

**SPECIALTY EXAM: CARDIOVASCULAR**

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
Six to eleven bullets	Expanded Problem Focused
Twelve or more bullets	Detailed
At least one bullet in <b>each</b> box with an unshaded border <b>AND</b> every bullet in each box with a shaded border.	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
Eyes	<ul style="list-style-type: none"> <li>● Inspection of conjunctivae and lids (e.g., xanthelasma)</li> </ul>
Ears, Nose, Mouth and Throat	<ul style="list-style-type: none"> <li>● Inspection of teeth, gums and palate</li> <li>● Inspection of oral mucosa with notation of presence of pallor or cyanosis</li> </ul>
Neck	<ul style="list-style-type: none"> <li>● Examination of jugular veins (e.g., distension; a, v or cannon a waves)</li> <li>● Examination of thyroid (e.g., enlargement, tenderness, mass)</li> </ul>
Musculoskeletal	<ul style="list-style-type: none"> <li>● Examination of the back with notation of kyphosis or scoliosis</li> <li>● Examination of gait with notation of ability to undergo exercise testing and/or participation in exercise programs</li> <li>● Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements</li> </ul>
Extremities	<ul style="list-style-type: none"> <li>● Inspection and palpation of digits and nails (e.g., clubbing, cyanosis, inflammation, petechiae, ischemia, infections, Osler's nodes)</li> </ul>
Skin	<ul style="list-style-type: none"> <li>● Inspection and/or palpation of skin and subcutaneous tissue (e.g., stasis dermatitis, ulcers, scars, xanthomas)</li> </ul>

Medicare Beneficiary ID Number	Date of Service
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System/Body Area	Elements of Examination
Cardiovascular	<ul style="list-style-type: none"> <li>● Palpation of heart (e.g., location, size and forcefulness of the point of maximal impact; thrills; lifts; palpable S3 or S4)</li> <li>● Auscultation of heart including sounds, abnormal sounds and murmurs</li> <li>● Measurement of blood pressure in two or more extremities when indicated (e.g., aortic dissection, coarctation)</li> </ul> Examination of: <ul style="list-style-type: none"> <li>● Carotid arteries (e.g., waveform, pulse amplitude, bruits, apical-carotid delay)</li> <li>● Abdominal aorta (e.g., size, bruits)</li> <li>● Femoral arteries (e.g., pulse amplitude, bruits)</li> <li>● Pedal pulses (e.g., pulse amplitude)</li> <li>● Extremities for peripheral edema and/or varicosities</li> </ul>
Constitutional	<ul style="list-style-type: none"> <li>● Measurement of <b>any three of the following seven vital signs:</b> 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>
Gastrointestinal (Abdomen)	<ul style="list-style-type: none"> <li>● Examination of abdomen with notation of presence of masses or tenderness</li> <li>● Examination of liver and spleen</li> <li>● Obtain stool sample for occult blood from patients who are being considered for thrombolytic or anticoagulant therapy</li> </ul>
Neurological/ Psychiatric	Brief assessment of mental status including: <ul style="list-style-type: none"> <li>● Orientation to time, place and person</li> <li>● Mood and affect (e.g., depression, anxiety, agitation)</li> </ul>
Respiratory	<ul style="list-style-type: none"> <li>● Assessment of respiratory effort (e.g., intercostal retractions, use of accessory muscles, diaphragmatic movement)</li> <li>● Auscultation of lungs (e.g., breath sounds, adventitious sounds, rubs)</li> </ul>

Note: The Chest (Breasts), Head/Face, Lymphatic and Genitourinary body systems/body areas are not considered integral parts of this specialty 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 each 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