

**CORONARY ARTERY DISEASE (CAD) MEASURES GROUP**  
**SuperBill Addendum**  
 (For Patients Age 18 and Older)

Patient Name: _____	Patient MRN: _____	Date of Service: _____	Physician: _____
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CPT: _____	ICD9: _____
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Measure Number and Title	Action Performed	Action Not Performed / Reason Documented	Action Not Performed / Reason Not Documented
<b>6: Oral Antiplatelet Therapy Prescribed for Patients with CAD</b>	<input type="checkbox"/> <b>4011F</b> Oral Antiplatelet therapy prescribed.	<input type="checkbox"/> <b>4011F-1P</b> Documentation of medical reason(s) for not prescribing oral antiplatelet therapy.  <input type="checkbox"/> <b>4011F-2P</b> Documentation of patient reason(s) for not prescribing oral antiplatelet therapy.  <input type="checkbox"/> <b>4011F-3P</b> Documentation of system reason(s) for not prescribing oral antiplatelet therapy.	<input type="checkbox"/> <b>4011F-8P</b> Oral antiplatelet therapy was not prescribed. No reason noted.
<b>114: Inquiry Regarding Tobacco Use (Preventive Care &amp; Screening)</b>	<input type="checkbox"/> <b>1000F &amp; 1034F</b> Tobacco use assessed. Current Smoker.  <input type="checkbox"/> <b>1000F &amp; 1035F</b> Tobacco use assessed. Current Smokeless Tobacco User.  <input type="checkbox"/> <b>1000F &amp; 1036F</b> Tobacco use assessed. Current Non-smoker.		<input type="checkbox"/> <b>1000F-8P</b> Tobacco use not assessed. No reason noted.

<p><b>115: Advising Smokers and Tobacco Users to Quit (Preventive Care &amp; Screening)</b></p>	<p><input type="checkbox"/> <b>G8455 &amp; 4000F</b> Smoker. Cessation Intervention – Counseling.</p> <p><input type="checkbox"/> <b>G8455 &amp; 4001F</b> Smoker. Cessation Intervention – Medical Therapy.</p> <p><input type="checkbox"/> <b>G8456 &amp; 4000F</b> Smokeless Tobacco User. Cessation Intervention – Counseling.</p> <p><input type="checkbox"/> <b>G8456 &amp; 4001F</b> Smokeless Tobacco User. Cessation Intervention – Medical Therapy</p>	<p><input type="checkbox"/> <b>G8457</b> Tobacco non-user.</p>	<p><input type="checkbox"/> <b>4000F-8P</b> Tobacco use not assessed. No reason noted.</p>
<p><b>196: Symptom and Activity Assessment</b></p>	<p><input type="checkbox"/> <b>1002F</b> Anginal symptoms and level of activity assessed.</p>		<p><input type="checkbox"/> <b>1002F-8P</b> Anginal symptoms and level of activity not assessed. No reason noted.</p>
<p><b>197: Drug Therapy for Lowering LDL-Cholesterol</b></p>	<p><input type="checkbox"/> <b>4002F</b> Lipid-lowering therapy prescribed.</p>	<p><input type="checkbox"/> <b>4002F-1P</b> Lipid-lowering therapy not prescribed for medical reason.</p> <p><input type="checkbox"/> <b>4002F-2P</b> Lipid-lowering therapy not prescribed for patient reason.</p> <p><input type="checkbox"/> <b>4002F-3P</b> Lipid-lowering therapy not prescribed for system reason.</p>	<p><input type="checkbox"/> <b>4002F-8P</b> Lipid-lowering therapy not prescribed. No reason noted.</p>