

**SPECIALTY EXAM: NEUROLOGY**

Medicare Beneficiary ID Number	Date of Service
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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 with the appropriate grid in Section 5 (Page 3).

Performed and Documented	Level of Exam
One to five bullets	Problem Focused
Six to eleven bullets	Expanded Problem Focused
Twelve or more bullets	Detailed
At least one bullet in the box with the unshaded border <b>AND</b> every bullet in <b>each</b> box with the shaded borders.	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
Cardiovascular	<ul style="list-style-type: none"> <li>● Examination of carotid arteries (e.g., pulse amplitude, bruits)</li> <li>● Auscultation of heart with notation of abnormal sounds and murmurs</li> <li>● Examination of peripheral vascular system by observation (e.g., swelling, varicosities) and palpation (e.g., pulses, temperature, edema, tenderness)</li> </ul>

Constitutional	<ul style="list-style-type: none"> <li>● Measurement of <b>any three of the following seven</b> 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)</li> <li>● General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)</li> </ul>
Eyes	<ul style="list-style-type: none"> <li>● Ophthalmoscopic examination of optic discs (e.g., size, C/D ratio, appearance) and posterior segments (e.g., vessel changes, exudates, hemorrhages)</li> </ul>
Musculoskeletal (Includes Extremities)	<ul style="list-style-type: none"> <li>● Examination of gait and station</li> </ul> Assessment of motor function including: <ul style="list-style-type: none"> <li>● Muscle strength in upper and lower extremities</li> <li>● Muscle tone in upper and lower extremities (e.g., flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements (e.g., fasciculation, tardive dyskinesia)</li> </ul>

System/Body Area	Elements of Examination
Neurological	Evaluation of higher integrative functions including: <ul style="list-style-type: none"> <li>● Orientation to time, place and person</li> <li>● Recent and remote memory</li> <li>● Attention span and concentration</li> <li>● Language (e.g., naming objects, repeating phrases, spontaneous speech)</li> <li>● Fund of knowledge (e.g., awareness of current events, past history, vocabulary)</li> </ul> Test the following cranial nerves: <ul style="list-style-type: none"> <li>● 2nd cranial nerve (e.g., visual acuity, visual fields, fundi)</li> <li>● 3rd, 4th, and 6th cranial nerves (e.g., pupils, eye movements)</li> <li>● 5th cranial nerve (e.g., facial sensation, corneal reflexes)</li> <li>● 7th cranial nerve (e.g., facial symmetry, strength)</li> <li>● 8th cranial nerve (e.g., hearing with tuning fork, whispered voice and/or finger rub)</li> <li>● 9th cranial nerve (e.g., spontaneous or reflex palate movement)</li> <li>● 11th cranial nerve (e.g., shoulder shrug strength)</li> <li>● 12th cranial nerve (e.g., tongue protrusion)</li> <li>● Examination of sensation (e.g., by touch pin, vibration, proprioception)</li> <li>● Examination of deep tendon reflexes in upper and lower extremities with notation of pathological reflexes (e.g., Babinski)</li> <li>● Test coordination (e.g., finger/nose, heel/knee/shin, rapid alternating movements in the upper and lower extremities, evaluation of fine motor coordination in young children)</li> </ul>

Note: The Head/Face; Ears, Nose, Mouth and Throat; Neck; Respiratory; Chest (Breasts); GI (Abdomen); GU; Lymphatic; Skin; and Psychiatric systems/body areas are not integral parts of this Neurological exam.

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

<b>EXAM</b>	One to Five Bullets	Six to Eleven Bullets	Twelve or more Bullets	Answer the following two questions. If both answers are "yes," the appropriate level of exam is comprehensive. Was at least one bullet documented in the unshaded box? <input type="checkbox"/> Yes <input type="checkbox"/> No Was each bullet in each shaded box documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive