

**McLaren Flint**  
**PAIN MANAGEMENT – SUPERBILL**

Date of Service: \_\_\_\_\_

Hospital:  Inpatient  Outpatient  ER

Patient Name: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Other \_\_\_\_\_

SSN: \_\_\_\_\_

OUTPATIENT/NEW OFFICE VISIT	ESTABLISHED PATIENT OFFICE VISIT	OUTPATIENT OFFICE CONSULT	INPATIENT CONSULT	INPATIENT SUBSEQUENT CARE FOLLOW-UP & DISCHARGE
<input type="checkbox"/> 99201 Level 1 – Problem Focused (10 min.) <input type="checkbox"/> 99202 Level 2 – Exp. Problem Focused (20 min.) <input type="checkbox"/> 99203 Level 3 – Low Complexity (30 min.) <input type="checkbox"/> 99204 Level 4 – Moderate Complexity (45 min.) <input type="checkbox"/> 99205 Level 5 – High Complexity (60 min.)	<input type="checkbox"/> 99211 Level 1 (5 min.) <input type="checkbox"/> 99212 Level 2 (10 min.) <input type="checkbox"/> 99213 Level 3 (15 min.) <input type="checkbox"/> 99214 Level 4 (25 min.) <input type="checkbox"/> 99215 Level 5 (40 min.)	<input type="checkbox"/> 99241 Level 1 (15 min.) <input type="checkbox"/> 99242 Level 2 (30 min.) <input type="checkbox"/> 99243 Level 3 (40 min.) <input type="checkbox"/> 99244 Level 4 (60 min.) <input type="checkbox"/> 99245 Level 5 (80 min.)	<input type="checkbox"/> 99251 Level 1 (20 min.) <input type="checkbox"/> 99252 Level 2 (40 min.) <input type="checkbox"/> 99253 Level 3 (55 min.) <input type="checkbox"/> 99254 Level 4 (80 min.) <input type="checkbox"/> 99255 Level 5 (110 min.)	<input type="checkbox"/> 99231 Subsq. Care - Low (15 min.) <input type="checkbox"/> 99232 Subsq. Care - Med (20 min.) <input type="checkbox"/> 99233 Subsq. Care - High (35 min.) <input type="checkbox"/> 99238 Hosp. Discharge (< 30 min.) <input type="checkbox"/> 99239 Hosp. Discharge (> 30 min.)
TRIGGER POINT/ JOINT INJECTIONS		23 HOUR OBSERVATION & DISCHARGE		ADMISSION HISTORY & PHYSICAL
<input type="checkbox"/> 11900 Scar Injection <input type="checkbox"/> 20550 Inj, tendon sheath, ligament, aponeurosis <input type="checkbox"/> 20551 Single tendon origin/insertion <input type="checkbox"/> 20552 TPI, 1-2 Muscle(s) <input type="checkbox"/> 20553 TPI, 3+ Muscles <input type="checkbox"/> 20526 Carpal Tunnel Inj <input type="checkbox"/> 20604 Small Joint/Bursa w/o USG B <input type="checkbox"/> 20606 Intermed. Joint/Bursa w/USG B <input type="checkbox"/> 20611 Large Joint/Bursa w/USG B	<input type="checkbox"/> 20600 Small Joint/Bursa w/o USG B <input type="checkbox"/> 20605 Intermed. Joint/Bursa w/o USG B <input type="checkbox"/> 20610 Large Joint/Bursa w/o USG B <input type="checkbox"/> 27096 SI Joint incl imaging B	<input type="checkbox"/> 99217 Observation care discharge <input type="checkbox"/> 99218 Int. Obsv Care – Low (30 min.) <input type="checkbox"/> 99219 Int. Obsv Care – Mod (50 min.) <input type="checkbox"/> 99220 Int. Obsv Care – High (70 min.)	<input type="checkbox"/> 99221 H&P – Low complexity (30 min.) <input type="checkbox"/> 99222 H&P – Moderate complexity (30 min.) <input type="checkbox"/> 99223 H&P – High complexity (70 min.)	
NERVE BLOCKS		NEUROLYTIC/CRYO/THERMAL RADIOFREQUENCY		
<input type="checkbox"/> 64400 Trigeminal nerve, any division or branch <input type="checkbox"/> 64402 Facial nerve <input type="checkbox"/> 64405 Greater occipital nerve <input type="checkbox"/> 64413 Cervical Plexus <input type="checkbox"/> 64418 Suprascapular nerve <input type="checkbox"/> 64420 Paravertebral/Intercostal nerve, single <input type="checkbox"/> 64421 Paravertebral/Intercostal nerve, multiple <input type="checkbox"/> 64425 Ilioinguinal, Iliohypogastric nerves <input type="checkbox"/> 64430 Pudendal nerve <input type="checkbox"/> 64450 Peripheral nerve or branch x_____ (e.g. genitofemoral, tibial, saphenous, etc.)	<input type="checkbox"/> 64505 Sphenopalatine Ganglion <input type="checkbox"/> 64415 Brachial plexus <input type="checkbox"/> 64416 Brachial plexus, continuous <input type="checkbox"/> 64417 Axillary nerve <input type="checkbox"/> 64445 Sciatic nerve <input type="checkbox"/> 64446 Sciatic nerve, continuous <input type="checkbox"/> 64447 Femoral nerve <input type="checkbox"/> 64448 Femoral nerve, continuous <input type="checkbox"/> 64449 Lumbar Plexus, continous	<input type="checkbox"/> 62280 Subarachnoid <input type="checkbox"/> 62281 Epidural, Cervical/Thoracic <input type="checkbox"/> 62282 Epidural, Lumbar/Sacral <input type="checkbox"/> 64600 Trigeminal nerve <input type="checkbox"/> 64610 Trigeminal nerve, 2nd/3rd divisions <input type="checkbox"/> 64620 Intercostal nerve(s), x_____ <input type="checkbox"/> 64635 Facet Joint Lumbar/Sacral, incl. image guide – Unilateral/Bilateral <input type="checkbox"/> +64636 Facet Joint Lumbar/Sacral, Ea. add'l. Uni x_____ -OR- Ea. add'l. Bil x_____ <input type="checkbox"/> 64633 Facet Joint Cervical/Thoracic, incl. image guide – Unilateral/Bilateral <input type="checkbox"/> +64634 Facet Joint Cervical/Thoracic, Ea. add'l. Uni x_____ -OR- Ea. add'l. Bil x_____ <input type="checkbox"/> 64640 Peripheral/Sympathetic x_____ <input type="checkbox"/> 64630 Pudendal nerve <input type="checkbox"/> 64680 Celiac plexus, with/without x-ray <input type="checkbox"/> 64681 Superior hypogastric plexus, (+/- x-ray) <input type="checkbox"/> 64999 RF Dorsal Root Ganglion x_____ <input type="checkbox"/> 64999 Pulsed RFA		
SYMPATHETIC BLOCKS		MISCELLANEOUS		
<input type="checkbox"/> 64517 Superior hypogastric plexus block <input type="checkbox"/> 64520 Lumbar/Thoracic sympathetic block	<input type="checkbox"/> 64510 Stellate ganglion block <input type="checkbox"/> 64530 Celiac plexus block	<input type="checkbox"/> 64999 Endoscopic discectomy <input type="checkbox"/> 22899 Hardware Injection <input type="checkbox"/> 96365 Intravenous Infusion - up to 1 hour <input type="checkbox"/> 64999 Unlisted Procedure(s) – Specify: _____	<input type="checkbox"/> 99144 Moderate Sedation, 5+ yrs old, 1st 30 min. <input type="checkbox"/> +99145 Moderate Sedation; ea. add'l. 15 min. x_____ <input type="checkbox"/> 36410 Venipuncture	
EPIDURAL/SUBARACHNOIC/FACETS/SEGMENTAL/SLEEVE		RADIOLOGY		
<input type="checkbox"/> 62264 Percutaneous Epidurolysis of Adhesions One Day (+/- Radiologic Contrast) <input type="checkbox"/> 62310 Epid/Spinal, Cervical/Thoracic, single <input type="checkbox"/> 62311 Epid/Spinal, Lumbar/Sacral/Caudal, single <input type="checkbox"/> 62318 Epidural/Continuous, Cervical/Thoracic <input type="checkbox"/> 62319 Epidural/Continuous, Lumbar/Sacral/Caudal <input type="checkbox"/> 64490 Facet Joint or Nerve, Cervical/Thoracic, Unilateral/Bilateral <input type="checkbox"/> +64491 Second level, Unilateral/Bilateral <input type="checkbox"/> +64492 Third and any additional level(s), Unilateral/Bilateral <input type="checkbox"/> 64493 Facet Joint or Nerve, Lumbar/Sacral, Unilateral/Bilateral <input type="checkbox"/> +64494 Second level, Unilateral/Bilateral <input type="checkbox"/> +64495 Third and any additional level(s), Unilateral/Bilateral <input type="checkbox"/> 64479 Tranforminal/segmental Cervical/Thoracic, Unilateral/Bilateral <input type="checkbox"/> +64480 Tranforminal Cervical/thoracic, Ea. add'l. Uni x_____ -OR- Ea. add'l. Bil x_____ <input type="checkbox"/> 64483 Tranforminal/segmental Lumbar/Sacral, Unilateral/Bilateral <input type="checkbox"/> +64484 Tranforminal Lumbar/Sacral, Ea. add'l. Uni x_____ -OR- Ea. add'l. Bil x_____ <input type="checkbox"/> 62270 Lumbar Puncture <input type="checkbox"/> 62273 Epidural Blood Patch	<input type="checkbox"/> 72275 Epidurogram <input type="checkbox"/> 77002 Fluoroscopy for peripheral nerves, joints, and SCS <input type="checkbox"/> 77003 Fluoroscopy for spinal/paraspinal injections (epidural/subarachnoid)	<input type="checkbox"/> 776942 Ultrasound guidance for needle placement		
DISKOGRAPHY		PUMPS		
<input type="checkbox"/> 62290 Diskography procedure, x_____ each level, lumbar <input type="checkbox"/> 62291 Diskography procedure, x_____ each level, cervical thoracic <input type="checkbox"/> 72285 Diskography, Cervical/Thoracic, Interpretation, x_____ each level <input type="checkbox"/> 72295 Diskography, Lumbar, Interpretation, x_____ each level	<input type="checkbox"/> 10160 Aspiration of Seroma <input type="checkbox"/> 62350 Implant/Revision/Repositioning of Tunneled Intrathecal or Epid cath <input type="checkbox"/> 62362 Implantation/Replacement of Programmable Pump <input type="checkbox"/> 62355 Removal of Implanted Intrathecal or Epid catheter <input type="checkbox"/> 62365 Removal of Intrathecal/Epid Reservoir/Pump <input type="checkbox"/> 62367 Electronic Analysis of programmable pump; without reprogramming or refill <input type="checkbox"/> 62368 Electronic Analysis of programmable pump; with reprogramming, no refill <input type="checkbox"/> 62369 Electronic Analysis and Reprogramming of pump; with refill by non-physician <input type="checkbox"/> 62370 Electronic Analysis and Reprogramming of pump; with refill by qualified health care professional <input type="checkbox"/> 75809 Dye Study (pumps, epidural catheters, etc.) <input type="checkbox"/> 95990 Pump Refill, incl. analysis <input type="checkbox"/> 95991 Pump Refill, qualified health care professional, incl. analysis	<input type="checkbox"/> 13160 Secondary Wound Closure		
VERTEBROPLASTY/KYPHOPLASTY/NUCELOPLASTY		STIMULATORS		
<input type="checkbox"/> 22510 Perc. Vertebroplasty; cervico Thoracic <input type="checkbox"/> 22511 Perc. Vertebroplasty; Lumbar <input type="checkbox"/> +22512 Perc. Vertebroplasty; Thor/Lumb - Ea. add'l. x_____ <input type="checkbox"/> 22513 Kyphoplasty; thoracic <input type="checkbox"/> 22514 Kyphoplasty; lumbar <input type="checkbox"/> +22515 Kyphoplasty; Thor/Lumb - Ea. add'l. x_____ <input type="checkbox"/> 62287 Perc. Discectomy/Nucleoplasty <input type="checkbox"/> 20225 Vertebral Biopsy	<input type="checkbox"/> 63650 Spinal Cord Stimulator, Percutaneous Trial or Permanent Leads x_____ <input type="checkbox"/> 63661 Removal percutaneous electrode array x_____ <input type="checkbox"/> 63663 Revise/Replace percutaneous electrode array x_____ <input type="checkbox"/> 63685 Implantation/Replacement Spinal Cord Stimulator Generator <input type="checkbox"/> 63688 Revision/Removal Implanted Spinal Cord Stimulator Generator <input type="checkbox"/> 95970 Electronic Analysis of generator without reprogramming <input type="checkbox"/> 95971 Electronic Analysis of generator with simple reprogramming <input type="checkbox"/> 95972 Complex Programming by Physician, First Hour <input type="checkbox"/> +95973 Complex Programming by Physician, Each add'l. 30 min. x_____ <input type="checkbox"/> Physician Review <input type="checkbox"/> Tracking	<b>PHYSICIAN SIGNATURE</b>		

**DIAGNOSIS**

BACK SECTION		OTHER SECTION, CONT.		OTHER SECTION, CONT.	
<input type="checkbox"/> Backache, Unspecified	M54.9	<input type="checkbox"/> Cervicalgia	M54.2	<input type="checkbox"/> Post-thoracotomy Pain, Acute	G89.12
Degenerative Disc Disease:		<input type="checkbox"/> Chronic Fatigue Syndrome	R53.82	<input type="checkbox"/> Post-thoracotomy Pain, Chronic	G89.22
<input type="checkbox"/> Cervical	M50.30	<input type="checkbox"/> Chronic Pain Syndrom	G89.4	<input type="checkbox"/> Quadriplegia/Paresis	G82.50
<input type="checkbox"/> Thoracic	M51.34	<input type="checkbox"/> Chronic Pain due to Trauma	G89.21	<input type="checkbox"/> Reflex Symp Dystrophy (CRPSI), LE	G90.529
<input type="checkbox"/> Lumbar	M51.36	<input type="checkbox"/> Crohn's Disease	K50.90	<input type="checkbox"/> Reflex Symp Dystrophy (CRPSI), Other	G90.519
Discitis:		<input type="checkbox"/> Demyelinating Disease	G37.9	<input type="checkbox"/> Rheumatoid Arthritis	M06.9
<input type="checkbox"/> Cervical	M46.42	<input type="checkbox"/> Depression, major, single episode	F32.9	<input type="checkbox"/> Rotator Cuff Syndrome	M75.100
<input type="checkbox"/> Thoracic	M46.44	<input type="checkbox"/> Depression, minor	F32.8	<input type="checkbox"/> Sacroiliac Joint Degeneration	M16.9
<input type="checkbox"/> Lumbar	M46.46	<input type="checkbox"/> Endometriosis	N80.9	<input type="checkbox"/> Sacroiliac Joint Dysfunction	M99.04
Herniated Intervertebral Disc:		<input type="checkbox"/> Erectile Dysfunction	N52.9	<input type="checkbox"/> Sacroiliitis	M46.1
<input type="checkbox"/> Cervical	M50.20	<input type="checkbox"/> Dysfunction, Sexual	R37	<input type="checkbox"/> Sacroidosis	D86.9
<input type="checkbox"/> Thoracic	M51.24	<input type="checkbox"/> Fibromyalgia/Myositis/Myalgia/Myofascial	M79.9/M60.9/M79.1	<input type="checkbox"/> Sciatica	M54.30
<input type="checkbox"/> Lumbar	M51.26	<input type="checkbox"/> Hemiplegia/Paresis	G81.90	<input type="checkbox"/> Scoliosis	M41.9
<input type="checkbox"/> Lumbosacral Strain, initial encounter	S39.012A	<input type="checkbox"/> Herpes Zoster	B02.9	<input type="checkbox"/> Seizure NOS	R56.9
Post Laminectomy Syndrom (Failed Back):		<input type="checkbox"/> HIV positive	B20	<input type="checkbox"/> Spasm of Muscle	M62.838
<input type="checkbox"/> All Levels	M96.1	<input type="checkbox"/> Hypertension	(number?)	<input type="checkbox"/> Spaticity	M62.838
<input type="checkbox"/> Radiculopathy, Cervical	M54.12	<input type="checkbox"/> Interstitial Cystitis	N30.90	<input type="checkbox"/> Tobacco Abuse	F17.210
<input type="checkbox"/> Radiculopathy, Thoracic or Lumbar	M54.14/M54.16	<input type="checkbox"/> Lupus M32.9		<input type="checkbox"/> TMJ	M26.60
<input type="checkbox"/> Spinal Adhesions, Epidural	G96.12	<input type="checkbox"/> Meralgia Paresthetica	G57.10	<input type="checkbox"/> Trauma related pain, Acute	G89.11
<input type="checkbox"/> Spinal Cord Injury, Cervical, initial encounter	S14.109A	<input type="checkbox"/> Multiple Sclerosis	G35	<input type="checkbox"/> Ulcerative Colitis	K51.90
<input type="checkbox"/> Spinal Cord Injury, Thoracic, initial encounter	S24.109A	<input type="checkbox"/> Muscular Atrophy	M62.50	<b>HEADACHE SECTION</b>	
<input type="checkbox"/> Spinal Cord Injury, Lumbar, initial encounter	S34.109A	<input type="checkbox"/> Myeloma, multiple	C90.00	<input type="checkbox"/> With Facial Pain	R51
Spinal Stenosis:		<input type="checkbox"/> Necrosis, Aseptic, Hip/Femur NOS	M87.859	<input type="checkbox"/> Migraine – Classic	G43.109
<input type="checkbox"/> Cervical	M48.02	Neuralgia:		<input type="checkbox"/> Migraine	G43.909
<input type="checkbox"/> Thoracic	M48.04	<input type="checkbox"/> Genitofemoral	G55.8	<input type="checkbox"/> Migraine – Common	G43.009
<input type="checkbox"/> Lumbar	M48.06	<input type="checkbox"/> Ilioinguinal	G55.8	<input type="checkbox"/> Migraine – (Intractable)	G43.919
<input type="checkbox"/> Spondylolisthesis – Acquired	M43.10	<input type="checkbox"/> Intercostal	G55.8	<input type="checkbox"/> Cervicogenic	G44.209
<input type="checkbox"/> Spondylolisthesis – Congenital	Q76.2	<input type="checkbox"/> Occipital	G54.8	<input type="checkbox"/> Cluster, Chronic	G44.029
Spondylolisthesis/Facet Arthropathy w/o Myelopathy:		<input type="checkbox"/> Post Herpetic	B02.29	<input type="checkbox"/> Cluster Headache Syndrome, unsp	G44.009
<input type="checkbox"/> Cervical	M47.812	<input type="checkbox"/> Suprascapular	M54.10	<input type="checkbox"/> Hemicrania, Paroxysmal	G44.039
<input type="checkbox"/> Thoracic	M47.814	<input type="checkbox"/> Trigeminal	G50.0	<input type="checkbox"/> Hemicrania, Continua	G44.51
<input type="checkbox"/> Lumbar	M47.816	<input type="checkbox"/> Upper Limb	G58.9	<input type="checkbox"/> Post Dural	G97.1
Spondylolisthesis/Facet Arthropathy with Myelopathy:		<input type="checkbox"/> Unspecified	M79.2	<input type="checkbox"/> Tension	G44.209
<input type="checkbox"/> Cervical	M47.12	<input type="checkbox"/> Other Site:		<b>CANCER (Malignant Neoplasm) Primary Mets</b>	
<input type="checkbox"/> Thoracic	M47.14	<input type="checkbox"/> Neurofibromatosis	Q85.00	<input type="checkbox"/> Bone	<input type="checkbox"/> C41.9 <input type="checkbox"/> C79.51
<input type="checkbox"/> Lumbar	M47.16	<input type="checkbox"/> Neuropathy, Brachial Plexus (Plexitis)	G54.0	<input type="checkbox"/> Brain	<input type="checkbox"/> C71.9 <input type="checkbox"/> C79.31
Vertebral Fracture:		<input type="checkbox"/> Diabetic Neuropathy	E11.40	<input type="checkbox"/> Brachial Plexus	<input type="checkbox"/> C47.1- <input type="checkbox"/> C79.89
<input type="checkbox"/> Cervical, initial encounter	S12.9XXA	<input type="checkbox"/> Neuropathy, Lumbar Plexus	G54.1	<input type="checkbox"/> Breast (female)	<input type="checkbox"/> C50.9-
<input type="checkbox"/> Thoracic, initial encounter	S22.009A	<input type="checkbox"/> Neuropathy, Peripheral	G62.9	<input type="checkbox"/> Cervix	<input type="checkbox"/> C53.9 <input type="checkbox"/> C79.82
<input type="checkbox"/> Lumbar, initial encounter	S32.009A	<input type="checkbox"/> Obesity, NOS	E66.9	<input type="checkbox"/> Chest Wall/Viscera	<input type="checkbox"/> C76.1
<input type="checkbox"/> Vertebrae, Pathological, initial encounter	M48.50XA	<input type="checkbox"/> Obesity, Morbid	E66.01	<input type="checkbox"/> Colon	<input type="checkbox"/> C18.9
<b>OTHER SECTION</b>		<input type="checkbox"/> Opiod Dependence	F11.29	<input type="checkbox"/> Kidney	<input type="checkbox"/> C64- <input type="checkbox"/> C79.0-
<input type="checkbox"/> Arachnoiditis	G03.9	<input type="checkbox"/> Osteoarthritis, Generalized – Unsp	M15.0	<input type="checkbox"/> Liver	<input type="checkbox"/> C22.9 <input type="checkbox"/> C78.7
<input type="checkbox"/> Arthropathy, Pelvic region and thigh	M12.9	<input type="checkbox"/> Osteoarthritis, Generalized – Hand	M19.049	<input type="checkbox"/> Lung	<input type="checkbox"/> C34.9- <input type="checkbox"/> C78.0-
<input type="checkbox"/> Brachial Plexus Injury, initial encounter	S14.3XXA	<input type="checkbox"/> Osteoarthritis, Generalized – Multiple Sites	M15.9	<input type="checkbox"/> Lymphoma	<input type="checkbox"/> C85.80
<input type="checkbox"/> Bursitis, Hip	M70.70	<input type="checkbox"/> Osteoarthritis, Hip	M16.10	<input type="checkbox"/> Neck, Head and Face	<input type="checkbox"/> C76.0
<input type="checkbox"/> Bursitis, Olecranon	M70.20	<input type="checkbox"/> Osteoarthritis, Knee/Lower Leg	M17.9	<input type="checkbox"/> Oral Cavity	<input type="checkbox"/> C06.9
<input type="checkbox"/> Bursitis, Subacromial	M75.50	<input type="checkbox"/> Osteoarthritis, Shoulder	M19.019	<input type="checkbox"/> Ovary	<input type="checkbox"/> C56-
<input type="checkbox"/> Carpal Tunnel Syndrome	G56.00	<input type="checkbox"/> Pancreatitis, Chronic	K86.1	<input type="checkbox"/> Pancreas	<input type="checkbox"/> C25.9
<input type="checkbox"/> Causalgia (CRPS II), Lower Leg	G90.529	<input type="checkbox"/> Paraplegia	G82.20	<input type="checkbox"/> Prostate	<input type="checkbox"/> C61
<input type="checkbox"/> Causalgia (CRPS II), Upper Limb	G90.519	<input type="checkbox"/> Peripheral Vascular Disease	173.9	<input type="checkbox"/> Rectum	<input type="checkbox"/> C20
<input type="checkbox"/> Central Pain Syndrome	G89.00	<input type="checkbox"/> Phantom Limb Syndrom	G54.7	<input type="checkbox"/> Tongue	<input type="checkbox"/> C02.9
<input type="checkbox"/> Coccygodnia	M53.3	<input type="checkbox"/> Pleurisy	G57.00	<input type="checkbox"/> Thyroid	<input type="checkbox"/> C73
<input type="checkbox"/> Costochondritis	M94.0	<input type="checkbox"/> Postoperative Pain, Other Acute	G89.18	<input type="checkbox"/> Neoplasm related pain (acute) (chronic)	G89.3
		<input type="checkbox"/> Postoperative Pain, Other Chronic	G89.28		
<b>PAIN DIAGNOSIS BY SITE</b>					
<input type="checkbox"/> Abdonimal – Chronic/Unsp	R10.9	<input type="checkbox"/> Chest – Midsternal	R07.2	<input type="checkbox"/> Pelvic (non-referable to genital organs)	R10.2
<input type="checkbox"/> Abdonimal – Epigastric	R10.13	<input type="checkbox"/> Chest – Musculoskeletal	R07.89	<input type="checkbox"/> Penile	N48.89
<input type="checkbox"/> Abdonimal – Generalized	R10.84	<input type="checkbox"/> Chest – Rib	R07.81	<input type="checkbox"/> Plantar Faxciitis	M72.2
<input type="checkbox"/> Abdonimal – LLQ	R10.32	<input type="checkbox"/> Coccyz/Coccygodnyia	M53.3	<input type="checkbox"/> Pleural	R07.81
<input type="checkbox"/> Abdonimal – LUQ	R10.12	<input type="checkbox"/> Epicondylitis, medial (Golfer's elbow)	M77.00	<input type="checkbox"/> Pseudotumor cerebri	G93.2
<input type="checkbox"/> Abdonimal – Periumbilical	R10.33	<input type="checkbox"/> Epicondylitis, ledral (Tennis elbow)	M77.10	<input type="checkbox"/> Rectal/Anal	K62.89
<input type="checkbox"/> Abdonimal – RLQ	R10.31	<input type="checkbox"/> Extremity – Upper/Lower	M79.603/M79.606	<input type="checkbox"/> Sacroiliac/Sacrum	M53.3
<input type="checkbox"/> Abdonimal – RUQ	R10.11	<input type="checkbox"/> Face	R51	<input type="checkbox"/> Scar	L90.5
<input type="checkbox"/> Arthralgia – Ankle and Foot	M25.579	<input type="checkbox"/> Facial – Atypical	G50.1	<input type="checkbox"/> Testes/Scrotum/Cord – Male	N50.8
<input type="checkbox"/> Arthralgia – Lower leg and knee	M25.569	<input type="checkbox"/> Facial Nerve	G51.8	<input type="checkbox"/> Thoracic Spine – Midback	M54.6
<input type="checkbox"/> Arthralgia – Pelvic region, hip and thigh	M25.559	<input type="checkbox"/> Flank/Inguinal	R10.9	<input type="checkbox"/> Throat	R07.0
<input type="checkbox"/> Arthralgia – Shoulder Region	M25.519	<input type="checkbox"/> Headache, general	R51	<b>CHIEF COMPLAINT, NOTES AND/OR OTHER DIAGNOSIS</b>	
<input type="checkbox"/> Breast	N64.4	<input type="checkbox"/> Low back/lumbago	M54.5		
<input type="checkbox"/> Cervical – Radiculitis/Neck	M54.12	<input type="checkbox"/> Mouth	K13.79		
<input type="checkbox"/> Cervicalgia/Neck Pain	M54.2	<input type="checkbox"/> Pelvic/Genital/Perineum (female)	N94.89		
<input type="checkbox"/> Chest – Anterior		<input type="checkbox"/> Pelvic/Groin/Perineum (male)	N50.8		