

COMMUNITY-ACQUIRED PNEUMONIA (CAP) MEASURES GROUP
SuperBill Addendum
 (For Patients Age 18 and Older)

Patient Name: _____		Patient MRN: _____	Date of Service: _____	Physician: _____
CPT: _____		ICD9: _____		
Measure Number and Title	Action Performed	Action Not Performed / Reason Documented		Action Not Performed / Reason Not Documented
56: Vital Signs	<input type="checkbox"/> 2010F Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed.			<input type="checkbox"/> 2010F-8P Vital signs (temperature, pulse, respiratory rate, and blood pressure) not documented and reviewed. No reason noted.
57: Assessment of Oxygen Saturation	<input type="checkbox"/> 3028F Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement).	<input type="checkbox"/> 3028F-1P Documentation of medical reason(s) for not documenting and reviewing oxygen saturation.	<input type="checkbox"/> 3028F-2P Documentation of patient reason(s) for not documenting and reviewing oxygen saturation.	<input type="checkbox"/> 3028F-3P Documentation of system reason(s) for not documenting and reviewing oxygen saturation.
58: Assessment of Mental Status	<input type="checkbox"/> 2014F Mental status assessed.			<input type="checkbox"/> 2014F-8P Mental status not assessed. No reason noted.
59: Empiric Antibiotic	<input type="checkbox"/> 4045F Appropriate empiric antibiotic prescribed.	<input type="checkbox"/> 4045F-1P Documentation of medical reason(s) for not prescribing appropriate empiric antibiotic.	<input type="checkbox"/> 4045F-2P Documentation of patient reason(s) for not prescribing appropriate empiric antibiotic.	<input type="checkbox"/> 4045F-3P Documentation of system reason(s) for not prescribing appropriate empiric antibiotic.