

# APPLICATION FOR MAINTENANCE OF CERTIFICATION IN FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY®

by the American Board of Facial Plastic and Reconstructive Surgery, Inc.®

Application Postmark Deadline: January 15, 2012

ABFPRS

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Alexandria, VA 22314

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## **REGISTER FIRST!**

Applicants for Maintenance of Certification in Facial Plastic and Reconstructive Surgery (MOC in FPS®) must register their intent to participate in this program BEFORE submitting their application. Both online and PDF registration forms are available on the ABFPRS website under Maintaining Certification, Step One. From the date of registration, applicants have three years to complete MOC in FPS® requirements.

## **INTRODUCTION**

Read all instructions carefully before entering any information and study the booklet, *Information about Maintenance of Certification in Facial Plastic and Reconstructive Surgery®* provided with this application and an integral part of it. Applicants bear the sole responsibility for meeting all eligibility criteria, application deadlines, and submission requirements.

Only applications that are complete, clear, and accurate will be reviewed. Incomplete applications will be returned for correction, and the delay may jeopardize timely review of an application for the current recertification cycle.

Applicants should make two copies of their completed application and all supporting documents. One copy should be retained by the applicant for reference, in case a question arises during review of the application.

The second copy should be postmarked no later than January 15 of the year the applicant wants to take the examination, and the application form and all supporting documents should be mailed at one time in the same envelope. Applicants who want immediate acknowledgement of delivery should send materials by a postal service that provides proof of delivery.

Applications will be reviewed by the ABFPRS Credentials Committee. Applicants will receive a call from the ABFPRS office verifying that materials appear complete and have been forwarded to the Credentials Committee, or that they appear incomplete and require additional information before they will be forwarded. During the course of review, applicants may be asked to provide additional information from any of the following: medical licensing boards, local medical societies, specialty certifying boards, surgeons from the geographical area where the applicant practices, hospital chiefs of staff and/or other individuals familiar with the applicant's knowledge, experience, attitude, and moral and ethical standing.

Specific instructions follow on how best to answer each question on the application form. Before you begin to complete this form, it is recommended that you contact the ABFPRS

office at (703) 549-3223. Please note that the completed application is to be signed before a notary public.

## PART I: GENERAL INFORMATION

1. Enter the date on which you registered for the MOC in FPRS® program.
2. Enter the date on which you are completing and submitting this application.
3. Print your full legal name: last name, first name, middle name or initial. Board records will reflect your name as it appears on this application. If you do not have a middle name, enter the word “None” in the space provided. If your name is followed by Jr., Sr., III, etc., indicate this immediately after your last name and preceding your first name. After your application is submitted, you will be able to change your name only by written request, with accompanying legal documentation regarding your name change.
4. Enter your complete office and residential mailing addresses. For the office address, include institution, department name, building name or codes if appropriate, suite or room numbers if applicable, and the city, state or province, and complete ZIP or postal code.  
NOTE: It is the responsibility of the applicant to immediately notify the Board office of any change in mailing address that takes effect during the certification process. Notification should be sent to ABFPRS, 115C South Saint Asaph Street, Alexandria, VA 22314.
5. Enter your office/daytime telephone, residential telephone, and cell phone numbers. Also note your fax number for each location, if available. If you rotate among clinics or hospitals, or if you have more than one office, please use the number where you will be most likely to receive a timely message. If possible, include the name of a contact person if you are not readily available.
6. Enter e-mail address and website URL, if available.

## PART II: PROFESSIONAL STANDING

7. Enter the dates when (a) the ABFPRS issued your current certificate and (b) the date that certificate expires, if applicable. If you are uncertain of either date, contact the ABFPRS office at (703) 549-3223 or email [certificationdate@abfprs.org](mailto:certificationdate@abfprs.org). Your certificate has a lifetime validity if it was issued before January 1, 2001.
8. To be eligible for recertification, an applicant must hold a current certificate from the American Board of Otolaryngology, the American Board of Plastic Surgery, or the Royal College of Physicians and Surgeons of Canada (in otolaryngology or plastic surgery). Complete this section to reflect your status with one or more boards and enclose a photocopy of your certificate(s).

9. The Board requires that a prospective candidate for recertification possess a current, valid, and unrestricted license to practice medicine in the United States or Canada. The Board does not consider that a temporary limited license such as an educational, institutional, or house staff permit is adequate to meet the requirement. Provide information on ALL licenses that do meet this requirement that you have held in the past as well as those which you currently hold, and enclose a photocopy of all current licenses.

10. Answer all questions in this section by placing a checkmark beside “Yes” or “No,” as appropriate. If “Yes,” give full details on a separate sheet of paper. Full details must include institutions, dates, the substance of any allegations in the proceedings or actions, and the substance of any findings in the proceedings or actions.

*Note: If you report a history of chemical dependency, you must send in documentation of successful completion of a treatment program, attestation to being drug/alcohol free, and a statement from the state medical board that you are physically and mentally able to satisfactorily discharge the responsibilities of practice.*

11. Enter the month, day, and year of your birth.

Enter Social Security number.

Enter medical school name and graduation date.

12. List all hospital appointments and practice settings since the date the ABFPRS approved your current certificate. Record the beginning and ending dates of your affiliation/practice location. List appointments in chronological order, with the most recent appointment first. Note that all time in medical practice (civil and military) since your current certificate was issued must be accounted for.

13. Physicians must perform surgery in an accredited institution or office to earn a new ABFPRS certificate. Office surgical facilities must be accredited if Level II anesthesia or above is used. If you do not have privileges in facial plastic surgery at an accredited hospital (question 12), provide an explanation of why the lack of privileges is not related to adverse action by accredited institutions. If it is your office that is accredited, list the accrediting organization and the expiration date of your current accreditation. Provide a copy of your current accreditation certificate.

14. Signify your willingness to adhere to the ABFPRS Code of Ethics by placing your initials in the box.

### PART III: CONTINUING MEDICAL EDUCATION

15. List all CME. Include course name, date, sponsoring entity, and number of ACCME-approved Category I of the AMA’s Physician Recognition Program. Use separate sheets, if needed (or easier).

## PART IV: PRACTICE PERFORMANCE

16. This question has two parts, which together comprise a report of your operative experience.

16-A. Prepare a sequential operative log that includes all of the eligible facial plastic and reconstructive procedures you performed in the 12 months immediately preceding this application. Refer to the Acceptable Procedures Chart on pages 13-23 as your guide to which procedures you can count. You may use the Sequential Operative Log form downloaded with your application materials, or generate your own. In either case, the log should contain a minimum of 50 acceptable procedures and must include the date the procedure was performed, the patient's name (or initials), the hospital or other location of the surgery, and the appropriate terminology for the procedure. U.S. applicants should include the appropriate CPT code, if available.

16-B. Submit operative reports for the last 35 cases on your log. **Please place these in chronological order.** Case reports should follow the standards set by The Joint Commission (formerly Joint Commission for the Accreditation of Healthcare Organizations) or the Accreditation Association for Ambulatory Health Care. These standards require, in general, that operative reports contain sufficient information to identify the patient, support the diagnosis, justify the treatment, document the postoperative course and results, and promote continuity of care. Specifically, operative reports should include the date and location of surgery; the name of the primary surgeon (which must be you) and assistants; findings; procedures used (preferably, identified by CPT nomenclature and codes); specimens removed; postoperative diagnosis and course, including postoperative complications and their management; discharge condition; instructions for follow-up care; and such other elements as are necessary to assure a high standard of patient care.

17. Optional: Check the items you are submitting as further evidence of the caliber of your practice. Be sure to enclose the documents checked.

## PART V: OTHER

18. List three physicians who will submit letters of recommendation for you. Each must be certified by the ABFPRS, the ABOto, the ABPS, or the RCPSC. Letters must be received by January 15. They should include the following information: how long the physician has known you, whether your acquaintance continues to the present, the opportunities the physician has had to form a judgment about your integrity and general character, what reservations the physician has (if any) about recommending you for certification, and additional comments as the physician deems appropriate.

19. Submit a recent photograph with your application by signing a 3" x 4" photograph across the front and stapling it to the application form in the box provided. (This copy will stay with your application.) A second photograph, which will be used to identify you when you register

for the examination in Washington D.C., must be emailed to the ABFPRS office at meharp@abfprs.org.

20. Enclose a check or money order for US \$1,000 with your application. Make check payable to the American Board of Facial Plastic and Reconstructive Surgery Inc.® If paying by credit card, complete the form on page 28. To pay online at [www.abfprs.org](http://www.abfprs.org), please click Applying, click Maintaining Certification, then “Click here for online payment of the ABFPRS MOC in FPRS® Application and Examination fee.” The \$500 examination fee will be returned to applicants who are not accepted to sit for the examination.

21. Carefully read the terms of this section and signify your agreement by affixing your full legal signature on the line provided. Your signature must be notarized.

*Thank you for participating in the ABFPRS Program for the Maintenance of Certification in Facial Plastic and Reconstructive Surgery® .*

# ABFPRS APPLICATION FOR MAINTENANCE OF CERTIFICATION IN FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY®

## **PART I: GENERAL INFORMATION**

1. **Registration Date:**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

2. **Date of Application:**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. **Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

4. **Office Mailing Address:**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**Residential Mailing Address:**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

5. **Telephone Numbers:**

Daytime: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

If unavailable, message may be left with \_\_\_\_\_  
Full Name

Residence: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

Cell: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

6. **E-mail:** \_\_\_\_\_

**PART II: PROFESSIONAL STANDING**

7. **Issue Date of Current ABFPRS Certificate:** \_\_\_\_\_  
Month Day Year

**Expiration Date of Current ABFPRS Certificate:** \_\_\_\_\_  
Month Day Year

8. **Board Certification:** Check as many as are applicable. Please enclose a copy of your certificate(s).

- \_\_\_\_\_ American Board of Otolaryngology Certification Expiration Date: \_\_\_\_\_  
Month/Day/Year
- \_\_\_\_\_ American Board of Plastic Surgery Certification Expiration Date: \_\_\_\_\_  
Month/Day/Year
- \_\_\_\_\_ Royal College of Physicians and Surgeons of Canada in otolaryngology and/or plastic surgery Certification Expiration Date: \_\_\_\_\_  
Month/Day/Year

9. **Licensure:** List all licenses you currently hold or have ever held. Please enclose photocopies, **displaying expiration dates**, of all current licenses (wallet card acceptable).

State/Province	License Number	Registration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**10. Credentials Questionnaire:** Place a checkmark beside “Yes” or “No,” as appropriate. If “Yes,” give full details on a separate sheet of paper. The Board reserves the right to verify information given below with the National Practitioner Data Bank, the Federation of State Medical Boards, and/or your state/provincial board of medical examiners.

- a. Has your license to practice your profession in any jurisdiction ever been disciplined, limited, suspended, revoked, denied, or subjected to probationary condition, or have proceedings toward any of those ends ever been instituted? \_\_\_ YES \_\_\_ NO
- b. Have your clinical privileges at any hospital or healthcare institution ever been limited, suspended, revoked, not renewed, or subject to probationary conditions, or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body? \_\_\_ YES \_\_\_ NO
- c. Has your medical staff membership status at any hospital ever been limited, suspended, revoked, not renewed, or subject to probationary conditions or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body? \_\_\_ YES \_\_\_ NO
- d. Have you ever been denied membership on a hospital staff or advancement in medical staff status? \_\_\_ YES \_\_\_ NO
- e. Have you ever been denied membership or renewal thereof or been subject to any disciplinary action in any medical organization or professional society, local, state, or national, or have proceedings toward any of those ends ever been instituted? \_\_\_ YES \_\_\_ NO
- f. Has your specialty board certification or eligibility ever been denied, revoked, relinquished, not renewed, suspended, reduced, or have proceedings toward any of those ends ever been instituted? \_\_\_ YES \_\_\_ NO
- g. Has your Drug Enforcement Agency or your controlled substances authorization ever been denied, revoked, suspended, reduced, voluntarily surrendered or not renewed, or have proceedings toward any of those ends ever been instituted? \_\_\_ YES \_\_\_ NO
- h. Have you ever voluntarily relinquished a medical staff membership, a clinical privilege, a medical organization or professional society membership, or a narcotics registration in lieu of formal action? \_\_\_ YES \_\_\_ NO
- i. Have you ever been charged with or convicted of a felony? \_\_\_ YES \_\_\_ NO
- j. Do you presently have a physical or mental health condition that affects or is reasonably likely to affect your ability to perform your professional duties? \_\_\_ YES \_\_\_ NO
- k. Do you have or have you had a substance abuse problem? \_\_\_ YES \_\_\_ NO
- l. Are there currently pending any professional medical misconduct proceedings against you in this state or province or another state or province? \_\_\_ YES \_\_\_ NO

m. Have there been any findings of professional misconduct in this state or province or another against you by a licensing or disciplinary board? \_\_\_ YES \_\_\_ NO

n. Have any malpractice suits been filed or settled against you in this state or province or another state or province in the last five years? \_\_\_ YES \_\_\_ NO

**11. Enter other information required for FSMB and NPDB access:**

Date of Birth: \_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_

Medical School Name: \_\_\_\_\_

Graduation Date: \_\_\_\_\_  
Month Day Year

**12. Hospital Appointments:** In chronological order, list all past and present hospital appointments and practice settings since issuance of current ABFPRS certificate. All time in medical practice (civil and military) must be included. For current hospital appointments, provide verification of your hospital staff privileges and copies of facility accreditations. If you do not have privileges in facial plastic surgery at an accredited hospital, provide an explanation of why this lack of privileges is not related to adverse action by accredited institutions.

Institution/Practice Name	Location	Dates: Mo./Yr. From-To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**13. Accredited Facilities:** Check as many as are applicable for other practice settings in which you operate using Level II anesthesia and above and enclose a copy of the setting's accreditation certificate or letter. For procedures which use local anesthesia in a non-accredited office facility, provide evidence of hospital staff privileges in question 12, or provide evidence of formal arrangement with a neighboring hospital for transfer of patients needing hospitalization.

<input type="checkbox"/>	The Joint Commission (formerly JCAHO)	Expiration date of current accreditation:	<input type="text"/>
			Month/Day/Year
<input type="checkbox"/>	The Accreditation Association for Ambulatory Health Care (AAAHC)	Expiration date of current accreditation:	<input type="text"/>
			Month/Day/Year
<input type="checkbox"/>	The American Association of Accreditation of Ambulatory Surgery Facilities (AAAASF)	Expiration date of current accreditation:	<input type="text"/>
			Month/Day/Year
<input type="checkbox"/>	State Medicare (please specify)	Expiration date of current accreditation:	<input type="text"/>
			Month/Day/Year
<input type="checkbox"/>	Other: <input type="text"/> (please specify)	Expiration date of current accreditation:	<input type="text"/>
			Month/Day/Year

**14. Code of Ethics:** By initials in the box below, signify your agreement to adhere to the ABFPRS Code of Ethics.

*A certificant should pursue the practice of surgery with scientific honesty and place the welfare of the patient above all else.*

*A certificant should advance constantly in knowledge and render willing help and teaching to colleagues in medicine and seek their counsel when in doubt about the certificant's own judgment.*

*The certificant should abide by the 1998 Draft Guidelines for Truthful Advertising of Physician Services of the American Medical Association (Note: A summary of this document is included on pages xx-xx of this application) in order to promote legitimate and ethical advertising of physicians' services and to avoid the occasion of unprofessional conduct.*

*The certificant should not practice the division of fees either directly or indirectly and should make fees commensurate with the services rendered.*

**The ABFPRS does not endorse out of field surgery by surgeons who have not completed certification requirements in the specialty relevant to the services performed. The organization conferring said board certification should meet the criteria of well-recognized and authoritative organizations such as those sponsored by the American Board of Medical Specialties, or their equivalent.**

Initial agreement here.



**PART IV: PRACTICE PERFORMANCE**

**16. Facial Plastic and Reconstructive Operative Experience:**

A. Enclose a sequential operative log of all eligible facial plastic and reconstructive procedures performed during the 12 months immediately preceding submission of this application (see Acceptable Procedures Chart below for a list of eligible procedures). Your log must contain at least 50 acceptable procedures.

B. Enclose operative reports on the last 35 patients listed on your log, in chronological order.

**ACCEPTABLE PROCEDURES CHART**

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No fee schedules, basic units, relative values or related listing are included in CPT. The AMA assumes no liability for the data contained herein.

<b>PROCEDURE</b>	<i>CPT©2011 American Medical Association. All Rights Reserved</i>
<b><u>I. HEAD AND NECK</u></b>	
21044	Excision of malignant tumor of mandible
21045	radical resection
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg. locally aggressive or destructive lesion(s))
21047	requiring extra-oral osteotomy and partial mandibulectomy (eg. locally aggressive or destructive lesion(s))
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg. locally aggressive or destructive lesion(s))
21049	requiring extra-oral osteotomy and partial maxillectomy (eg. locally aggressive or destructive lesion(s))
30117	Excision or destruction, any method (including laser), intranasal lesion; internal approach
30118	external approach (lateral rhinotomy)
30120	Excision or surgical planning of skin of nose for rhinophyma
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous
30125	complex, under bone or cartilage
30150	Rhinectomy; partial
30160	Total
31225	Maxillectomy; without orbital exenteration
31230	with orbital exenteration (en bloc)
31750	Tracheoplasty; cervical
31780	Excision tracheal stenosis and anastomosis; cervical
31825	Surgical closure tracheostomy or fistula; with plastic repair
31830	Revision of tracheostomy scar
38555	Excision of cystic hygroma, cervical; with deep neurovascular dissection
38700	Suprahyoid lymphadenectomy
38720	Cervical lymphadenectomy (complete)
38724	Cervical lymphadenectomy (modified radical neck dissection)
40840	Vestibuloplasty; anterior
41130	Glossectomy; hemiglossectomy
41135	partial with unilateral radical neck dissection

41140	complete or total, with or without tracheostomy, without radical neck dissection
41145	complete or total, with or without tracheostomy, with unilateral radical neck dissection
41150	composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection
41153	composite procedure with resection floor of mouth, with suprahyoid neck dissection
41155	composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)
42107	Excision, lesion of palate; with local flap closure
42120	Resection of palate or extensive resection of lesion
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	total, with dissection and preservation of facial nerve
42425	total, en bloc removal with sacrifice of facial nerve
42426	total, with unilateral radical neck dissection
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)
42845	closure with other flap
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
60212	with contralateral subtotal lobectomy, including isthmusectomy
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy
60225	with contralateral subtotal lobectomy, including isthmusectomy
60240	Thyroidectomy, total or complete
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60254	with radical neck dissection
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach
60271	cervical approach
60280	Excision of thyroglossal duct cyst or sinus
60281	recurrent
60500	Parathyroidectomy or exploration of parathyroid(s):
60502	re-exploration
60505	with mediastinal exploration, sternal split or transthoracic approach
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
<b>II. TRAUMA</b>	
21315	Closed treatment of nasal bone fracture; without stabilization
21320	with stabilization
21325	Open treatment of nasal fracture; uncomplicated
21330	complicated, with internal and/or external skeletal fixation
21335	with concomitant open treatment of fractured septum

21336	Open treatment of nasal septal fracture, with or without stabilization
21337	Closed treatment of nasal septal fracture, with or without stabilization
21338	Open treatment of nasoethmoid fracture; without external fixation
21339	with external fixation
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation
21347	requiring multiple open approaches
21348	with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	with bone grafting (includes obtaining graft)
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
21386	periorbital approach
21387	combined approach
21390	periorbital approach, with alloplastic or other implant
21395	periorbital approach with bone graft (includes obtaining graft)
21400	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	with manipulation
21406	Open treatment of fracture of orbit, except blowout; without implant
21407	with implant
21408	with bone grafting (includes obtaining graft)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure) 2
21450	Closed treatment of mandibular fracture; without manipulation
21451	with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
21454	Open treatment of mandibular fracture with external fixation

21461	Open treatment of mandibular fracture; without interdental fixation
21462	with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints
<b>III. RECONSTRUCTIVE</b>	
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm
11642	excised diameter 1.1 to 2.0 cm
11643	excised diameter 2.1 to 3.0 cm
11644	excised diameter 3.1 to 4.0 cm
11646	excised diameter over 4.0 cm
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	2.6 cm to 5.0 cm
12053	5.1 cm to 7.5 cm
12054	7.6 cm to 12.5 cm
12055	12.6 cm to 20.0 cm
12056	20.1 cm to 30 cm
12057	Over 30.0 cm
13120	Repair, complex, scalp; 1.1 cm to 2.5 cm
13121	2.6 to 7.5 cm
13131	Repair, complex, forehead, cheeks, chin, mouth, or neck; 1.1 cm to 2.5 cm
13132	2.6 cm to 7.5 cm
13150	Repair, complex, eyelids, nose, ears, and/or lips; 1.0 cm or less
13151	1.1 to 2.5 cm
13152	2.6 to 7.5 cm
14020	Adjacent tissue transfer or rearrangement, scalp; defect 10 sq cm or less
14021	defect 10.1 to 30 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck; defect 10 sq cm or less
14041	defect 10.1 to 30 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	defect 10.1 to 30 sq cm
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits
15220	Full thickness graft, including direct closure of donor site, scalp; 20 sq cm or less [Use for follicular unit graft transplantation]

15221	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck; 20 sq cm or less
15241	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, lips; 20 sq cm or less
15261	each additional 20 sq cm or part thereof (List separately in addition to code for primary procedure)
15335	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits
15365	Tissue cultured allogenic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits
15400	Application of xenograft, skin
15420	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits
15572	Formation of direct or tubed pedicle, with or without transfer; scalp
15574	forehead, cheeks, chin, mouth, neck
15576	eyelids, nose, ears, lips, or intraoral
15610	Delay of flap or sectioning of flap (division and inset); at scalp
15620	at forehead, cheeks, chin, neck
15630	at eyelids, nose, ears, or lips
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter, sternocleidomastoid, levator scapulae)
15740	Flap; island pedicle
15750	neurovascular pedicle
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770	derma-fat-fascia [use for autologous lipoinjections]
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	free muscle graft (including obtaining graft)
15842	free muscle flap by microsurgical technique
15845	regional muscle transfer
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck; lesion diameter 0.5 cm or less
17271	lesion diameter 0.6 to 1.0 cm
17272	lesion diameter 1.1 to 2.0 cm
17273	lesion diameter 2.1 to 3.0 cm
17274	lesion diameter 3.1 to 4.0 cm
17276	lesion diameter over 4.0 cm
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
17281	lesion diameter 0.6 to 1.0 cm
17282	lesion diameter 1.1 to 2.0 cm
17283	lesion diameter 2.1 to 3.0 cm
17284	lesion diameter 3.1 to 4.0 cm
17286	lesion diameter over 4.0 cm
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of

	specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck; first stage, up to 5 tissue blocks
20955	Bone graft with microvascular anastomosis; fibula
20962	other than fibula, iliac crest, or metatarsal [use for scapula]
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest or metatarsal
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	two pieces, segment movement in any direction, without bone graft
21143	three or more pieces, segment movement in any direction, without bone graft
21145	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	with LeFort I
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	with autograft (includes obtaining grafts)
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 cm <sup>2</sup>
21183	total area of bone grafting greater than 40 cm <sup>2</sup> but less than 80 cm <sup>2</sup>
21184	total area of bone grafting greater than 80 cm <sup>2</sup>
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami; and/or body, sagittal split; without internal rigid fixation
21196	with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	with genioglossus advancement (Limited Procedure*)
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	mandible (includes obtaining graft)

21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	Arthroplasty, temporomandibular joint, with or without autograft, (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	combined intra- and extracranial approach
21263	with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	combined intra- and extracranial approach
21275	Secondary revision of orbitocraniofacial reconstruction
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	intraoral approach
30465	Repair of nasal vestibular stenosis (e.g. spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression
40510	Excision of lip; transverse wedge excision with primary closure
40520	V-excision with primary direct linear closure
40525	full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40650	Repair lip, full thickness; vermilion only
40652	up to half vertical height
40654	over one-half vertical height, or complex
42260	Repair of nasolabial fistula
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42953	Pharyngoesophageal repair
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula
43305	with repair of tracheoesophageal fistula
43496	Free jejunum transfer with microvascular anastomosis
61550	Craniectomy for craniosynostosis; single cranial suture
61552	multiple cranial sutures (For cranial reconstruction for orbital hypertelorism, see 21260-21263) (For reconstruction, see 21172-21180)

61556	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	bifrontal bone flap
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts) For reconstruction, see 21172-21180)
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
61564	with optic nerve decompression (For reconstruction, see 21181-21183)
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581	extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582	extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
61583	intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
61585	with orbital exenteration
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601	intradural, including dural repair, with or without graft
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606	intradural, including dural repair, with or without graft
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
61608	intradural, including dural repair, with or without graft
64864	Suture of facial nerve; extracranial
64865	infratemporal, with or without grafting
64866	Anastomosis; facial-spinal accessory
64868	facial-hypoglossal
64870	facial-phrenic
64872	Suture of nerve; requiring secondary or delayed suture
64874	requiring extensive mobilization, or transposition of nerve
64876	requiring shortening of bone of extremity
64885	Nerve graft (includes obtaining graft), head or neck; up to 4.0 cm length
64886	more than 4.0 cm length
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4.0 cm length

64891	more than 4.0 cm length
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4.0 cm length
64893	more than 4.0 cm length
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4.0 cm length
64896	more than 4.0 cm length
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4.0 cm length
64898	more than 4.0 cm length
64901	Nerve graft, each additional nerve; single strand
64902	multiple strands (cable)
64905	Nerve pedicle transfer; first stage
64907	second stage
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
64911	with autogenous vein graft (includes harvest of vein graft), each nerve
67900	Repair of brow ptosis (supraciliary, midforehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	(tarso)levator resection or advancement, internal approach
67904	(tarso)levator resection or advancement, external approach
67906	superior rectus technique with fascial sling (includes obtaining fascia)
67908	conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	Repair of ectropion; suture
67915	thermocauterization
67916	excision tarsal wedge
67917	extensive (eg, tarsal strip operations)
67921	Repair of entropion; suture
67922	thermocauterization
67923	excision tarsal wedge
67924	extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
67935	full thickness
67950	Canthoplasty (reconstruction of canthus)
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	over one-fourth of lid margin
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage
67973	total eyelid, lower, one stage or first stage
67974	total eyelid, upper, one stage or first stage
67975	second stage
68700	Plastic repair of canaliculi

68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
69005	Drainage external ear, abscess or hematoma; complicated
69110	Excision external ear; partial, simple repair
69120	complete amputation
69150	Radical excision external auditory canal lesion; without neck dissection
69155	with neck dissection
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
69320	Reconstruction of external auditory canal for congenital atresia, single stage
69535	Resection temporal bone, external approach
<b>IV. CONGENITAL</b>	
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	10 – 50 sq cm
17108	over 50 sq cm
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	tip, septum, osteotomies
30540	Repair choanal atresia; intranasal
30545	transpalatine
30580	Repair fistula; oromaxillary
30600	oronasal
30630	Repair nasal septal perforations
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	primary bilateral, 1-stage procedure
40702	primary bilateral, 1 of 2 stages
40720	secondary, by recreation of defect and reclosure
40761	with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
42200	Palatoplasty for cleft palate, soft and/or hard palate only
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	with bone graft to alveolar ridge (includes obtaining graft)
42215	Palatoplasty for cleft palate; major revision
42220	secondary lengthening procedure
42225	attachment pharyngeal flap
42226	Lengthening of palate, and pharyngeal flap
42227	Lengthening of palate, with island flap
42235	Repair of anterior palate, including vomer flap
69300	Otoplasty, protruding ear, with or without size reduction
<b>V. COSMETIC</b>	
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	segmental, face
15788	Chemical peel, facial; epidermal
15789	Dermal

15819	Cervicoplasty
15820	Blepharoplasty, lower eyelid;
15821	with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	neck with platysmal tightening (platysmal flap, "P-flap")
15826	glabellar frown lines
15828	cheek, chin, and neck
15829	superficial musculoaponeurotic system (SMAS) flap
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15876	Suction assisted lipectomy; head and neck
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue [use for laser resurfacing]
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	sliding osteotomy, single piece
21122	sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	contouring and setback of anterior frontal sinus wall
21270	Malar augmentation, prosthetic material
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	intermediate revision (bony work with osteotomies)
30450	major revision (nasal tip work and osteotomies)
40500	Vermilionectomy (lip shave), with mucosal advancement

**IMPORTANT FOR U.S. APPLICANTS**

*Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)*

The Department of Health and Human Services (HHS) has adopted a Privacy Rule to protect patient information. Because you will be submitting patient information in the form of operative reports and photographs, the Privacy Rule requires you to see that the ABFPRS enters into a contract to protect your patients' confidentiality. Accordingly, when the ABFPRS receives your signed application and begins processing it, you and the ABFPRS thereby agree as follows: (1) The ABFPRS will use the information only to evaluate your application; (2) the ABFPRS will not use the information for any other purpose except as required by law (which may include reporting violations of law to appropriate federal and state authorities); (3) the ABFPRS will use appropriate safeguards to prevent unauthorized use or disclosure; (4) if the ABFPRS becomes aware of any unauthorized use or disclosure of patient information provided by you, the ABFPRS will report that to you; (5) the ABFPRS will inform staff and reviewing examiners of these restrictions and insist that they agree to them; (6) the ABFPRS will make the operative reports and photographs available to the patient upon request, but only after informing you of that request and providing you an opportunity to object, if appropriate; (7) the ABFPRS will allow any patient to make any amendments to the information provided regarding that patient in accordance with HIPAA; (8) the ABFPRS will make available information for an accounting of disclosures on request of a patient; (9) the ABFPRS will make internal practices books and records of use and disclosure of the patient information available to the HHS upon request; and (10) the ABFPRS will destroy the patient information when its utility for the ABFPRS's certification process no longer exists. For your part, you agree by submitting the signed application that you will provide only patient information (including operative reports and photographs) for which appropriate consents have been obtained under the law in force at the time the patient information was obtained, and that you will inform the ABFPRS of any revocations or pertinent

**17. Optional Additional Evidence of Practice Caliber:** Check documents you have enclosed that demonstrate the quality of your practice.

- \_\_\_\_\_ Patient satisfaction survey(s)
- \_\_\_\_\_ Risk management and quality assurance program documents
- \_\_\_\_\_ Outcomes research documentation
- \_\_\_\_\_ Other: \_\_\_\_\_  
(please specify)

**PART V: OTHER**

**18. Recommendations:** Three recommendations are required. Indicate in the spaces below the names of the physicians whom you have asked to write letters of recommendation. Circle the appropriate acronym to show the board certification of each – ABFPRS, ABOto, ABPS, or RCPSC. Ask that letters be sent directly to: ABFPRS, Attn.: Credentials Committee, 115C South Saint Asaph Street, Alexandria, VA 22314.

1. \_\_\_\_\_

Name of ABFPRS/ABOto/ABPS Diplomate or RCPSC Fellow (please print)	Degree	
_____		
Title/Institution (if applicable)		
_____		
Street/Mailing Address		
_____		
City	State	Zip Code

2. \_\_\_\_\_  
Name of ABFPRS/ABOto/ABPS Diplomate or RCPSC Fellow (please print) Degree  
\_\_\_\_\_  
Title/Institution (if applicable)  
\_\_\_\_\_  
Street/Mailing Address  
\_\_\_\_\_  
City State Zip Code

3. \_\_\_\_\_  
Name of ABFPRS/ABOto/ABPS Diplomate or RCPSC Fellow (please print) Degree  
\_\_\_\_\_  
Title/Institution (if applicable)  
\_\_\_\_\_  
Street/Mailing Address  
\_\_\_\_\_  
City State Zip Code

19. **Photographs:** Staple one signed photograph in the square below. Photograph should be no larger than 3" x 4" and should be signed on the front. Email a second photograph to the ABFPRS office at [meharp@abfprs.org](mailto:meharp@abfprs.org). Digital photograph should be submitted in jpeg format.



**20. Fee:** Enclose a check or money order in payment of the \$1,000 application and examination fee, in U.S. funds, made payable to the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS), or pay via credit card using payment form on page 28, or online at [www.abfprs.org](http://www.abfprs.org), click Maintaining Certification.

**21. Agreements:**

I hereby apply to the American Board of Facial Plastic and Reconstructive Surgery Inc.® for Maintenance of Certification in Facial Plastic and Reconstructive Surgery® in accordance with its rules, regulations, and policies. I have enclosed payment of the \$1,000 fee. I understand that only the \$500 examination portion of this fee will be returned if my application to sit for the examination is not accepted, and that no portion of the fee is refundable once I am scheduled to sit for the examination, except as provided for in the *Booklet of Information* under “Fees.” I authorize the Board prior or subsequent to my examination to make whatever inquiries and investigation it deems necessary to ascertain and verify my qualifications, credentials, professional standing, and moral and ethical character, and to disclose information in that process that the Board has received.

I further covenant and agree to hold the Board, the members of its board of directors, examiners, officers, staff, and agents harmless and free from any claims or demands for damage or otherwise by reason of any act of omission or commission that they may make in connection with this application, the grades given with respect to my examination, or any failure of the Board to issue to me a certificate. I understand that the decision as to whether my examination qualifies me for certification rests solely and exclusively with the Board and that its decision is final.

I confirm that I have read the instructions for completing this application and the companion booklet of information on the ABFPRS MOC in FPRS® program and I understand its contents. The terms and provisions of these publications are hereby incorporated in the terms of this agreement by reference and are part of this application for examination.

\_\_\_\_\_  
Full, Legal Signature of Applicant

\_\_\_\_\_  
Date

Notarized before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_ did appear before me and swore that the above information is true, accurate, and complete.

I hereto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature, Notary Public

My commission expires on \_\_\_\_\_

**FOR BOARD OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE.**

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Date Application Received: \_\_\_\_\_ Date Application Postmarked: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_ Date Incomplete Application Returned: \_\_\_\_\_

Date Application Referred to Credentials Committee: \_\_\_\_\_

Credentials Committee Recommendation: \_\_\_\_\_ Date: \_\_\_\_\_

Date Applicant Notified of Credentials Committee Action: \_\_\_\_\_

Date of Receipt of Examination Fee: \_\_\_\_\_ Amount: \_\_\_\_\_ Check No.: \_\_\_\_\_

# CREDIT CARD PAYMENT FORM

(COMPLETE TO SUBMIT CREDIT CARD PAYMENT WITH APPLICATION)

You may also submit your credit card payment online at [www.abfprs.org](http://www.abfprs.org).

Click Applying, click Maintaining Certification, then "Click here to remit payment online..."

Enclosed is my ABFPRS MOC in FPRS® application for the upcoming June 17, 2012, exam in Washington, D.C.

I have already registered to participate in the Maintenance of Certification in Facial Plastic and Reconstructive Surgery (MOC in FPRS®) program and paid the \$250 dollar registration fee.

**IMPORTANT NOTE:** Candidates submitting applications to the ABFPRS office realize that all application material must be postmarked by the January 15, 2012, deadline.

## **MOC in FPRS® Fee: \$1,000**

Name on Credit Card: \_\_\_\_\_

Doctor's Full Name (if different from name on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Card Type:

American Express \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

## APPLICANT'S CHECKLIST

### Did you remember to ...

- Complete all items on your application accurately?
- Enclose a copy of your current ABOto, ABPS, and/or RCPSC certificate(s)?
- Enclose a copy of all current medical license(s), showing expiration dates?
- Enclose any additional information required by your answers to the Credentials Questionnaire (question 10)?
- Enclose accreditation verification for all office settings and hospitals?
- Initial agreement to the ABFPRS Code of Ethics?
- Enclose a supplemental sheet listing CMEs, if applicable?
- Enclose a copy of your complete sequential operative log for the last 12 months?
- Enclose copies of operative reports for the last 35 patients on your sequential operative log, stapled, in chronological order, and including CPT codes?
- Request three M.D.'s or D.O.'s who are certified by the ABFPRS. ABOto, ABPS, or RCPSC to submit letters of recommendation for you by January 15, 2012?
- Enclose one signed 3" x 4" photograph with your application and email one photograph to the Board offices?
- Enclose a check, money order, or complete credit card payment form for U.S. \$1,000 in payment of the application and examination fees?
- Sign your application before a notary public?
- Place your application and all supporting documents, unfolded, in one package for shipping?
- Keep one copy of all application materials for reference during the review process?
- Correctly address the package to the American Board of Facial Plastic and Reconstructive Surgery, 115C South Saint Asaph Street, Alexandria, VA 22314?
- Meet the January 15, 2012, deadline for posting all application materials?

## **SUMMARY OF AMA ETHICAL ADVERTISING GUIDELINES**

*The AMA's guidelines provide general guidance. Laws and regulations in some states may differ from the AMA guidelines, and physicians should review those laws and regulations as well.*

Advertisements are communications in any medium that are disseminated by or at the behest of a physician for the purpose of soliciting or encouraging the use of the physician's services. There are no restrictions on advertising by physicians except those that can be specifically justified to protect the public from deceptive practices. Truthful advertisements can help patients select a physician by informing them about the skills, qualifications, services, location, and other important information about physicians. However, false, deceptive, or misleading advertisements may cause harm to patients.

### **Four Principles**

There are four principles to follow if advertisements are to be truthful and not false, deceptive, or misleading. These are:

1. Advertisements should not contain false claims or misrepresentations of material fact.
2. Advertisements should not contain implied false claims or implied misrepresentations of material fact.
3. There should not be knowing omissions of material fact from advertisements.
4. Physicians should be able to substantiate material objective claims and representations made in an advertisement.

### **Applications of Principles<sup>1</sup>**

Generally, advertisements are more likely to comply with these principles if, from the perspective of a reasonable patient, they are easy to understand, free of obvious exaggerations and appeals to emotional vulnerabilities and clearly identifiable as advertising rather than news.

Here are guidelines for applying these rules to specific types of advertisements:

**Patient testimonials and endorsements.** Testimonials should be made only by patients who actually received and benefited from the physician's services. Furthermore, they should represent the experience that is typical of what other patients may expect. Endorsements by organizations or experts must be supported by an actual evaluation of the physician's services conducted by the organization or expert.

**Pictures or images of a person.** Whenever a model's picture is used in a way that would suggest that the model received the services advertised, the advertisement should clearly and concisely state that the model has not received the advertised services.

<sup>1</sup> *The guidelines specifically state that they do not apply in certain types of proceedings, including malpractice litigation.*

Patient photos should represent normal results rather than an atypical amount of relief. Photographs of patients taken after receiving services should use the same light, poses, and photographic techniques as photographs taken before surgery so as to accurately document the results of the services.

**Representations about quality of care.** Statements about superior service are extremely difficult to verify or measure and should be made only if factually supportable.

**Safety, efficacy, and recovery periods.** Statements assuring safety, effectiveness, and quick recovery may mislead patients who lack appreciation of the risks and adverse effects associated with medical and surgical treatments. Such statements should be made only if supported by scientific studies and representative of the typical patient's experience.

**Physician qualifications.** Qualifications listed in an advertisement should substantiate the physician's competence with respect to the services being advertised.

- *Board certification.* Because patients are likely to assume that physicians who advertise their board certification have been subjected to a rigorous peer review of their education, training, and experience to perform advertised services, physicians should advertise board certification only if the certification is relevant to the services advertised and the organization conferring the board certification requires a thorough review of the physician's fitness substantially similar to the criteria of well-recognized and authoritative organizations such as those sponsored by the American Board of Medical Specialties, or the equivalent. (The American Board of Facial Plastic and Reconstructive Surgery may be disclosed in all states, although one state [Oklahoma] requires the physician to make advance application.)
- *Supplemental training.* Physicians should advertise continuing medical education only if it has led to new skills that supplement initial specialty training.
- *Claims of an exclusive or unique skill or remedy.* It is unlikely that a physician has a unique skill or remedy, although he or she may have such within a particular geographic area. Physicians who claim unique skills and remedies must be able to substantiate them.
- *Routine provision of services.* Similarly, physicians must be able to substantiate any claims as to the frequency or number of times they provide a particular service.
- *Years of experience.* If a physician includes his or her years of professional experience, this fact must be readily substantiated. If a physician couples this information with a list of procedures performed, patients will infer that these procedures have been performed for the duration of the physician's years of professional experience, so advertisements should not couple this information unless it is true and can be substantiated.

- *Performance of a procedure.* An advertisement should not state or imply that a particular physician might or will perform a particular procedure unless that is the case.
- *Medicare or Medicaid approval.* Advertisements should not imply that procedures are approved or endorsed by federal Medicare or state Medicaid programs; however, they may advertise that a physician accepts Medicare or Medicaid patients.
- *FDA approval.* Federal law requires that physician advertisements should not promote equipment, devices, or drugs used by the physicians as being approved by the federal Food and Drug Administration.

**Comfort, ease, and pain.** Patients experience comfort, ease, and pain differently, and so claims that procedures cause little inconvenience or pain are difficult to substantiate. However, a physician may make such claims if the physician can document that this is the experience of his or her patients and likely to be the experiences of patients generally.

**Fees and costs.** Advertisements that include fees should indicate whether there may be additional costs for related services, such as clinical laboratory services. Free services offered must in fact be free, rather than contingent on purchase of other services or reimbursable by a third-party payer. Representations that a physician will not balance-bill a patient above the fee allowed by the patient's payer should not be made if the physician plans to bill the patient a co-payment amount or the full amount, if a patient's payer denies coverage in full or part.

**Location and conveniences.** Useful information that does not generally raise concerns in physician advertisements includes the physician's name, address, telephone number, hours of practice, schools attended, language or languages spoken, names of associations, hospitals or clinics with which the physician is affiliated, amenities available (such as outpatient facilities, third-party payers accepted), and a statement as to whether the physician regularly accepts installment payments of fees or credit cards. Other useful information may include military service, posts of honor, teaching positions, or medical authorship.

**Medical society memberships.** Advertisements may include medical society membership information so long as the physician has the membership claimed and the advertisement does not imply that the association has tested the knowledge or competence of the physician unless that is the case.

**Area of specialization.** Physicians may advertise that they specialize in a particular area of medical practice, provided that the physician in fact has the education, training, experience, competence, and judgment necessary to practice the identified specialty.