



**DIAGNOSIS**

| BACK SECTION   |        | OTHER SECTION, CONT.  |        | OTHER SECTION, CONT.   |  |
|--|--------|---|--------|--|--|
| <input type="checkbox"/> Backache, Unspecified                     | 724.5  | <input type="checkbox"/> Central Pain Syndrome                        | 338.0  | <input type="checkbox"/> Postoperative Pain, Other Chronic       | 338.28   |
| Degenerative Disc Disease:   |        | <input type="checkbox"/> Coccygodynia                                 | 724.79 | <input type="checkbox"/> Opst-thoracotomy Pain, Acute            | 338.12   |
| <input type="checkbox"/> Cervical                                  | 722.4  | <input type="checkbox"/> Cervicalgia                                  | 723.1  | <input type="checkbox"/> Post-thoracotomy Pain, Chronic          | 338.22   |
| <input type="checkbox"/> Thoracic                                  | 722.51 | <input type="checkbox"/> Chronic Fatigue Syndrome                     | 780.71 | <input type="checkbox"/> Pyriiformis Syndrome                    | 355.0  |
| <input type="checkbox"/> Lumbar                                    | 722.52 | <input type="checkbox"/> Chronic Pain Syndrom                         | 338.4  | <input type="checkbox"/> Quadriplegia/Paresis                    | 344.00   |
| Discitis:  |        | <input type="checkbox"/> Chronic Pain due to Trauma                   | 338.21 | <input type="checkbox"/> Reflex Symp Dystrophy (CRPSI), LE       | 337.22   |
| <input type="checkbox"/> Cervical                                  | 722.91 | <input type="checkbox"/> Crohn's Disease                              | 555.9  | <input type="checkbox"/> Reflex Symp Dystrophy (CRPSI), Other    | 337.29   |
| <input type="checkbox"/> Thoracic                                  | 722.92 | <input type="checkbox"/> Demyelinating Disease                        | 341.9  | <input type="checkbox"/> Reflex Symp Dystrophy (CRPSI), UE       | 337.21   |
| <input type="checkbox"/> Lumbar                                    | 722.93 | <input type="checkbox"/> Depression                                   | 311    | <input type="checkbox"/> Rheumatoid Arthritis                    | 714.0  |
| Herniated Intervertebral Disc:                                     |        | <input type="checkbox"/> Diabetic Neuropathy                          | 250.60 | <input type="checkbox"/> Rotator Cuff Syndrome                   | 726.10   |
| <input type="checkbox"/> Cervical                                  | 722.0  | <input type="checkbox"/> Polyuropathy (code/use also)                 | 357.2  | <input type="checkbox"/> Sacroiliac Joint Degeneration           | 715.95   |
| <input type="checkbox"/> Thoracic                                  | 722.11 | <input type="checkbox"/> Endometriosis                                | 617.9  | <input type="checkbox"/> Scroiliac Joint Dysfunction             | 739.4  |
| <input type="checkbox"/> Lumbar                                    | 722.10 | <input type="checkbox"/> Erectile Dysfunction                         | 607.84 | <input type="checkbox"/> Sacroiliitis                            | 720.2  |
| <input type="checkbox"/> Lumbago (low back pain/syndrom)           | 724.2  | <input type="checkbox"/> Dysfunction, Sexual                          | 302.70 | <input type="checkbox"/> Sacroiodosis                            | 135  |
| <input type="checkbox"/> Lumbosacral Strain                        | 846.0  | <input type="checkbox"/> Fibromyalgia/Myositis/Myalgia/Myofascial     | 729.1  | <input type="checkbox"/> Sciatica                                | 724.3  |
| Post Laminectomy Syndrom (Failed Back):                            |        | <input type="checkbox"/> Hemiplegia/Paresis                           | 342.90 | <input type="checkbox"/> Scoliosis                               | 737.30   |
| <input type="checkbox"/> Cervical                                  | 722.81 | <input type="checkbox"/> Herpes Zoster                                | 053.9  | <input type="checkbox"/> Seizure NOS                             | 780.39   |
| <input type="checkbox"/> Thoracic                                  | 722.82 | <input type="checkbox"/> HIV positive                                 | 042    | <input type="checkbox"/> Spasm of Muscle                         | 728.85   |
| <input type="checkbox"/> Lumbar                                    | 722.83 | <input type="checkbox"/> Interstitial Cystitis                        | 595.1  | <input type="checkbox"/> Spaticity                               | 781.0  |
| <input type="checkbox"/> Radiculopathy, Cervical                   | 723.4  | <input type="checkbox"/> Lupus  | 710.0  | <input type="checkbox"/> TMJ                                     | 524.60   |
| <input type="checkbox"/> Radiculopathy, Thoracic or Lumbar         | 724.4  | <input type="checkbox"/> Meralgia Paresthetica                        | 355.1  | <input type="checkbox"/> Trauma related pain, Acute              | 338.11   |
| <input type="checkbox"/> Spinal Adhesions, Epidural                | 349.2  | <input type="checkbox"/> Multiple Sclerosis                           | 340    | <input type="checkbox"/> Trauma related pain, Chronic            | 338.21   |
| <input type="checkbox"/> Spinal Cord Injury, Cervical              | 953.0  | <input type="checkbox"/> Muscular Atrophy                             | 728.2  | <b>HEADACHE SECTION</b>  |  |
| <input type="checkbox"/> Spinal Cord Injury, Thoracic              | 953.1  | <input type="checkbox"/> Myeloma, multiple                            | 203.00 | <input type="checkbox"/> With Facial Pain                        | 784.0  |
| <input type="checkbox"/> Spinal Cord Injury, Lumbar                | 953.2  | <input type="checkbox"/> Necrosis, Aseptic, Hip/Femur NOS             | 733.42 | <input type="checkbox"/> Migraine                                | 346.90   |
| Spinal Stenosis:   |        | Neuralgia:  |        | <input type="checkbox"/> Migraine – Common                       | 346.10   |
| <input type="checkbox"/> Cervical                                  | 723.0  | <input type="checkbox"/> Genitofemoral                                | 355.8  | <input type="checkbox"/> Migraine – (Intractable)                | 346.91   |
| <input type="checkbox"/> Thoracic                                  | 724.01 | <input type="checkbox"/> Ilioinguinal                                 | 355.8  | <input type="checkbox"/> Cervicogenic                            | 307.81   |
| <input type="checkbox"/> Lumbar                                    | 724.02 | <input type="checkbox"/> Intercostal                                  | 353.8  | <input type="checkbox"/> Cluster, Chronic                        | 339.02   |
| <input type="checkbox"/> Spondylolisthesis – Acquired              | 738.4  | <input type="checkbox"/> Occipital                                    | 723.8  | <input type="checkbox"/> Cluster Headache Syndrome, unsp         | 339.00   |
| <input type="checkbox"/> Spondylolisthesis – Congenital            | 756.12 | <input type="checkbox"/> Post Herpetic                                | 053.19 | <input type="checkbox"/> Post Dural                              | 349.0  |
| Spondylolisthesis/Facet Arthropathy w/o Myelopathy:                |        | <input type="checkbox"/> Suprascapular                                | 723.4  | <input type="checkbox"/> Tension                                 | 307.81   |
| <input type="checkbox"/> Cervical                                  | 721.0  | <input type="checkbox"/> Trigeminal                                   | 350.1  | <b>CANCER (Malignant Neoplasm) Primary Mets</b>                  |  |
| <input type="checkbox"/> Thoracic                                  | 721.2  | <input type="checkbox"/> Upper Limb                                   | 355.9  | <input type="checkbox"/> Bone                                    | <input type="checkbox"/> 170.9 <input type="checkbox"/> 198.5  |
| <input type="checkbox"/> Lumbar                                    | 721.3  | <input type="checkbox"/> Unspecified                                  | 729.2  | <input type="checkbox"/> Brain                                   | <input type="checkbox"/> 191.9 <input type="checkbox"/> 198.3  |
| Spondylolisthesis/Facet Arthropathy with Myelopathy:               |        | <input type="checkbox"/> Other Site: _____                            |        | <input type="checkbox"/> Brachial Plexus                         | <input type="checkbox"/> 171.2 <input type="checkbox"/> 198.89 |
| <input type="checkbox"/> Cervical                                  | 721.1  | <input type="checkbox"/> Neurofibromatosis                            | 237.70 | <input type="checkbox"/> Breast (female)                         | <input type="checkbox"/> 174.9                                 |
| <input type="checkbox"/> Thoracic                                  | 721.41 | <input type="checkbox"/> Neuropathy, Brachial Plexus (Plexitis)       | 353.0  | <input type="checkbox"/> Cervix                                  | <input type="checkbox"/> 180.9 <input type="checkbox"/> 198.82 |
| <input type="checkbox"/> Lumbar                                    | 721.42 | <input type="checkbox"/> Neuropathy, Lumbar Plexus                    | 353.1  | <input type="checkbox"/> Chest Wall/Viscera                      | <input type="checkbox"/> 195.1                                 |
| Vertebral Fracture:  |        | <input type="checkbox"/> Neuropathy, Peripheral                       | 356.9  | <input type="checkbox"/> Colon                                   | <input type="checkbox"/> 153.9                                 |
| <input type="checkbox"/> Cervical                                  | 805.00 | <input type="checkbox"/> Obesity, NOS                                 | 278.00 | <input type="checkbox"/> Kidney                                  | <input type="checkbox"/> 189.0 <input type="checkbox"/> 198.0  |
| <input type="checkbox"/> Thoracic                                  | 805.2  | <input type="checkbox"/> Obesity, Morbid                              | 278.01 | <input type="checkbox"/> Liver                                   | <input type="checkbox"/> 155.0 <input type="checkbox"/> 197.7  |
| <input type="checkbox"/> Lumbar                                    | 805.4  | <input type="checkbox"/> Opiod Dependence                             | 304.00 | <input type="checkbox"/> Lung                                    | <input type="checkbox"/> 162.9 <input type="checkbox"/> 197.0  |
| <input type="checkbox"/> Vertebrae, Pathological                   | 733.13 | <input type="checkbox"/> Osteoarthritis, Generalized – Unsp           | 715.00 | <input type="checkbox"/> Lymphoma                                | <input type="checkbox"/> 202.80                                |
| <b>OTHER SECTION</b>   |        | <input type="checkbox"/> Osteoarthritis, Generalized – Hand           | 715.04 | <input type="checkbox"/> Neck, Head and Face                     | <input type="checkbox"/> 195.0                                 |
| <input type="checkbox"/> Arachnoiditis                             | 322.9  | <input type="checkbox"/> Osteoarthritis, Generalized – Multiple Sites | 715.09 | <input type="checkbox"/> Oral Cavity                             | <input type="checkbox"/> 145.9                                 |
| <input type="checkbox"/> Arthropathy, Pelvic region and thigh      | 716.95 | <input type="checkbox"/> Osteoarthritis, Hip                          | 715.95 | <input type="checkbox"/> Ovary                                   | <input type="checkbox"/> 183.0                                 |
| <input type="checkbox"/> Brachial Plexus Injury                    | 953.4  | <input type="checkbox"/> Osteoarthritis, Knee/Lower Leg               | 715.96 | <input type="checkbox"/> Pancreas                                | <input type="checkbox"/> 157.9                                 |
| <input type="checkbox"/> Bursitis, Hip                             | 726.5  | <input type="checkbox"/> Osteoarthritis, Shoulder                     | 715.91 | <input type="checkbox"/> Prostate                                | <input type="checkbox"/> 185                                   |
| <input type="checkbox"/> Bursitis, Olecranon                       | 726.33 | <input type="checkbox"/> Pancreatitis, Chronic                        | 577.1  | <input type="checkbox"/> Rectum                                  | <input type="checkbox"/> 154.1                                 |
| <input type="checkbox"/> Bursitis, Subacromial                     | 726.19 | <input type="checkbox"/> Paraplegia                                   | 344.1  | <input type="checkbox"/> Tongue                                  | <input type="checkbox"/> 141.9                                 |
| <input type="checkbox"/> Carpal Tunnel Syndrome                    | 354.0  | <input type="checkbox"/> Peripheral Vascular Disease                  | 443.9  | <input type="checkbox"/> Thyroid                                 | <input type="checkbox"/> 193                                   |
| <input type="checkbox"/> Causalgia (CRPS II), Lower Leg            | 355.71 | <input type="checkbox"/> Phantom Limb Syndrom                         | 353.6  | <input type="checkbox"/> Other: _____                            |  |
| <input type="checkbox"/> Causalgia (CRPS II), Upper Limb           | 354.4  | <input type="checkbox"/> Pleurisy                                     | 511.0  | <input type="checkbox"/> Neoplasm related pain (acute) (chronic) | 338.3  |
|  |        | <input type="checkbox"/> Postoperative Pain, Other Acute              | 338.10 |  |  |
| <b>PAIN DIAGNOSIS BY SITE</b>                                      |        |   |        |  |  |
| <input type="checkbox"/> Abdonimal – Chronic/Unsp                  | 789.00 | <input type="checkbox"/> Chest – Anterior                             | 786.51 | <input type="checkbox"/> Penile                                  | 607.9  |
| <input type="checkbox"/> Abdonimal – Epigastric                    | 789.06 | <input type="checkbox"/> Chest – Midsternal                           | 786.51 | <input type="checkbox"/> Pleural                                 | 786.52   |
| <input type="checkbox"/> Abdonimal – Generalized                   | 789.07 | <input type="checkbox"/> Chest – Musculoskeletal                      | 786.59 | <input type="checkbox"/> Rectal/Anal                             | 569.42   |
| <input type="checkbox"/> Abdonimal – LLQ                           | 789.04 | <input type="checkbox"/> Chest – Rib                                  | 786.50 | <input type="checkbox"/> Sacroiliac/Sacrum                       | 724.6  |
| <input type="checkbox"/> Abdonimal – LUQ                           | 789.02 | <input type="checkbox"/> Coccyz/Coccygodynia                          | 724.79 | <input type="checkbox"/> Scar                                    | 709.2  |
| <input type="checkbox"/> Abdonimal – Periumbilical                 | 789.05 | <input type="checkbox"/> Extremity – Upper/Lower                      | 729.5  | <input type="checkbox"/> Testes/Scrotum/Cord – Male              | 608.9  |
| <input type="checkbox"/> Abdonimal – RLQ                           | 789.03 | <input type="checkbox"/> Face   | 784.0  | <input type="checkbox"/> Thoracic Spine – Midback                | 724.1  |
| <input type="checkbox"/> Abdonimal – RUQ                           | 789.01 | <input type="checkbox"/> Facial – Atypical                            | 350.2  | <input type="checkbox"/> Throat                                  | 784.1  |
| <input type="checkbox"/> Arthralgia – Ankle and Foot               | 719.47 | <input type="checkbox"/> Facial Nerve                                 | 351.8  | <b>CHIEF COMPLAINT, NOTES AND/OR OTHER DIAGNOS</b>               |  |
| <input type="checkbox"/> Arthralgia – Lower leg and knee           | 719.46 | <input type="checkbox"/> Flank/Inguinal                               | 789.00 |  |  |
| <input type="checkbox"/> Arthralgia – Pelvic region, hip and thigh | 719.45 | <input type="checkbox"/> Low back/lumbago                             | 724.2  |  |  |
| <input type="checkbox"/> Arthralgia – Shoulder Region              | 719.41 | <input type="checkbox"/> Mouth  | 528.9  |  |  |
| <input type="checkbox"/> Breast                                    | 611.71 | <input type="checkbox"/> Pelvic/Genital/Perineum (female)             | 625.9  |  |  |
| <input type="checkbox"/> Cervical – Radiculitis/Neck               | 723.4  | <input type="checkbox"/> Pelvic/Groin/Perineum (male)                 | 608.9  |  |  |
| <input type="checkbox"/> Cervicalgia/Neck Pain                     | 723.1  | <input type="checkbox"/> Pelvic (non-referable to genital organs)     | 789.00 |  |  |

PT.

MR./P.M.

DR.