

**SPECIALTY EXAM: HEMATOLOGIC/LYMPHATIC/IMMUNOLOGIC EXAMINATION**

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
Extremities	<ul style="list-style-type: none"> <li>● Inspection and palpation of digits and nails (e.g., clubbing, cyanosis, inflammation, petechiae, ischemia, infections, nodes)</li> </ul>
Eyes	<ul style="list-style-type: none"> <li>● Inspection of conjunctivae and lids</li> </ul>
Head and Face	<ul style="list-style-type: none"> <li>● Palpation and/or percussion of face with notation of presence or absence of sinus 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>
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>
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>
Skin	<ul style="list-style-type: none"> <li>● Inspection and/or palpation of skin and subcutaneous tissue (e.g., rashes, lesions, ulcers, ecchymoses, bruises)</li> </ul>

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System/Body Area	Elements of Examination
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>
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>
Ears, Nose, Mouth and Throat	<ul style="list-style-type: none"> <li>● Ooscopic examination of external auditory canals and tympanic membranes</li> <li>● Inspection of nasal mucosa, septum and turbinates</li> <li>● Inspection of teeth and gums</li> <li>● Examination of oropharynx (e.g., oral mucosa, hard and soft palates, tongue, tonsils, posterior pharynx)</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> </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), Genitourinary and Musculoskeletal 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