

## Community Acquired Pneumonia (CAP) Patient Visit Form 2010

Please complete the chart review below for the 2010 Community Acquired Pneumonia (CAP) measure group.

Patient ID: \*

**The visit date you are reporting on must occur in the 2010 Reporting period (1/1/2010 - 12/31/2010).**

Patient visit date: \*

**The patient must be 18 years of age or older at the time of the visit to qualify for the CAP measure group.**

Patient age: \*  (yrs)

Is Medicare the patient's primary or secondary insurance provider? \*  Yes  No

Select the Medicare program that the patient participates in:  Medicare Part B Fee-For-Service (FFS)  Medicare Part C Non-Fee-For-Service (Non-FFS)

**If the diagnosis code associated with the patient's CAP is not listed, this patient is not eligible for the CAP 2010 Measure group.**

Please choose the diagnosis code for this episode of Community Acquired Pneumonia. The Date of Service for this diagnosis must occur within the 2010 Reporting Period (1/1/2010 - 12/31/2010).

**The Date of Service for the episode you are reporting on must occur in the 2010 Reporting period (1/1/2010 - 12/31/2010).**

Please enter the start date for the episode of Community Acquired Pneumonia you are reporting on. The start date for this episode must occur within the 2010 Reporting Period.

At any point during this episode of Community Acquired Pneumonia within the 2010 Reporting Period, did the patient have his or her vitals documented and reviewed? \*  Yes  No

At any point during this episode of Community Acquired Pneumonia within the 2010 Reporting Period, did the patient have his or her oxygen saturation documented and reviewed? \*  Yes  No, reason not documented  No, medical, patient, or system reasons documented

At any point during this episode of Community Acquired Pneumonia within the 2010 Reporting Period, did the patient have his or her mental status assessed? \*  Yes  No

At any point during this episode of Community Acquired Pneumonia within the 2010 Reporting Period, was the patient prescribed an empiric antibiotic?  Yes  No, reason not documented  No, medical, patient, or system reasons documented

## Valid Community Acquired Pneumonia (CAP) Diagnosis Codes

481	482.32	482.81	483
482	482.39	482.82	483.1
482.1	482.4	482.83	483.8
482.2	482.41	482.84	485
482.3	482.42	482.89	486
482.31	482.49	482.9	487

SAMPLE