

SPECIALTY EXAM: NEUROLOGY

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 AND every bullet in each 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	- Examination of carotid arteries (e.g., pulse amplitude, bruits) - Auscultation of heart with notation of abnormal sounds and murmurs - Examination of peripheral vascular system by observation (e.g., swelling, varicosities) and palpation (e.g., pulses, temperature, edema, tenderness)
Constitutional	- Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularly, 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	Ophthalmoscopic examination of optic discs (e.g., size, C/D ratio, appearance) and posterior segments (e.g., vessel changes, exudates, hemorrhages)
Musculoskeletal (includes Extremities)	- Examination of gait and station - Assessment of motor function including: - Muscle strength in upper and lower extremities - 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)

HIC#

DATE OF SERVICE

System/Body Area	Elements of Examination
Neurological	Evaluation of higher integrative functions including: - Orientation to time, place and person - Recent and remote memory - Attention span and concentration - Language (e.g., naming objects, repeating phrases, spontaneous speech) - Fund of knowledge (e.g., awareness of current events, past history, vocabulary) Test the following cranial nerves: 2nd cranial nerve (e.g., visual acuity, visual fields, fundi) 3rd, 4th, and 6th cranial nerves (e.g., pupils, eye movements) 5th cranial nerve (e.g., facial sensation, corneal reflexes) 7th cranial nerve (e.g., facial symmetry, strength) 8th cranial nerve (e.g., hearing with tuning fork, whispered voice and/or finger rub) 9th cranial nerve (e.g., spontaneous or reflex palate movement) 11th cranial nerve (e.g., shoulder shrug strength) 12th cranial nerve (e.g., tongue protrusion) - Examination of sensation (e.g., by touch pin, vibration, proprioception) - Examination of deep tendon reflexes in upper and lower extremities with notation of pathological reflexes (e.g., Babinski) - 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)

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.)

EXAM				
Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	
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? ☐ Yes ☐ No Was each bullet in each shaded box documented? ☐ Yes ☐ No	

E/M Documentation Auditor's Instructions

1. History

Refer to data section (table below) in order to quantify. After referring to data, circle the entry farthest to the *RIGHT* in the table, which best describes the HPI, ROS and PFSH. If one column contains three circles, draw a line down that column to the bottom row to identify the type of history. If no column contains three circles, the column containing a circle farthest to the *LEFT*, identifies the type of history.

After completing this table which classifies the history, circle the type of history within the appropriate grid in Section 5.

HISTORY	HPI: Status of chronic conditions: ☐ 1 condition ☐ 2 conditions ☐ 3 conditions OR HPI (history of present illness) elements: ☐ Location ☐ Severity ☐ Timing ☐ Modifying factors ☐ Quality ☐ Duration ☐ Context ☐ Associated signs and symptoms	☐ Status of 1-2 chronic conditions	☐ Status of 3 chronic conditions	
	ROS (review of systems): ☐ Constitutional (wt loss, etc) ☐ Eyes ☐ Ears, nose, mouth, throat ☐ Card/vasc ☐ Resp ☐ GI ☐ GU ☐ Musculo ☐ Integumentary (skin, breast) ☐ Neuro ☐ Psych ☐ Endo ☐ Hem/lymph ☐ All/immuno ☐ All others negative	☐ None	☐ Pertinent to problem (1 system) ☐ Extended (2-9 systems)	☐ *Complete ☐ **Complete (2 or 3 history areas)
	PFSH (past medical, family, social history) areas: ☐ Past history (the patient's past experiences with illnesses, operation, injuries and treatments) ☐ Family history (a review of medical events in the patient's family, including diseases which may be hereditary or place the patient at risk) ☐ Social history (an age appropriate review of past and current activities)	☐ None	☐ Pertinent (1 history area)	☐ **Complete (2 or 3 history areas)
	*Complete ROS: 10 or more systems or the pertinent positives and/or negatives of some systems with a statement "all others negative".	PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED
	**Complete PFSH: 2 history areas: a) Established Patients - Office (Outpatient) Care; b) Emergency Department. 3 history areas: a) New Patients - Office (Outpatient) Care, Domiciliary Care, Home Care; b) Initial Hospital Care; c) Initial Hospital Observation; d) Initial Nursing Facility Care.	PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED

****Complete PFSH:** 2 history areas: a) Established Patients - Office (Outpatient) Care; b) Emergency Department.

3 history areas: a) New Patients - Office (Outpatient) Care, Domiciliary Care, Home Care; b) Initial Hospital Care; c) Initial Hospital Observation; d) Initial Nursing Facility Care.

NOTE: For certain categories of E/M services that include only an interval history, it is not necessary to record information about the PFSH. Please refer to procedure code descriptions.

2. Examination

Refer to data section (table below) in order to quantify. After referring to data, identify the type of examination. Circle the type of examination within the appropriate grid in Section 5.

Limited to affected body area or organ system (one body area or system related to problem)	PROBLEM FOCUSED EXAM
Affected body area or organ system and other symptomatic or related organ system(s) (additional systems up to total of 7)	EXPANDED PROBLEM FOCUSED EXAM
Extended exam of affected area(s) and other symptomatic or related organ system(s) (additional systems up to total of 7 or more depth than above)	DETAILED EXAM
General multi-system exam (8 or more systems) or complete exam of a single organ system (complete single exam not defined in these instructions)	COMPREHENSIVE EXAM

EXAM	Body areas: ☐ Head, including face ☐ Chest, including breasts and axillae ☐ Abdomen ☐ Neck ☐ Back, including spine ☐ Genitalia, groin, buttocks ☐ Each extremity	☐ 1 body area or system	☐ Up to 7 systems	☐ Up to 7 systems	☐ 8 or more systems	
	Organ systems: ☐ Constitutional (e.g., vitals, gen app) ☐ Eyes ☐ Ears, nose, mouth, throat ☐ Cardiovascular ☐ Resp ☐ GI ☐ GU ☐ Musculo ☐ Skin ☐ Neuro ☐ Psych ☐ Hem/lymph/imm	☐ None	☐ Pertinent to problem (1 system)	☐ Extended (2-9 systems)	☐ *Complete	☐ **Complete (2 or 3 history areas)
	PROBLEM FOCUSED	EXP. PROB. FOCUSED	DETAILED	COMPREHENSIVE		

3. Medical Decision Making

Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There are maximum number in two categories.)

Number of Diagnoses or Treatment Options			
A	B	X	C = D
Problem(s) Status	Number	Points	Result
Self-limited or minor (stable, improved or worsening)	Max = 2	1	
Est. problem (to examiner); stable, improved		1	
Est. problem (to examiner); worsening		2	
New problem (to examiner); no additional workup planned	Max = 1	3	
New prob. (to examiner); add. workup planned		4	
TOTAL			

Multiply the number in columns B & C and put the product in column D. Enter a total for column D.

Bring total to line A in Final Result for Complexity (table below)

Risk of Complications and/or Morbidity or Mortality

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	One self-limited or minor problem, e.g., cold, insect bite, tinea corporis	- Laboratory tests requiring venipuncture - Chest x-rays - EKG/EEG - Urinalysis - Ultrasound, e.g., echo - KOH prep	- Rest - Gargles - Elastic bandages - Superficial dressings
Low	- Two or more self-limited or minor problems - One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH - Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain	- Physiologic tests not under stress, e.g., pulmonary function tests - Non-cardiovascular imaging studies with contrast, e.g., barium enema - Superficial needle biopsies - Clinical laboratory tests requiring arterial puncture - Skin biopsies	- Over-the-counter drugs - Minor surgery with no identified risk factors - Physical therapy - Occupational therapy - IV fluids without additives
Moderate	- One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment - Two or more stable chronic illnesses - Undiagnosed new problem with uncertain prognosis, e.g., lump in breast - Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis - Acute complicated injury, e.g., head injury with brief loss of consciousness	- Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test - Diagnostic endoscopies with no identified risk factors - Deep needle or incisional biopsy - Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram cardiac cath - Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis	- Minor surgery with identified risk factors - Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors - Prescription drug management - Therapeutic nuclear medicine - IV fluids with additives - Closed treatment of fracture or dislocation without manipulation
High	- One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment - Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure - An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss	- Cardiovascular imaging studies with contrast with identified risk factors - Cardiac electrophysiological tests - Diagnostic endoscopies with identified risk factors - Discography	- Elective major surgery (open, percutaneous or endoscopic with identified risk factors) - Emergency major surgery (open, percutaneous or endoscopic) - Parenteral controlled substances - Drug therapy requiring intensive monitoring for toxicity - Decision not to resuscitate or to de-escalate care because of poor prognosis

Final Result for Complexity

Draw a line down any column with 2 or 3 circles to identify the type of decision making in that column. Otherwise, draw a line down the column with the 2nd circle from the left. After completing this table, which classifies complexity, circle the type of decision making within the appropriate grid in Section 5.

Final Result for Complexity					
A	Number diagnoses or treatment options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
B	Highest Risk	Minimal	Low	Moderate	High
C	Amount and complexity of data	≤ 1 Minimal or low	2 Limited	3 Multiple	≥ 4 Extensive
Type of decision making		STRAIGHT-FORWARD	LOW COMPLEX.	MODERATE COMPLEX.	HIGH COMPLEX.

Amount and/or Complexity of Data Reviewed

For each category of reviewed data identified, circle the number in the points column. Total the points.

Amount and/or Complexity of Data Reviewed	
Reviewed Data	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	

Bring total to line C in Final Result for Complexity (table below)

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care; the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Enter the level of risk identified in Final Result for Complexity (table below).

4. Time

If the physician documents total time and suggests that counseling or coordinating care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider.

Does documentation reveal total time? Time: Face-to-face in outpatient setting Unit/floor in inpatient setting	Yes	No
Does documentation describe the content of counseling or coordinating care?	Yes	No
Does documentation reveal that more than half of the time was counseling or coordinating care?	Yes	No

If all answers are "yes", select level based on time.

5. LEVEL OF SERVICE

New Office, Outpatient and Emergency Room

	New Office / Outpatient / ER					Established Office / Outpatient				
	Requires 3 components within shaded area					Requires 2 components within shaded area				
History	PF ER: PF	EPF ER: EPF	D ER: EPF	C ER: D	C ER: C	<i>Minimal problem that may not require presence of physician</i>	PF	EPF	D	C
Examination	PF ER: PF	EPF ER: EPF	D ER: EPF	C ER: D	C ER: C		PF	EPF	D	C
Complexity of medical decision	SF ER: SF	SF ER: L	L ER: M	M ER: M	H ER: H		SF	L	M	H
Average time (minutes)	10 New (99201)	20 New (99202)	30 New (99203)	45 New (99204)	60 New (99205)		5	10	15	25
ER has no average time	ER (99281)	ER (99282)	ER (99283)	ER (99284)	ER (99285)		(99211)	(99212)	(99213)	(99214)
Level	I	II	III	IV	V		I	II	III	IV

Hospital Care

	Initial Hospital/Observation			Subsequent Hospital/Observation		
	Requires 3 components within shaded area			Requires 2 components within shaded area		
History	D/C	C	C	PF interval	EPF interval	D interval
Examination	D/C	C	C	PF	EPF	D
Complexity of medical decision	SF/L	M	H	SF/L	M	H
Average time (minutes)	30 Init hosp (99221) 30 Init observ Care (99218)	50 Init hosp (99222) 50 Init observ Care (99219)	70 Init hosp (99223) 70 Init observ Care (99220)	15 Sub hosp (99231) 15 Sub observ care (99224)	25 Sub hosp (99232) 25 Sub observ care (99225)	35 Sub hosp (99233) 35 Sub observ care (99226)
Level	I	II	III	I	II	III

Nursing Facility Care

	Initial Nursing Facility			Subsequent Nursing Facility				Other Nursing Facility (Annual Assessment)
	Requires 3 components within shaded area			Requires 2 components within shaded area				Requires 3 components within shaded area
History	D/C	C	C	PF interval	EPF interval	D interval	C interval	D interval
Examination	D/C	C	C	PF	EPF	D	C	C
Complexity of medical decision	SF/L	M	H	SF	L	M	H	L/M
Average time (minutes)	25 99304	35 99305	45 99306	10 99307	15 99308	25 99309	35 99310	30 99318
Level	I	II	III	I	II	III	IV	

Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services and Home Care

	Requires 3 components within shaded area					Requires 2 components within shaded area			
	PF	EPF	D	C	C	PF interval	EPF interval	D interval	C interval
History	PF	EPF	D	C	C	PF interval	EPF interval	D interval	C interval
Examination	PF	EPF	D	C	C	PF	EPF	D	C
Complexity of medical decision	SF	L	M	M	H	SF	L	M	M/H
Average time (minutes)	20 Domiciliary (99324) Home care (99341)	30 Domiciliary (99325) Home care (99342)	45 Domiciliary (99326) Home care (99343)	60 Domiciliary (99327) Home care (99344)	75 Domiciliary (99328) Home care (99345)	15 Domiciliary (99334) Home care (99347)	25 Domiciliary (99335) Home care (99348)	40 Domiciliary (99336) Home care (99349)	60 Domiciliary (99337) Home care (99350)
Level	I	II	III	IV	V	I	II	III	IV

PF = Problem focused EPF = Expanded problem focused D = Detailed C = Comprehensive SF = Straightforward L = Low M = Moderate H = High