H
1	Diplomate #	15361						
2	Last Name	MONROE						
3	Practice Type	GENERAL						
4	Location Name	XYZ HEALTH SCIENCE CENTER						
5	Setting	HOSPITAL						
6	Class	CERT 2011						
7	Case #	Age	Gender	Date of Service	ICD-9 Code	CPT, E&M or HCPCS Code	Additional ICD-9 Code (optional)	Additional ICD-9 Code (optional)
8	9399	45	M	2/14/2007	078.1	54055		
9	9624	76	M	2/28/2007	078.1	54055	600.1	
10	9542	37	M	3/1/2007	078.1	54055		
11	9399	46	M	3/3/2007	078.1	54055		
12	9399	46	M	3/17/2007	078.1	99212		
13	534	77	M	4/4/2007	185	99213	599.7	592
14	2334	68	M	4/4/2007	185	99213		
15	2334	68	M	4/4/2007	185	J9217		
16	2334	68	M	4/4/2007	185	96400		
17	255970	47	M	5/12/2007	605	54161		
18	1706871	37	M	5/17/2007	599.7	52005-50		
19	1706871	37	M	5/17/2007	599.7	52204-59		
20	1706871	37	M	7/12/2007	v25.2	55250		

8. 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 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.
- d. **Sort each worksheet in ascending date order.**
- e. **Do not list any items that are not billed for**, such as canceled 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. **Your log file must be submitted as a Microsoft Office Excel Workbook, text, or .csv file.** Other formats including XML, HTML, PDF or any other format are not acceptable.
- h. **Do not send password protected or encrypted files.** The software cannot process them.

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

To submit your log via email, send it to certlogs@abu.org using only your name and ABU ID number in the subject line. You will receive an auto-reply message that your email was received. **Do not** mail a paper copy of your log.

If you prefer to submit your log via postal mail, copy the file to a CD-ROM or diskette 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. We will contact you if we have not received it or there are any questions or concerns about the format.

Log review will be in December, and if there are any questions about your log, you will be notified by letter after that time.