

HIC#	DATE OF SERVICE
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**SPECIALTY EXAM: EARS, NOSE AND THROAT**

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>Test ocular motility including primary gaze alignment</li> </ul>
Respiratory	<ul style="list-style-type: none"> <li>Inspection of chest including symmetry, expansion and/or 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>
Neurological/ Psychiatric	<ul style="list-style-type: none"> <li>Test cranial nerves with notation of any deficits</li> </ul> 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>

System/Body Area	Elements of Examination
Ears, Nose, Mouth and Throat	<ul style="list-style-type: none"> <li>Otoscopic examination of external auditory canals and tympanic membranes including pneumo-otoscopy with notation of mobility of membranes</li> <li>Assessment of hearing with tuning forks and clinical speech reception thresholds (e.g., whispered voice, finger rub)</li> <li>External inspection of ears and nose (e.g., overall appearance, scars, lesions and masses)</li> <li>Inspection of nasal mucosa, septum, and turbinates</li> <li>Inspection of lips, teeth and gums</li> <li>Examination of oropharynx: oral mucosa, hard and soft palates, tongue, tonsils and posterior pharynx (e.g., asymmetry, lesions, hydration of mucosal surfaces)</li> <li>Inspection of pharyngeal walls and pyriform sinuses (e.g., pooling of saliva, asymmetry, lesions)</li> <li>Examination by mirror of larynx including the condition of the epiglottis, false vocal cords, true vocal cords and mobility of larynx (Use of mirror not required in children)</li> <li>Examination by mirror of nasopharynx including appearance of the mucosa, adenoids, posterior choanae and eustachian tubes (Use of mirror not required in children)</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> <li>Assessment of ability to communicate (e.g., use of sign language or other communication aids) and quality of voice</li> </ul>
Head and Face	<ul style="list-style-type: none"> <li>Inspection of head and face (e.g., overall appearance, scars, lesions and masses)</li> <li>Palpation and/or percussion of face with notation of presence or absence of sinus tenderness</li> <li>Examination of salivary glands</li> <li>Assessment of facial strength</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>

(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

Note: Review of Chest (Breasts), Gastrointestinal (Abdomen), Genitourinary, Musculoskeletal, Extremities, and Skin are not considered integral parts of this specialty exam.