

**BACK PAIN MEASURES GROUP  
SuperBill Addendum  
(For Patients Age 18 – 79)**

<b>Patient Name:</b> _____		<b>Patient MRN:</b> _____	<b>Date of Service:</b> _____	<b>Physician:</b> _____
<b>CPT:</b> _____			<b>ICD9:</b> _____	
<b>Measure Number and Title</b>	<b>Action Performed</b>	<b>Patient Not Eligible</b>	<b>Action Not Performed / Reason Not Documented</b>	
<b>148: Initial Visit</b>	<input type="checkbox"/> <b>1130F</b> Back pain and function assessed including all of the following: Pain Assessment AND Functional Status AND Patient History, including notation of presence or absence of warning signs AND assessment of prior treatment response, AND employment status.	<input type="checkbox"/> <b>0526F</b> Back Pain episode began prior to this reporting period. Subsequent visit for episode.	<input type="checkbox"/> <b>1130F-8P</b> Back pain and function was not assessed during the initial visit. No reason noted.	
<b>149: Physical Exam</b>	<input type="checkbox"/> <b>2040F</b> Physical Examination on the date of the initial visit for low back pain performed, in accordance with specifications.	<input type="checkbox"/> <b>0526F</b> Back Pain episode began prior to this reporting period. Subsequent visit for episode.	<input type="checkbox"/> <b>2040F-8P</b> Physical exam was not performed during the initial visit. No reason noted.	
<b>150: Advice for Normal Activities</b>	<input type="checkbox"/> <b>4245F</b> Patient counseled during the initial visit to maintain or resume normal activities.	<input type="checkbox"/> <b>0526F</b> Back Pain episode began prior to this reporting period. Subsequent visit for episode.	<input type="checkbox"/> <b>4245F-8P</b> Advice for normal activities was not performed during the initial visit. No reason noted.	
<b>151: Advice Against Bed Rest</b>	<input type="checkbox"/> <b>4248F</b> Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer.	<input type="checkbox"/> <b>0526F</b> Back Pain episode began prior to this reporting period. Subsequent visit for episode.	<input type="checkbox"/> <b>4248F-8P</b> Advice against bed rest was not performed during the initial visit. No reason noted.	