



THE AMERICAN BOARD OF
VENOUS & LYMPHATIC MEDICINE

CASE LOG OPTION #2: Dx Ultrasound Cases by CPT Codes or Attestation

PHYSICIAN NAME: _____ DATE COMPLETED: _____

Applicants needing to support their **Diagnostic Ultrasound Experience** via experience can use EMR/EHR Case Logs for billed Dx ultrasound and/or attestation of complete, limited, or focused Dx ultrasounds conducted by the applicant. When appropriate, applicants should support counts with digital versions (PDFs, etc.) of the EMR/EHR “summary pages” as backup to support figures entered below. The EMR/EHR reports must include the Search parameters used, including at a minimum:

- | | | |
|---------------------|------------------------------|------------------------|
| • Practitioner Name | • Date Range of Cases Search | • CPT Code(s) Searched |
|---------------------|------------------------------|------------------------|

DO NOT SUBMIT ANY HIPPA-PROTECTED PATIENT INFORMATION. All EMR/EHR reports are subject to additional audit verification by the ABVLM. The START DATE of the searches can be no further back in history than 3 years from the date of the form completion date.

The Total Count of Dx Ultrasound Cases reported must total at least 100 cases.

DATE RANGE USED:

EMR Start Date: EMR End Date:

Applicant notes, explanations, and/or comments for reviewers:

Diagnostic Duplex Ultrasound Cases

Description	CPT Codes	# of Cases
Supported by EMR / EHR Reports		
Duplex Scan – complete bilateral study	93970	
Duplex Scan – unilateral or limited study	93971	
Other _____	(explain in box right)	
Attestations (not billed or otherwise not in EMR / EHR)		
Point-of-Care Candidate Performed Dx U/S	(explain in box right)	
Other		
Other _____	(explain in box right)	
TOTAL COUNT OF DX U/S CASES		

By typing my name below, I hereby attest that the above recapped case information is true and correct.

Name (as attestation): _____ Date “signed”: _____