

**SPECIALTY EXAM: GENITOURINARY (MALE)**

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 <b>each</b> 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	Element of Examination
Neck	<ul style="list-style-type: none"> <li>Examination of neck (e.g., masses, overall appearance, symmetry, tracheal position, crepitus)</li> <li>Examination of thyroid (e.g., enlargement, tenderness, mass)</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>
Cardiovascular	<ul style="list-style-type: none"> <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>
Lymphatic	<ul style="list-style-type: none"> <li>Palpation of lymph nodes in neck, axillae, groin, and/or other location</li> </ul>
Skin	<ul style="list-style-type: none"> <li>Inspection and/or palpation of skin and subcutaneous tissue (e.g., rashes, lesions, ulcers)</li> </ul>
Neurological/Psychiatric	Brief assessment of mental status including: <ul style="list-style-type: none"> <li>Orientation (e.g., time, place and person) and</li> <li>Mood and affect (e.g., depression, anxiety, agitation)</li> </ul>

Medicare Beneficiary ID Number	Date of Service
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System/Body Area	Elements of Examination
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 for presence or absence of hernia</li> <li>Examination of liver and spleen</li> <li>Obtain stool sample for occult blood test when indicated</li> </ul>
Genitourinary	<p><b>MALE:</b></p> <ul style="list-style-type: none"> <li>Inspection of anus and perineum</li> </ul> Examination (with or without specimen collection for smears and cultures) of genitalia including: <ul style="list-style-type: none"> <li>Scrotum (e.g., lesions, cysts, rashes)</li> <li>Epididymides (e.g., size, symmetry, masses)</li> <li>Testes (e.g., size, symmetry, masses)</li> <li>Urethral meatus (e.g., size, location, lesions, discharge)</li> <li>Penis (e.g., lesions, presence or absence of foreskin, foreskin retractability, plaque, masses, scarring, deformities)</li> </ul> Digital rectal examination including: <ul style="list-style-type: none"> <li>Prostate gland (e.g., size, symmetry, nodularity, tenderness)</li> <li>Seminal vesicles (e.g., symmetry, tenderness, masses, enlargement)</li> <li>Sphincter tone, presence of hemorrhoids, rectal masses</li> </ul>

Note: The Head/Face; Eyes; Ears, Nose, Mouth and Throat; Musculoskeletal; Chest (Breasts); and Extremities are not integral parts of this GU 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