

**AMERICAN BOARD OF UROLOGY
2024 LIFELONG LEARNING (LLL) LEVEL 2
PEDIATRIC SUBSPECIALTY PROCESS
INSTRUCTIONS FOR SUBMISSION OF ELECTRONIC LOGS**

*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.***

2024 PRACTICE LOG TEMPLATE: <https://bit.ly/2024L2PEDS>

Step-by-step instructions are attached. Please submit only one Microsoft Excel workbook (.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 April 1. 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.

Your practice log must be **twelve consecutive months in length (365 consecutive days)** (for example: January 1 – December 31) from the 24-month period between March 1, 2022 and February 29, 2024. **All facilities** where you practiced during the twelve-month reporting period must be included in your practice log and must include the **same twelve months**. Do not submit a log with a length of more than 365 days. All logs must demonstrate that a minimum of 75% of the candidate's practice is dedicated to pediatric urology, and/or the candidate has an adequate number of major pediatric urologic surgery cases as determined by the Board.

The log data 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.

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 April 1**. Early log submissions are encouraged. After April 1, logs will be accepted until April 15 with a \$750 late fee. Logs received after April 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.

The Practice Breakdown form, Complications Narratives, and electronically signed Practice Log Verification Statement must also be completed by **April 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 12 consecutive month period between March 1, 2021 and February 29, 2023 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	Text	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-		Text	Additional ICD-9/ICD-10 codes, one to a column, <u>not</u> required

Please use the following template: <https://bit.ly/2024L2PEDS>

- Save this data as a Microsoft Excel (.xlsx) workbook (all Excel files are called workbooks). Name the workbook "LLLpedlog.#####" (inserting the five digit ABU number, ie: certlog.15361**

- 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	1001	1	M	10/1/2016	753.21	50405	
2	1002	8	M	10/1/2016	706.1	11420	605
3	1002	8	M	10/3/2016	607.1	54161	
4	1004	0	M	10/4/2016	605	54163	
5	1005	0	M	10/5/2016	752.61	54326	
6	1006	1	M	10/7/2016	753.21	74420	
7	1007	10	F	10/7/2016	592	99212	

- 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 you download the appropriate log template, the critical data has been filled in.
- Complete column A, rows 1-7 by typing the entires shown below in # 8.**
- Complete the remaining header information as follows:**
 - In column B, row 1, insert your ABU Number.**

b. In column B, row 2, type your Last Name only

c. In column B, row 3, type your Practice Type. It must be PEDIATRIC spelled exactly like this, in all capitals. No other values are acceptable.

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, 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: 2PED 2024

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.

4. 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 e. Column E: ICD-9 (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. (Only the primary diagnosis is required.) See the example in #8, row 9.

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 #8, rows 9-10.

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

ABU ID #		<= NOT your AUA membership number				
Last Name only						
UROLOGY Practice Type	PEDIATRIC					
Location Name (Limit 40 char.)		Use a separate worksheet (TAB @ bottom) for each location.				
Setting		Before submitting your log, DELETE any unused worksheets.				
Class	2PED 2024					
Case Identifier		Gender	Date of Service	PRIMARY	PROCEDURE	Add'l Diagnoses
READ comment !	Patient Age on Date of Service Enter a number only. Do NOT enter any text such as 'day', 'mos.' or 'yrs.'	enter 'F', 'M' or 'U' ONLY REQUIRED (one per cell)	enter 'mm/dd/yyyy' REQUIRED (one per cell)	Diagnosis Code ICD-9 or ICD-10 REQUIRED (one per cell)	CPT, E&M or HCPCS code REQUIRED (one per cell)	ICD-9 - or - ICD-10 (optional) MAY be left blank
LIMIT: 20 Char. REQUIRED	REQUIRED (one per cell)					

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.** Review the first and last date to ensure the proper # of months and date range. (12 months, 365 days)

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

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