

SPECIALTY EXAM: GENERAL MULTI-SYSTEM

Refer to data section (table below) in order to quantify. After reviewing the medical record documentation, identify the level of examination. Circle the level of examination within the appropriate grid in Section 5 (Page 3).

Performed and Documented	Level of Exam
One to five bullets	Problem Focused
At least six bullets	Expanded Problem Focused
At least two bullets from each of six body systems/areas OR at least twelve bullets in any two or more body systems/areas.	Detailed
At least two bullets from each of nine body systems/areas	Comprehensive

(Circle the bullets that are documented.)

NOTE: For the descriptions of the elements of examination containing the words "and", "and/or", only one (1) of those elements must be documented.

System/Body Area	Elements of Examination
Constitutional	<ul style="list-style-type: none">● Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff)● General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)
Eyes	<ul style="list-style-type: none">● Inspection of conjunctivae and lids● Examination of pupils and irises (e.g., reaction to light and accommodation, size and symmetry)● Ophthalmoscopic examination of optic discs (e.g., size, C/D ratio, appearance) and posterior segments (e.g., vessel changes, exudates, hemorrhages)
Ears, Nose, Mouth and Throat	<ul style="list-style-type: none">● External inspection of ears and nose (e.g., overall appearance, scars, lesions, masses)● Otoscopic examination of external auditory canals and tympanic membranes● Assessment of hearing (e.g., whispered voice, finger rub, tuning fork)● Inspection of lips, teeth and gums● Examination of oropharynx: oral mucosa, salivary glands, hard and soft palates, tongue, tonsils and posterior pharynx● Inspection of nasal mucosa, septum and turbinates

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System/Body Area	Elements of Examination
Neck	<ul style="list-style-type: none">● Examination of neck (e.g., masses, overall appearance, symmetry, tracheal position, crepitus)● Examination of thyroid (e.g., enlargement, tenderness, mass)
Respiratory	<ul style="list-style-type: none">● Assessment of respiratory effort (e.g., intercostal retractions, use of accessory muscles, diaphragmatic movement)● Percussion of chest (e.g., dullness, flatness, hyperresonance)● Palpation of chest (e.g., tactile fremitus)● Auscultation of lungs (e.g., breath sounds, adventitious sounds, rubs)
Cardiovascular	<ul style="list-style-type: none">● Palpation of heart (e.g., location, size, thrills)● Auscultation of heart with notation of abnormal sounds and murmurs Examination of: <ul style="list-style-type: none">● Carotid arteries (e.g., pulse amplitude, bruits)● Abdominal aorta (e.g., size, bruits)● Femoral arteries (e.g., pulse amplitude, bruits)● Pedal pulses (e.g., pulse amplitude)● Extremities for edema and/or varicosities
Chest (Breasts)	<ul style="list-style-type: none">● Inspection of breasts (e.g., symmetry, nipple discharge)● Palpation of breasts and axillae (e.g., masses or lumps, tenderness)
Gastrointestinal (Abdomen)	<ul style="list-style-type: none">● Examination of abdomen with notation of presence of masses or tenderness● Examination of liver and spleen● Examination for presence or absence of hernia● Examination of anus, perineum and rectum, including sphincter tone, presence of hemorrhoids, rectal masses● Obtain stool sample for occult blood test when indicated

SPECIALTY EXAM: GENERAL MULTI-SYSTEM (CONT.)

System/Body Area	Elements of Examination
<p>Musculoskeletal</p> <p>NOTE: Determine the number of body areas addressed within each bullet. Enter that number on the corresponding line below. Total at the bottom of this box.</p> <p>Inspection and/or palpation: _____</p> <p>Assessment of range of motion: _____</p> <p>Assessment of stability: _____</p> <p>Assessment of muscle strength: _____</p> <p>* Total Bullets: _____ (including gait and station and inspection and/or palpation of digits and nails if circled)</p>	<ul style="list-style-type: none">● Examination of gait and station *(if circled, add to total at bottom of column to the left)● Inspection and/or palpation of digits and nails (e.g., clubbing, cyanosis, inflammatory conditions, petechiae, ischemia, infections, nodes) *(if circled, add to total at bottom of column to the left) <p>Examination of joints, bones and muscles of one or more of the following six areas: 1) head and neck; 2) spine, ribs, and pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; and 6) left lower extremity. The examination of a given area includes:</p> <ul style="list-style-type: none">● Inspection and/or palpation with notation of presence of any misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions● Assessment of range of motion with notation of any pain, crepitation or contracture● Assessment of stability with notation of any dislocation (luxation), subluxation or laxity● Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements
Skin	<ul style="list-style-type: none">● Inspection of skin and subcutaneous tissue (e.g., rashes, lesions, ulcers)● Palpation of skin and subcutaneous tissue (e.g., induration, subcutaneous nodules, tightening)
Neurologic	<ul style="list-style-type: none">● Test cranial nerves with notation of any deficits● Examination of deep tendon reflexes with notation of pathological reflexes (e.g., Babinski)● Examination of sensation (e.g., by touch, pin, vibration, proprioception)
Psychiatric	<ul style="list-style-type: none">● Description of patient's judgement and insight <p>Brief assessment of mental status including:</p> <ul style="list-style-type: none">● Orientation to time, place and person● Recent and remote memory● Mood and affect (e.g., depression, anxiety, agitation)

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System/Body Area	Elements of Examination
Genitourinary	<p>MALE:</p> <ul style="list-style-type: none">● Examination of the scrotal contents (e.g., hydrocele, spermatocele, tenderness of cord, testicular mass)● Examination of penis● Digital rectal examination of prostate gland (e.g., size, symmetry, nodularity, tenderness) <p>FEMALE:</p> <p>Pelvic examination (with or without specimen collection for smears and cultures), including:</p> <ul style="list-style-type: none">● Examination of external genitalia (e.g., general appearance, hair distribution, lesions) and vagina (e.g., general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, rectocele)● Examination of urethra (e.g., masses, tenderness, scarring)● Examination of bladder (e.g., fullness, masses, tenderness)● Cervix (e.g., general appearance, lesions, discharge)● Uterus (e.g., size, contour, position, mobility, tenderness, consistency, descent or support)● Adnexa/parametria (e.g., masses, tenderness, organomegaly, nodularity)
Lymphatic	<p>Palpation of lymph nodes in two or more areas:</p> <ul style="list-style-type: none">● Neck● Axillae● Groin● Other

(Enter the number of circled bullets in the boxes below. Then circle the appropriate level of care.)

EXAM	One to Five Bullets	Six to Eleven Bullets	<p>This level requires that one of the following questions be answered with a "yes."</p> <p>Have you circled at least two bullets in each of six body systems/areas?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there a total of twelve bullets circled in two or more body systems/areas?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	At least two bullets from each of nine body systems/areas
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive