



THE AMERICAN BOARD OF
VENOUS & LYMPHATIC MEDICINE

CASE LOG OPTION #2: Recap of EMR / EHR Case Counts by CPT Codes

PHYSICIAN NAME: _____ DATE COMPLETED: _____

Applicants using the EMR/EHR Clinical Case Log option must complete this Case Log Summary Page **and** submit 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
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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 case total counts below and as summarized on the following page must comply with the CASE LOG MINIMUM COUNTS (aka, “Case Mix”) as defined in the Eligibility Requirements and on the following page.

EMR Start Date: EMR End Date:

SUPERFICIAL VENOUS CASES

Description	CPT Codes	# of Cases
Category 1 – Saphenous vein ablation		
Chemical ablation (Varithena™ or physician compounded foam)	36465, 36466, (and foam *explain on p.2)	
Cyanoacrylate (Venaseal™)	36482, 36483	
Endovenous Laser	36478, 36479	
Ligation and Stripping	37718, 37722, 37735	
MOCA	36473 36474	
Radiofrequency	36475, 36476	
Ultrasound-guided sclerotherapy	36470, 36471[^]	
Other _____	(*explain on p.2)	
Category 2 – Sclerotherapy		
Visual / VeinLite / Ultrasound-guided sclerotherapy	36468, 36470, 36471[^]	
Other _____	(*explain on p.2)	
Category 3 – Phlebectomy		
Ambulatory Phlebectomy	37765, 37766, 37799	
TriVex™	No CPT code	

[^]Note: Codes **36470** & **36471** can be used for either Cat 1 or Cat 2 cases. Be sure to categorize your cases into the proper row and not double-count.

SUPERFICIAL VENOUS CASES (cont’d)

Description	CPT Codes	# of Cases
Category 4 – Management of chronic ulceration (CEAP C5-C6)		
Compression therapy for VLU	29580, or explain as needed	
Skin graft / substitute	15271, 15272	
Wound care	11042, 11045, 11055	

DEEP VENOUS CASES

Category 5 – Management of Deep Venous Disease		
Catheter-based intervention for pulmonary embolism	36013, 36014, 36015	
Deep venous valve reconstruction	34501, 34510	
IVC filter placement	37191	
IVC filter retrieval	37193	
Pelvic Coil Embolization / sclerotherapy	37241	
Thrombectomy (Open)	34401, 34421, 34451	
Thrombectomy (Percutaneous mech.)	37187, 37188	
Thrombolysis	37211, 37212, 37213	
Venous bypass	34502, 34520, 34530	
Venous stenting	37238, 37239	
Medical management of VTE	(list number of cases)	
Other _____	_____	

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

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CASE MIX INFORMATION

Types of Cases	Educational Pathway (Path 1)	Experiential Pathway (Path 2)
Superficial Only	Must have at least 25 cases each in two of the four Superficial categories below. The additional 50 cases can come from any of the four Superficial categories.	Must have at least 50 cases each in two of the four Superficial categories below. The additional 100 cases can come from any of the four Superficial categories.
Deep/Pelvic/VMs Only <small>(Diagnostic IVUS or venograms are not counted toward case counts)</small>	All 100 cases must come from the Deep category (#5) below.	All 200 cases must come from the Deep category (#5) below.
Superficial and Deep Mixed	Must have at least 25 cases each in two of the four Superficial categories below. The additional 50 cases can come from any of the five case categories below.	Must have at least 50 cases each in two of the four Superficial categories below. The additional 100 cases can come from any of the five case categories below.

APPLICANT: Please check for which Pathway you are submitting cases:

Educational (100 cases min.)

Experience (200 cases min.)

Summary of Page 1 Counts:

Category 1 – Saphenous vein ablation	
Category 2 – Sclerotherapy	
Category 3 –Phlebectomy	
Category 4 – Management of chronic ulceration (CEAP C5-C6)	
TOTAL Categories 1-4	

Category 5 – Management of Deep Venous Disease	
TOTAL Category 5	

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

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