

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/-0	G		PDQ	[CR]INITIAL CONSULTATION:[CR][SEXO] [PNAME], a [age] year old [sexn], was seen today foran initial consultation and exam for [SEXP] heel pain. History was reviewed. All issues were discussed in detail. Alternatives and risks were also discussed. Then the patient gave consent to treatment.	10/3/2011
/-1	G		PDQ	[CR]INITIAL CONSULTATION:[CR][SEXO] [PNAME], a [age] year old [sexn], was seen today for an initial consultation and exam for [SEXP] thickened and discolored toenails. History was reviewed. All issues were discussed in detail. Alternatives and risks were also discussed. Then the patient gave consent to treatment.	10/13/2011
/-2	G		PDQ	[CR]INITIAL CONSULTATION:[CR][SEXO] [PNAME], a [age] year old [sexn], was seen today for an initial consultation and exam for [SEXP] ingrown and painful toenail. History was reviewed. All issues were discussed in detail. Alternatives and risks were also discussed. Then the patient gave consent to treatment.	10/13/2011
/-3	G		PDQ	[CR]INITIAL CONSULTATION:[CR][SEXO] [PNAME], a [age] year old [sexn], was seen today for an initial consultation and exam for [SEXP] diabetic wound. History was reviewed. All issues were discussed in detail. Alternatives and risks were also discussed. Then the patient gave consent to treatment.	10/13/2011
/-4	G		PDQ	[CR]INITIAL CONSULTATION: [CR][SEXO] [PNAME], a [age] year old [sexn], was seen today foran initial consultation and exam for [SEXP] hammertoe. History was reviewed. All issues were discussed in detail. Alternatives and risks were also discussed. Then the patient gave consent to treatmen	10/13/2011
/-5	G		PDQ	[CR]INITIAL CONSULTATION: [CR][SEXO] [PNAME], a [age] year old [sexn], was seen today for an initial consultation and exam . [SEXP] has been diagnosed with Diabetes. History was reviewed. All issues were discussed in detail. Alternatives and risks were also discussed. Then the patient gave consent to treatment.	10/13/2011
//C	R		PDQ	[CR]	
//N	R		PDQ	[CR]	3/14/2006
/+A	G	MAIN.CUST	PDQ	PLACE OF SERVICE:[CR]The patient was seen today at the office.[CR]	10/3/2011
/+B	G	MAIN.CUST	PDQ	PLACE OF SERVICE:[CR]The patient was seen today at the hospital.[CR]	10/3/2011
/+C	G	MAIN.CUST	PDQ	PLACE OF SERVICE:[CR]The patient was seen today at the nursing home.[CR]	10/3/2011
/+D	G	MAIN.CUST	PDQ	PLACE OF SERVICE:[CR]The patient was seen today at the patient's home.[CR]	10/3/2011
/+E	G		PDQ	PLACE OF SERVICE:[CR]The patient was seen today for a procedure at the surgical center.	10/13/2011
/+G	G	S.CUST	PDQ	[CR]^Social History:^[CR]	10/3/2011
/+H	G	S.CUST	PDQ	[FNAME] states that [SEXS] does not smoke cigarettes or drink alcoholic beverages on a regular basis. Occassionally a drink or two socially.	10/3/2011
/+I	G	S.CUST	PDQ	[FNAME] states that [SEXS] drinks alcoholic beverages on a regular basis.	10/3/2011
/+J	G	S.CUST	PDQ	[FNAME] states that [sexs] smokes about a half pack of cigarettes per day.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/+K	G	S.CUST	PDQ	[FNAME] states that [sexs] smokes more than one pack of cigarettes per day.	10/3/2011
/+L	G		PDQ	[FNAME] was offered a plan for smoking cessation.	10/3/2011
/+M	G		PDQ	[CR]^Review of Systems:[CR]No fever is noted or reported. There appears to be no weight loss. The patient is oriented to time, place and person. No compromising of the immune system is noted. Vitals are all within normal limits. There is nothing unusual contributory to the current condition. Specifics are noted in the file.	10/13/2011
/+N	G		PDQ	[CR]^Dermatological Skin Exam:[CR]The skin is found to be normal (WNL) in all aspects. Skin temperature is warm and color is good. The skin is soft, supple and well hydrated. Hair growth is noted on the distal extremity. There is no edema, cyanosis or clubbing noted. A normal skin odor is present, and no hyperhidrosis is noted.	10/13/2011
/+O	G		PDQ	[CR]^Dermatological Nail Exam:[CR]Examination of the nails show findings to be normal, and within normal limits. The nails are translucent, of normal shape and no subungual debris is present. The nail plates do not appear discolored or thickened in any way.	10/13/2011
/+P	G		PDQ	[CR]^Vascular Examination:[CR]Exam findings are WNL. Results indicate DP and PT pulses are +2/4 bilateral. The skin is warm with good color and turgor. Capillary fill time is WNL. There appears to be no pedal edema in either foot or ankle. No varicosities are present. There is no clubbing or cyanosis. Hair growth is present.	10/3/2011
/+Q	G		PDQ	[CR]^Neurological Exam:[CR]Testing shows Vibratory, Sharp/Dull and Fine Touch sensations appear normal. Babinski is normal. DTR's are equal and WNL. Semmes-Weinstein is also normal. Joint position discrimination and Proprioception is WNL. No ankle clonus is observed. There appears to be no anesthesia, paresthesia or hyperesthesia.	10/13/2011
/+R	G		PDQ	[CR]^Musculoskeletal Examination:[CR]Exam shows all findings to be WNL. Foot rectus is normal. There is no evidence of fracture or dislocation. No deformities are noted. There is no joint instability, as all are normal. No bunions noted.	10/3/2011
/+S	G		PDQ	[CR]Radiographic Views:[CR]	10/3/2011
/+T	G		PDQ	Radiographs were performed offsite, and the patient has brought them to my office.	10/3/2011
/+U	G		PDQ	Ankle Radiographs, complete 3 views, AP and Lateral.	10/3/2011
/+V	G		PDQ	Foot Radiographs, complete 3 views, AP and Lateral.	10/3/2011
/+W	G		PDQ	Toe Radiographs, 2 views, AP.	10/3/2011
/+X	G		PDQ	Radiographs of the Calcaneus, 2 views.	10/3/2011
/101	•	A.DIAG	PDQ	Arteriosclerosis [*440.20 ]	6/30/2010
/102	•	A.DIAG	PDQ	Claudication [*232.90 ]	2/9/2011
/103	•	A.DIAG	PDQ	Arthralgia [*719.47 ]	2/9/2011
/104	•	A.DIAG	PDQ	Exostosis / Bone Spur [*726.91 ]	6/30/2010
/105	•	A.DIAG	PDQ	Bulla [*919.20 ]	2/9/2011
/106	•	A.DIAG	PDQ	Hallux Valgus / Bunion [*735.00 ]	2/9/2011
/107	•	A.DIAG	PDQ	Clavus [*700.00 ]	2/9/2011
/108	•	A.DIAG	PDQ	Cramps, Leg [*729.82 ]	6/30/2010

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/109	•	A.DIAG	PDQ	Contusion Toe/Nail [*924.30 ]	2/9/2011
/110	•	A.DIAG	PDQ	Deformed Toe [*735.80 ]	2/9/2011
/111	•	A.DIAG	PDQ	Diabetes, medication [*250.70 ]	6/30/2010
/112	•	A.DIAG	PDQ	Edema, Joint [*719.07 ]	6/30/2010
/113	•	A.DIAG	PDQ	Enthesopathy, Ankle [*726.70 ]	6/30/2010
/114	•	A.DIAG	PDQ	Fissure [*709.60 ]	2/9/2011
/115	•	A.DIAG	PDQ	Foreign Body [*729.60 ]	2/9/2011
/116	•	A.DIAG	PDQ	Fracture, Phalanx [*825.00 ]	2/9/2011
/117	•	A.DIAG	PDQ	Ganglion [*727.43 ]	6/30/2010
/118	•	A.DIAG	PDQ	Gangrene [*785.40 ]	2/9/2011
/119	•	A.DIAG	PDQ	Granuloma [*709.40 ]	2/9/2011
/120	•	A.DIAG	PDQ	Hematoma [*998.10 ]	2/9/2011
/121	•	A.DIAG	PDQ	Hallux limitus [*735.20 ]	2/9/2011
/122	•	A.DIAG	PDQ	Infection Skin Foot/Toe [*686.90 ]	2/9/2011
/123	•	A.DIAG	PDQ	Inflamed Joint [*716.97 ]	6/30/2010
/124	•	A.DIAG	PDQ	Insect Bite [*917.40 ]	2/9/2011
/125	•	A.DIAG	PDQ	Injury, Foot/Toe [*917.80 ]	2/9/2011
/126	•	A.DIAG	PDQ	Injury Infected, Foot/Toe [*917.90 ]	9/28/2011
/127	•	A.DIAG	PDQ	Laceration, Foot [*892.00 ]	2/9/2011
/128	•	A.DIAG	PDQ	Laceration, Toe [*893.00 ]	2/9/2011
/129	•	A.DIAG	PDQ	Metatarsalgia [*726.70 ]	6/30/2010
/130	•	A.DIAG	PDQ	Onychocryptosis / Ingrown Nail [*703.00 ]	2/9/2011
/131	•	A.DIAG	PDQ	Osteomyelitis [*730.70 ]	2/9/2011
/132	•	A.DIAG	PDQ	Osteoarthritis [*716.90 ]	2/9/2011
/133	•	A.DIAG	PDQ	Overlapping Toe [*735.80 ]	2/9/2011
/134	•	A.DIAG	PDQ	Painful Joint, Foot [*719.47 ]	6/30/2010
/135	•	A.DIAG	PDQ	Psoriasis [*696.10 ]	2/9/2011
/136	•	A.DIAG	PDQ	Scar [*709.20 ]	2/9/2011
/137	•	A.DIAG	PDQ	Shin Splints / Sprain Leg [*844.90 ]	2/9/2011
/138	•	A.DIAG	PDQ	Stasis Dermatitis [*454.10 ]	2/9/2011
/139	•	A.DIAG	PDQ	Swelling Joint, Foot/Ankle [*719.07 ]	6/30/2010
/140	•	A.DIAG	PDQ	Tarsal Tunnel Syndrome [*355.50 ]	2/9/2011
/141	•	A.DIAG	PDQ	Tailor's Bunion [*727.10 ]	2/9/2011
/142	•	A.DIAG	PDQ	Xerosis [*782.30 ]	2/9/2011
/143	•	A.DIAG	PDQ	Ulcer, Heel/Midfoot [*707.14 ]	6/30/2010
/144	•	A.DIAG	PDQ	Ulcer Diabetic IDDM [*250.80 ]	2/9/2011
/145	•	A.DIAG	PDQ	Ulcer Diabetic NIDDM [*250.82 ]	6/30/2010
/146	•	A.DIAG	PDQ	Ulcer Diabetic IDDM Juvenile [*250.81 ]	6/30/2010
/147	•	A.DIAG	PDQ	Ulcer Decubitus, Heel [*707.07 ]	6/30/2010
/148	•	A.DIAG	PDQ	Ulcer Decubitus, Ankle [*707.06 ]	6/30/2010
/149	•	A.DIAG	PDQ	Varicosities [*454.90 ]	2/9/2011
/150	•	A.DIAG	PDQ	Abdominal Pain	2/11/2009
/151	•	A.DIAG	PDQ	Allergic Reaction	2/11/2009
/152	•	A.DIAG	PDQ	Anemia	2/11/2009
/153	•	A.DIAG	PDQ	Angina	2/11/2009
/154	•	A.DIAG	PDQ	Anxiety	2/11/2009
/155	•	A.DIAG	PDQ	Arteriosclerosis [*440.90 ]	2/9/2011
/156	•	A.DIAG	PDQ	Arrhythmia	2/11/2009
/157	•	A.DIAG	PDQ	Arthritis [*716.90 ]	2/9/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/158	•	A.DIAG	PDQ	Asthma	2/11/2009
/159	•	A.DIAG	PDQ	Bronchitis	2/11/2009
/160	•	A.DIAG	PDQ	Cancer, skin	2/11/2009
/161	•	A.DIAG	PDQ	Cellulitis, Foot [*682.70 ]	2/9/2011
/162	•	A.DIAG	PDQ	Chest Pain	7/16/2009
/163	•	A.DIAG	PDQ	Chronic Renal Failure	2/11/2009
/164	•	A.DIAG	PDQ	Constipation	2/11/2009
/165	•	A.DIAG	PDQ	COPD	2/11/2009
/166	•	A.DIAG	PDQ	Deep Vein Thrombosis	2/11/2009
/167	•	A.DIAG	PDQ	Dementia	2/11/2009
/168	•	A.DIAG	PDQ	Degenerative Joint Disease	2/11/2009
/169	•	A.DIAG	PDQ	Depression	2/11/2009
/170	•	A.DIAG	PDQ	Dermatitis [*692.00 ]	2/9/2011
/171	•	A.DIAG	PDQ	Diarrhea	2/11/2009
/172	•	A.DIAG	PDQ	Crohn's Disease	2/11/2009
/173	•	A.DIAG	PDQ	Edema [*782.30 ]	2/9/2011
/174	•	A.DIAG	PDQ	Fatigue	2/11/2009
/175	•	A.DIAG	PDQ	Gastritis	2/11/2009
/176	•	A.DIAG	PDQ	Fracture, Foot [*825.20 ]	2/9/2011
/177	•	A.DIAG	PDQ	GERD	2/11/2009
/178	•	A.DIAG	PDQ	Headaches	2/11/2009
/179	•	A.DIAG	PDQ	Hearing Loss	2/11/2009
/180	•	A.DIAG	PDQ	Hemorrhoids	2/11/2009
/181	•	A.DIAG	PDQ	Hernia, Inguinal	2/11/2009
/182	•	A.DIAG	PDQ	Hernia, Hiatal	2/11/2009
/183	•	A.DIAG	PDQ	Herpes, Genital	2/11/2009
/184	•	A.DIAG	PDQ	Herpes, Simplex	2/11/2009
/185	•	A.DIAG	PDQ	Herpes, Zoster	2/11/2009
/186	•	A.DIAG	PDQ	Hypoglycemia	2/11/2009
/187	•	A.DIAG	PDQ	Hypertension	2/11/2009
/188	•	A.DIAG	PDQ	Hyperthyroidism	2/11/2009
/189	•	A.DIAG	PDQ	Hypothyroidism	2/11/2009
/190	•	A.DIAG	PDQ	Irritable Bowel Syndrome	2/11/2009
/191	•	A.DIAG	PDQ	Influenza	2/11/2009
/192	•	A.DIAG	PDQ	Impotence	2/11/2009
/193	•	A.DIAG	PDQ	Insomnia	2/11/2009
/194	•	A.DIAG	PDQ	Laceration [*692.00 ]	2/9/2011
/195	•	A.DIAG	PDQ	Lesion, Skin	2/11/2009
/196	•	A.DIAG	PDQ	Low Back Pain	2/11/2009
/197	•	A.DIAG	PDQ	Menopause	2/11/2009
/198	•	A.DIAG	PDQ	Nausea / Vomiting	2/11/2009
/199	•	A.DIAG	PDQ	Neuralgia / Neuritis [*729.20 ]	2/9/2011
/200	•	A.DIAG	PDQ	Obesity	2/11/2009
/2001	•	ALLERGY	PDQ	Cat Hair	4/9/2008
/2002	•	ALLERGY	PDQ	Dairy Products	4/9/2008
/2003	•	ALLERGY	PDQ	Food Products	4/9/2008
/2004	•	ALLERGY	PDQ	Grasses	4/9/2008
/2005	•	ALLERGY	PDQ	Lactose	4/9/2008
/2006	•	ALLERGY	PDQ	Latex	4/9/2008

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/2007	•	ALLERGY	PDQ	Peanuts	4/9/2008
/2008	•	ALLERGY	PDQ	Pet Dander	4/9/2008
/2009	•	ALLERGY	PDQ	Pollen	4/9/2008
/201	•	A.DIAG	PDQ	Otitis	2/11/2009
/2010	•	ALLERGY	PDQ	Seafood	4/9/2008
/2011	•	ALLERGY	PDQ	Shellfish	4/9/2008
/2012	•	ALLERGY	PDQ	Sulfa	4/9/2008
/2013	•	ALLERGY	PDQ	Nuts	4/9/2008
/2014	•	ALLERGY	PDQ	Eggs	4/9/2008
/2015	•	ALLERGY	PDQ	Penicillin	4/9/2008
/2016	•	ALLERGY	PDQ	Aspirin	4/9/2008
/2017	•	ALLERGY	PDQ	Anticonvulsants	4/9/2008
/2018	•	ALLERGY	PDQ	NSAIDs	4/9/2008
/2019	•	ALLERGY	PDQ	Poison Ivy	4/9/2008
/202	•	A.DIAG	PDQ	Palpitations	2/11/2009
/2020	•	ALLERGY	PDQ	Oak	4/9/2008
/2021	•	ALLERGY	PDQ	Sumac	4/9/2008
/2022	•	ALLERGY	PDQ	Nickel	4/9/2008
/2023	•	ALLERGY	PDQ	Chrome	4/9/2008
/2024	•	ALLERGY	PDQ	Mercury	4/9/2008
/2025	•	ALLERGY	PDQ	Cosmetics	4/9/2008
/2026	•	ALLERGY	PDQ	Bee Stings	4/9/2008
/2027	•	ALLERGY	PDQ	Wasp Stings	4/9/2008
/2028	•	ALLERGY	PDQ	Hornet Stings	4/9/2008
/2029	•	ALLERGY	PDQ	Fire Ants	4/9/2008
/203	•	A.DIAG	PDQ	Pancreatitis	2/11/2009
/2030	•	ALLERGY	PDQ	Berries	4/9/2008
/2031	•	ALLERGY	PDQ	Polysaccharides	4/9/2008
/2032	•	ALLERGY	PDQ	Alfalfa	4/9/2008
/2033	•	ALLERGY	PDQ	Aloe	4/9/2008
/2034	•	ALLERGY	PDQ	Red Peppers	4/9/2008
/2035	R	ALLERGY	PDQ	Senna	4/9/2008
/2036	•	ALLERGY	PDQ	Ragweed	4/9/2008
/2037	•	ALLERGY	PDQ	Avocado	4/9/2008
/2038	•	ALLERGY	PDQ	Carob	4/9/2008
/2039	•	ALLERGY	PDQ	Celery	4/9/2008
/204	•	A.DIAG	PDQ	Parkinson's Disease	2/11/2009
/2040	•	ALLERGY	PDQ	Barley	4/9/2008
/2041	•	ALLERGY	PDQ	Sunflower	4/9/2008
/2042	•	ALLERGY	PDQ	Corn	4/9/2008
/2043	•	ALLERGY	PDQ	Cotton	4/9/2008
/2044	•	ALLERGY	PDQ	Crabgrass	4/9/2008
/2045	•	ALLERGY	PDQ	Rice	4/9/2008
/2046	•	ALLERGY	PDQ	Eucalyptus	4/9/2008
/2047	•	ALLERGY	PDQ	Olives	4/9/2008
/2048	•	ALLERGY	PDQ	Flax	4/9/2008
/2049	•	ALLERGY	PDQ	Garlic	4/9/2008
/205	•	A.DIAG	PDQ	Phlebitis [*451.00 ]	2/9/2011
/2050	•	ALLERGY	PDQ	Juniper	4/9/2008

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/2051	•	ALLERGY	PDQ	Potatoes	4/9/2008
/2052	•	ALLERGY	PDQ	Lettuce	4/9/2008
/2053	•	ALLERGY	PDQ	Mango	4/9/2008
/2054	•	ALLERGY	PDQ	Milkweed	4/9/2008
/2055	•	ALLERGY	PDQ	Mint	4/9/2008
/2056	•	ALLERGY	PDQ	Mustard	4/9/2008
/2057	•	ALLERGY	PDQ	Onion	4/9/2008
/2058	•	ALLERGY	PDQ	Palms	4/9/2008
/2059	•	ALLERGY	PDQ	Pineapple	4/9/2008
/206	•	A.DIAG	PDQ	Pneumonia	2/11/2009
/2060	•	ALLERGY	PDQ	Rose	4/9/2008
/2061	•	ALLERGY	PDQ	Spinach	4/9/2008
/2062	•	ALLERGY	PDQ	Mold	4/9/2008
/2063	•	ALLERGY	PDQ	Fish	4/9/2008
/2064	•	ALLERGY	PDQ	Soy	4/9/2008
/2065	•	ALLERGY	PDQ	Wheat	4/9/2008
/207	•	A.DIAG	PDQ	Pregnancy	2/11/2009
/208	•	A.DIAG	PDQ	Pes Cavus [*754.71 ]	6/30/2010
/209	•	A.DIAG	PDQ	Pes Planus, Acquired [*734.00 ]	2/9/2011
/210	•	A.DIAG	PDQ	Sciatica [*724.30 ]	2/9/2011
/211	•	A.DIAG	PDQ	Pes Planus, Congenital [*754.61 ]	6/30/2010
/212	•	A.DIAG	PDQ	Porokeratosis [*700.00 ]	9/28/2011
/213	•	A.DIAG	PDQ	Psoriatic Arthritis [*696.00 ]	2/9/2011
/214	•	A.DIAG	PDQ	Tendinitis [*727.68 ]	6/30/2010
/215	•	A.DIAG	PDQ	Raynaud's Disease [*443.00 ]	2/9/2011
/216	•	A.DIAG	PDQ	Retrocalcaneal Spur [*726.73 ]	6/30/2010
/217	•	A.DIAG	PDQ	Ringworm [*110.10 ]	2/9/2011
/218	•	A.DIAG	PDQ	Sausage Toe [*782.30 ]	2/9/2011
/219	•	A.DIAG	PDQ	Sesamoiditis [*733.99 ]	6/30/2010
/220	•	A.DIAG	PDQ	Vertigo	2/11/2009
/221	•	A.DIAG	PDQ	Weight Loss	2/11/2009
/222	•	A.DIAG	PDQ	Weight Gain	2/11/2009
/223	•	A.DIAG	PDQ	Dermatophytosis, Foot [*110.40 ]	2/9/2011
/224	•	A.DIAG	PDQ	Dermatophytosis, Nail [*110.10 ]	2/9/2011
/225	•	A.DIAG	PDQ	Benign Neoplasm, Leg [*216.70 ]	2/9/2011
/226	•	A.DIAG	PDQ	Neoplasm, Soft Tissue [*238.10 ]	2/9/2011
/227	•	A.DIAG	PDQ	Gouty Arthropathy [*274.00 ]	2/9/2011
/228	•	A.DIAG	PDQ	Sciatic Nerve Lesion [*355.00 ]	2/9/2011
/229	•	A.DIAG	PDQ	Plantar Nerve Lesion [*355.60 ]	2/9/2011
/230	•	A.DIAG	PDQ	Mononeuritis, Leg [*355.80 ]	2/9/2011
/231	•	A.DIAG	PDQ	Corn [*700.00 ]	2/9/2011
/232	•	A.DIAG	PDQ	Keratoderma [*701.10 ]	2/9/2011
/233	•	A.DIAG	PDQ	Keloid Scar [*701.40 ]	2/9/2011
/234	•	A.DIAG	PDQ	Ulcer, Ankle [*707.13 ]	6/30/2010
/235	•	A.DIAG	PDQ	Rheumatoid Arthritis [*714.00 ]	2/9/2011
/236	•	A.DIAG	PDQ	Arthropathy, Ankle Trauma [*716.17 ]	6/30/2010
/237	•	A.DIAG	PDQ	Enthesopathy, Ankle [*726.70 ]	2/9/2011
/238	•	A.DIAG	PDQ	Achilles Tendinitis [*727.67 ]	6/30/2010
/239	•	A.DIAG	PDQ	Tibialis Tendinitis [*726.72 ]	6/30/2010

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/240	•	A.DIAG	PDQ	Exostosis [*726.91 ]	6/30/2010
/241	•	A.DIAG	PDQ	Tenosynovitis, Foot/Ankle [*727.06 ]	6/30/2010
/242	•	A.DIAG	PDQ	Synovial Cyst [*727.40 ]	2/9/2011
/243	•	A.DIAG	PDQ	Plantar Fibromatosis [*728.71 ]	6/30/2010
/244	•	A.DIAG	PDQ	Plantar Fasciitis [*726.71 ]	6/30/2010
/245	•	A.DIAG	PDQ	Stress Fx Tibia/Fibula [*733.93 ]	6/30/2010
/246	•	A.DIAG	PDQ	Stress Fx, Metatarsal [*733.94 ]	6/30/2010
/247	•	A.DIAG	PDQ	Pes Planus / Flat Foot [*734.00 ]	2/9/2011
/248	•	A.DIAG	PDQ	Hallux Rigidus [*735.20 ]	2/9/2011
/249	•	A.DIAG	PDQ	Hammer Toe [*735.40]	2/9/2011
/250	•	A.DIAG	PDQ	Deformity, Acq Ankle/Foot NOS [*736.70 ]	2/9/2011
/251	•	A.DIAG	PDQ	Pronation Syndrome [*736.79 ]	6/30/2010
/252	•	A.DIAG	PDQ	Leg Length Deficiency [*755.30 ]	2/9/2011
/253	•	A.DIAG	PDQ	Hyperhidrosis [*708.80 ]	2/9/2011
/254	•	A.DIAG	PDQ	Sprain, Knee/Leg [*844.90 ]	2/9/2011
/255	•	A.DIAG	PDQ	Sprain, Ankle [*845.00 ]	2/9/2011
/256	•	A.DIAG	PDQ	Sprain, Foot [*845.10 ]	6/30/2010
/257	•	A.DIAG	PDQ	Contusion, Lower Leg [*924.10 ]	6/30/2010
/258	•	A.DIAG	PDQ	Venous Insufficiency [*459.91 ]	6/30/2010
/259	•	A.DIAG	PDQ	Circulatory Disease [*459.90 ]	2/9/2011
/260	•	A.DIAG	PDQ	Cellulitis, Toe NOS [*681.10 ]	6/30/2010
/261	•	A.DIAG	PDQ	Calcaneal Spur / Bursitis [*726.73 ]	6/30/2010
/262	•	A.DIAG	PDQ	Fracture Metatarsal [*825.25 ]	6/30/2010
/263	•	A.DIAG	PDQ	Hyperostosis [*733.99 ]	6/30/2010
/264	•	A.DIAG	PDQ	Hypertrophic Nails [*110.50 ]	2/9/2011
/265	•	A.DIAG	PDQ	Neuroma, Morton's [*355.60 ]	2/9/2011
/266	•	A.DIAG	PDQ	Neuropathy, Diabetes [*250.60 ]	2/9/2011
/267	•	A.DIAG	PDQ	Onychauxis / Onycholysis [*703.80 ]	2/9/2011
/268	•	A.DIAG	PDQ	Onychomycosis [*110.10 ]	2/9/2011
/269	•	A.DIAG	PDQ	Paronychia [*681.10 ]	2/9/2011
/270	•	A.DIAG	PDQ	Peripheral Vascular Insufficiency [*443.90 ]	2/9/2011
/271	•	A.DIAG	PDQ	Tinea Pedis [*110.10 ]	2/9/2011
/272	•	A.DIAG	PDQ	Ulceration [*707.10 ]	2/9/2011
/273	•	A.DIAG	PDQ	Verruca Plantaris [*078.10 ]	2/9/2011
/274	•	A.DIAG	PDQ	Venous Stasis Dermatitis [*454.10 ]	2/9/2011
/275	•	A.DIAG	PDQ	Bursitis [*726.79 ]	6/30/2010
/276	•	A.DIAG	PDQ	Cavus Deformity [*736.75 ]	6/30/2010
/277	•	A.DIAG	PDQ	Charcot Arthropathy [*713.50 ]	2/9/2011
/278	•	A.DIAG	PDQ	Gait Abnormality [*781.20 ]	2/9/2011
/279	•	A.DIAG	PDQ	Osteomyelitis, Foot/Ankle [*730.70 ]	2/9/2011
/280	•	A.DIAG	PDQ	Radiculitis [*724.40 ]	2/9/2011
/281	•	A.DIAG	PDQ	Tenosynovitis [*727.06 ]	6/30/2010
/282	•	A.DIAG	PDQ	Claw Toe [*735.40 ]	2/9/2011
/283	•	A.DIAG	PDQ	Raynaud's Syndrome [*443.00 ]	2/9/2011
/284	•	A.DIAG	PDQ	Buerger's Disease [*443.10 ]	2/9/2011
/285	•	A.DIAG	PDQ	Atherosclerosis [*440.22 ]	6/30/2010
/286	•	A.DIAG	PDQ	Wound, Open, Foot [*892.00 ]	2/9/2011
/287	•	A.DIAG	PDQ	Wound, Open, Complicated [*892.10 ]	2/9/2011
/288	•	A.DIAG	PDQ	Dislocation, Toe [*838.09 ]	6/30/2010

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/289	•	A.DIAG	PDQ	Dislocation, Foot [*838.00 ]	6/30/2010
/290	•	A.DIAG	PDQ	Wound, Open, Toe [*893.00 ]	2/9/2011
/291	•	A.DIAG	PDQ	Dehiscence, Wound [*998.30 ]	2/9/2011
/292	•	A.DIAG	PDQ	Hematoma [*998.10 ]	2/9/2011
/293	•	A.DIAG	PDQ	Hallux Malleus [*735.20 ]	2/9/2011
/294	•	A.DIAG	PDQ	Hallux Varus [*735.10 ]	2/9/2011
/295	•	A.DIAG	PDQ	Amputation, Great Toe [*V49.71 ]	6/30/2010
/296	•	A.DIAG	PDQ	Amputation, Toe [*V49.72 ]	6/30/2010
/297	•	A.DIAG	PDQ	Amputation, Foot [*V49.73 ]	6/30/2010
/298	•	A.DIAG	PDQ	Deformity, Foot [*736.70 ]	2/9/2011
/300	•	MEDS	PDQ	Loprox Antifungal	2/12/2010
/301	•	MEDS	PDQ	Naftin Antifungal	2/12/2010
/302	•	MEDS	PDQ	Spectazole Antifungal	2/12/2010
/303	•	MEDS	PDQ	Lamisil AT Antifungal	2/12/2010
/304	•	MEDS	PDQ	Lotrisone Antifungal	2/12/2010
/305	•	MEDS	PDQ	Lotrimin Antifungal	2/12/2010
/306	•	MEDS	PDQ	Ertaczo Antifungal	2/12/2010
/307	•	MEDS	PDQ	Oxistat Antifungal	2/12/2010
/308	•	MEDS	PDQ	Nizoral	3/14/2006
/309	•	MEDS	PDQ	Mentax	3/14/2006
/310	•	MEDS	PDQ	Pedi Dry Drying Agent	2/12/2010
/311	•	MEDS	PDQ	Exelderm	3/14/2006
/312	•	MEDS	PDQ	Acticoat	3/14/2006
/313	•	MEDS	PDQ	Silvadene Wound/Ulcer Treatment (Non-Graft)	2/12/2010
/314	•	MEDS	PDQ	Regranex Wound/Ulcer Treatment (Non-Graft)	2/12/2010
/315	•	MEDS	PDQ	Saline	3/14/2006
/316	•	MEDS	PDQ	Amerigel Wound/Ulcer Treatment (Non-Graft)	2/12/2010
/317	•	MEDS	PDQ	Iodosorb Wound/Ulcer Treatment (Non-Graft)	2/12/2010
/318	•	MEDS	PDQ	Promogran Wound/Ulcer Treatment (Non-Graft)	2/12/2010
/319	•	MEDS	PDQ	Polymem Wound/Ulcer Treatment (Non-Graft)	2/12/2010
/320	•	MEDS	PDQ	Duoderm	3/14/2006
/321	•	MEDS	PDQ	Profore	3/14/2006
/322	•	MEDS	PDQ	Fibracol	3/14/2006
/323	•	MEDS	PDQ	Carrington	3/14/2006
/324	•	MEDS	PDQ	Bacitracin Topical Dressing	2/12/2010
/325	•	MEDS	PDQ	Neosporin Topical Dressing	2/12/2010
/326	•	MEDS	PDQ	Gentamycin Topical Dressing	2/12/2010
/327	•	MEDS	PDQ	Betadine Topical Antiseptic	2/12/2010
/328	•	MEDS	PDQ	Cortisporin Topical Dressing	2/12/2010
/329	•	MEDS	PDQ	Triple Antibiotic Topical Dressing	2/12/2010
/330	•	MEDS	PDQ	Bactroban Topical Antibiotic	2/12/2010
/331	•	MEDS	PDQ	Panafil Debriding Ointment	2/12/2010
/332	•	MEDS	PDQ	Accuzyme Ointment	2/12/2010
/333	•	MEDS	PDQ	Santyl Debriding Ointment	2/12/2010
/334	•	MEDS	PDQ	Collagenase Enzyme Ointment	2/12/2010
/335	•	MEDS	PDQ	Elase Topical Ointment	2/12/2010
/336	•	MEDS	PDQ	Ziox Debriding Enzyme Ointment	2/12/2010
/337	•	MEDS	PDQ	Kovia Topical Ointment	2/12/2010
/338	•	MEDS	PDQ	Lazerformalyde Wart Solution	2/12/2010

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/339	•	MEDS	PDQ	Duofilm Wart Treatment	2/12/2010
/340	•	MEDS	PDQ	Histofreezer Cryosurgical System	2/12/2010
/341	•	MEDS	PDQ	Mediplast Wart Treatment	2/12/2010
/342	•	MEDS	PDQ	Sal Acid Plaster Wart Treatment	2/12/2010
/343	•	MEDS	PDQ	Formadon Wart Treatment	2/12/2010
/344	•	MEDS	PDQ	Transversal Wart Patch	2/12/2010
/345	•	MEDS	PDQ	Occlusal Wart Treatment	2/12/2010
/346	•	MEDS	PDQ	Gordofilm Wart Treatment	2/12/2010
/347	•	MEDS	PDQ	Duoplant Wart Treatment	2/12/2010
/348	•	MEDS	PDQ	TriPod Plantarstat Wart Treatment	2/12/2010
/349	•	MEDS	PDQ	Penlac Topical Antifungal	2/12/2010
/350	•	MEDS	PDQ	Keralac Gel Topical	2/12/2010
/351	•	MEDS	PDQ	Carmol 40 Gel Topical	2/12/2010
/352	•	MEDS	PDQ	Fungoid Tincture Topical Antifungal	2/12/2010
/353	•	MEDS	PDQ	Tineacide Antifungal Cream	2/12/2010
/354	•	MEDS	PDQ	Nonyx Gel Topical	2/12/2010
/355	•	MEDS	PDQ	Gordochoom Topical Antifungal	2/12/2010
/356	•	MEDS	PDQ	Mycocide	3/14/2006
/357	•	MEDS	PDQ	Restore AF Antifungal Solution	2/12/2010
/358	•	MEDS	PDQ	Onycol Antifungal	2/12/2010
/359	•	MEDS	PDQ	LidaMantle Topical Anesthetic	2/12/2010
/360	•	MEDS	PDQ	Hydrocortisone Topical Corticosteroid	2/12/2010
/361	•	MEDS	PDQ	Triamcinalone Topical Steroid	2/12/2010
/362	•	MEDS	PDQ	Lidex Topical Steroid	2/12/2010
/363	•	MEDS	PDQ	Topicort Topical Steroid	2/12/2010
/364	•	MEDS	PDQ	Temovate Topical Steroid	2/12/2010
/365	•	MEDS	PDQ	Diprosone Topical Steroid	2/12/2010
/366	•	MEDS	PDQ	Diprolene Topical Steroid	2/12/2010
/367	•	MEDS	PDQ	Westcort Topical Steroid	2/12/2010
/368	•	MEDS	PDQ	Polysporin Topical Antibiotic	2/12/2010
/369	•	MEDS	PDQ	Garamycin Topical Antibiotic	2/12/2010
/370	•	MEDS	PDQ	Ibuprofin	3/14/2006
/371	•	MEDS	PDQ	Naprosyn Anti-Inflammatory	2/12/2010
/372	•	MEDS	PDQ	Celebrex Anti-Inflammatory	2/12/2010
/373	•	MEDS	PDQ	Indocin Anti-Inflammatory	2/12/2010
/374	•	MEDS	PDQ	Feldene	3/14/2006
/375	•	MEDS	PDQ	Voltaren Anti-Inflammatory	2/12/2010
/376	•	MEDS	PDQ	Relafen Anti-Inflammatory	2/12/2010
/377	•	MEDS	PDQ	Lodine Anti-Inflammatory	2/12/2010
/378	•	MEDS	PDQ	Nalfon Anti-Inflammatory	2/12/2010
/379	•	MEDS	PDQ	Anaprox Anti-Inflammatory	2/12/2010
/380	•	MEDS	PDQ	Daypro Anti-Inflammatory	2/12/2010
/381	•	MEDS	PDQ	Drysol Drying Agent	2/12/2010
/382	•	MEDS	PDQ	Epsom Salts	3/14/2006
/383	•	MEDS	PDQ	Formadon Drying Agent	2/12/2010
/384	•	MEDS	PDQ	PediPro Powder	3/14/2006
/385	•	MEDS	PDQ	Zeasorb Antifungal Powder	2/12/2010
/386	•	MEDS	PDQ	Bromi-Lotion Drying Agent	2/12/2010
/387	•	MEDS	PDQ	Onox Drying Agent	2/12/2010

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/388	•	MEDS	PDQ	Vicodin Analgesic	2/12/2010
/389	•	MEDS	PDQ	Tylenol w/ Codeine Analgesic	2/12/2010
/390	•	MEDS	PDQ	Darvocet Analgesic	2/12/2010
/391	•	MEDS	PDQ	Percocet Analgesic	2/12/2010
/392	•	MEDS	PDQ	Biofreeze	3/14/2006
/393	•	MEDS	PDQ	Ultram Analgesic	2/12/2010
/394	•	MEDS	PDQ	Lortabs Analgesic	2/12/2010
/395	•	MEDS	PDQ	Vicoprofen Analgesic	2/12/2010
/396	•	MEDS	PDQ	Oxycontin Analgesic	2/12/2010
/397	•	MEDS	PDQ	Mobisyl Creme	2/12/2010
/398	•	MEDS	PDQ	Mephergan Fortis	3/14/2006
/399	•	MEDS	PDQ	Dolobid Anti-Inflammatory	2/12/2010
/400	•	MEDS	PDQ	Umecta Topical Antifungal	2/12/2010
/401	•	MEDS	PDQ	Medic Ice	3/14/2006
/402	•	MEDS	PDQ	Keflex Antibiotic	2/12/2010
/403	•	MEDS	PDQ	Augmentin Antibiotic	2/12/2010
/404	•	MEDS	PDQ	Lavaquin Antibiotic	2/12/2010
/405	•	MEDS	PDQ	Cephalexin Antibiotic	2/12/2010
/406	•	MEDS	PDQ	Cipro Antibiotic	2/12/2010
/407	•	MEDS	PDQ	Omnicef Antibiotic	2/12/2010
/408	•	MEDS	PDQ	Z-Pak Zithromax Antibiotic	2/12/2010
/409	•	MEDS	PDQ	Duricef Antibiotic	2/12/2010
/410	•	MEDS	PDQ	Zyvox Antibiotic	2/12/2010
/411	•	MEDS	PDQ	Dicloxicillin	3/14/2006
/412	•	MEDS	PDQ	Keftab Antibiotic	2/12/2010
/413	•	MEDS	PDQ	Ceclor Antibiotic	2/12/2010
/414	•	MEDS	PDQ	Lamisil Antifungal	2/12/2010
/415	•	MEDS	PDQ	GrisPEG Antifungal	2/12/2010
/416	•	MEDS	PDQ	Sporanox Antifungal	2/12/2010
/417	•	MEDS	PDQ	Diflucan Antifungal Antibiotic	2/12/2010
/418	•	MEDS	PDQ	Apligraf Wound/Ulcer Graft Treatment	2/12/2010
/419	•	MEDS	PDQ	Dermagraft Wound/Ulcer Graft Treatment	2/12/2010
/420	•	MEDS	PDQ	Oasis	3/14/2006
/421	•	MEDS	PDQ	Graft Jacket Wound/Ulcer Graft Treatment	2/12/2010
/422	•	MEDS	PDQ	Integra Wound/Ulcer Graft Treatment	2/12/2010
/423	•	MEDS	PDQ	Gamma Graft Wound/Ulcer Graft Treatment	2/12/2010
/424	•	MEDS	PDQ	Carmol 40 Emollient	2/12/2010
/425	•	MEDS	PDQ	Amlactin Moisturizing Lotion	2/12/2010
/426	•	MEDS	PDQ	Keralac Cream Moisturizer	2/12/2010
/427	•	MEDS	PDQ	Lactinol E Creme Moisturizer	2/12/2010
/428	•	MEDS	PDQ	Lac-Hydrin Moisturizer	2/12/2010
/429	•	MEDS	PDQ	Keralac Lotion Moisturizer	2/12/2010
/430	•	MEDS	PDQ	Vanamide Emollient	2/12/2010
/431	•	MEDS	PDQ	Eucerin Moisturizer	2/12/2010
/432	•	MEDS	PDQ	Lactinol Lotion Moisturizer	2/12/2010
/433	•	MEDS	PDQ	Kerasal Moisturizer	2/12/2010
/434	•	MEDS	PDQ	Umecta Moisturizer	2/12/2010
/435	•	MEDS	PDQ	Diabetiderm Rejuvenating Cream	2/12/2010
/436	•	MEDS	PDQ	Carmol 20 Moisturizer	2/12/2010

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/437	•	MEDS	PDQ	Keralyt Gel Moisturizer	2/12/2010
/438	•	MEDS	PDQ	Lubriderm Moisturizing Lotion	2/12/2010
/439	•	MEDS	PDQ	Tripod Moisturizer	3/14/2006
/440	•	MEDS	PDQ	Vitamin A & D	3/14/2006
/441	•	MEDS	PDQ	Foot Miracle Moisturizing Cream	2/12/2010
/442	•	MEDS	PDQ	Aqua Glycolic Skin Care	2/12/2010
/443	•	MEDS	PDQ	Bag Balm Ointment	2/12/2010
/444	•	MEDS	PDQ	Callusan Cream	2/12/2010
/445	•	MEDS	PDQ	Gormel	3/14/2006
/446	•	MEDS	PDQ	Callex	3/14/2006
/447	•	MEDS	PDQ	Aloe Grande	3/14/2006
/448	•	MEDS	PDQ	DPM Cream	3/14/2006
/449	•	MEDS	PDQ	Calicylic	3/14/2006
/450	•	MEDS	PDQ	Undecylenic Acid 25% Topical Antifungal	8/30/2007
/451	•	MEDS	PDQ	Miconazole Nitrate 2% Topical Antifungal	8/30/2007
/452	•	MEDS	PDQ	Naftifine HCl 1% Gel	8/30/2007
/453	•	MEDS	PDQ	Naftifine HCl 1% Cream Topical Antifungal	2/12/2010
/454	•	MEDS	PDQ	Ammonium Lactate Cream 12% Emollient	2/12/2010
/455	•	MEDS	PDQ	Ammonium Lactate Lotion 12% Emollient	2/12/2010
/456	•	MEDS	PDQ	Kerasal Exfoliating Moisturizer Ointment	8/30/2007
/457	•	MEDS	PDQ	Medic Ice Gel	8/30/2007
/458	•	MEDS	PDQ	Appearex Biotin 2.5mg Nail Treatment	2/12/2010
/459	•	MEDS	PDQ	DiabetiDerm L-Arginine HCL Cream	8/30/2007
/460	•	MEDS	PDQ	Hydro 40 Urea Foam Moisturizer	2/12/2010
/461	•	MEDS	PDQ	Healthi Betic L-Arginine Diabetic Foot Cream	2/12/2010
/462	•	MEDS	PDQ	Bensal HP Topical Ointment	8/30/2007
/463	•	MEDS	PDQ	Clotrimazol Antifungal	2/12/2010
/464	•	MEDS	PDQ	Sertaconazole Nitrate 2% Antifungal Cream	2/12/2010
/465	•	MEDS	PDQ	Kerol Topical Suspension 50% Urea	8/30/2007
/466	•	MEDS	PDQ	Oxistat Cream 1% Antifungal	2/12/2010
/467	•	MEDS	PDQ	Oxistat Lotion 1% Antifungal	2/12/2010
/468	•	MEDS	PDQ	Oxiconazole Nitrate 1% Antifungal	2/12/2010
/469	•	MEDS	PDQ	Tineacide Spray Drying Agent	2/12/2010
/470	•	MEDS	PDQ	Lamisil AT Advanced Gel Antifungal	2/12/2010
/471	•	MEDS	PDQ	Metanx Daibetic Neuropathy Treatment	2/12/2010
/472	•	MEDS	PDQ	Calicylic Moisturizer	2/12/2010
/473	•	MEDS	PDQ	Urea Care Skin Therapy	8/30/2007
/474	•	MEDS	PDQ	Ocean Aid Antibacterial Spray	8/30/2007
/475	•	MEDS	PDQ	Mycocide NS Antifungal Treatment	8/30/2007
/476	•	MEDS	PDQ	Acetomenophen	3/4/2008
/477	•	MEDS	PDQ	Aciphex	3/4/2008
/478	•	MEDS	PDQ	Acutane	3/4/2008
/479	•	MEDS	PDQ	Albuterol	3/4/2008
/480	•	MEDS	PDQ	Allegra	3/4/2008
/481	•	MEDS	PDQ	Ambien	3/4/2008
/482	•	MEDS	PDQ	Amoxicillin	3/4/2008
/483	•	MEDS	PDQ	Antihistimines	3/4/2008
/484	•	MEDS	PDQ	Atarax	3/4/2008
/485	•	MEDS	PDQ	Atenolol	3/4/2008

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/486	•	MEDS	PDQ	Ativan	3/4/2008
/487	•	MEDS	PDQ	Augmentin	3/4/2008
/488	•	MEDS	PDQ	Azithromycin	3/4/2008
/489	•	MEDS	PDQ	Baclofen	3/4/2008
/490	•	MEDS	PDQ	Benadryl	3/4/2008
/491	•	MEDS	PDQ	Celebrex	3/4/2008
/492	•	MEDS	PDQ	Cialis	3/4/2008
/493	•	MEDS	PDQ	Claritin	3/4/2008
/494	•	MEDS	PDQ	Clomid	3/4/2008
/495	•	MEDS	PDQ	Codeine	3/4/2008
/496	•	MEDS	PDQ	Corticosteroids	3/4/2008
/497	•	MEDS	PDQ	Coumadin	3/4/2008
/498	•	MEDS	PDQ	Crestor	3/4/2008
/499	•	MEDS	PDQ	Cymbalta	3/4/2008
/500	•	MEDS	PDQ	Darvocet	3/4/2008
/501	•	MEDS	PDQ	Digoxin	3/4/2008
/502	•	MEDS	PDQ	Dilantin	3/4/2008
/503	•	MEDS	PDQ	Doxycycline	3/4/2008
/504	•	MEDS	PDQ	Effexor	3/4/2008
/505	•	MEDS	PDQ	Erythromycin	3/4/2008
/506	•	MEDS	PDQ	Flagyl	3/4/2008
/507	•	MEDS	PDQ	Flomax	3/4/2008
/508	•	MEDS	PDQ	Flonase	3/4/2008
/509	•	MEDS	PDQ	Fosamax	3/4/2008
/510	•	MEDS	PDQ	Glucophage	3/4/2008
/511	•	MEDS	PDQ	Hydrocodone	3/4/2008
/512	•	MEDS	PDQ	Hydroxyzine	3/4/2008
/513	•	MEDS	PDQ	Inderal	3/4/2008
/514	•	MEDS	PDQ	Keppra	3/4/2008
/515	•	MEDS	PDQ	Klonopin	3/4/2008
/516	•	MEDS	PDQ	Levaquin	3/4/2008
/517	•	MEDS	PDQ	Lasix	3/4/2008
/518	•	MEDS	PDQ	Levoxyl	3/4/2008
/519	•	MEDS	PDQ	Lipitor	3/4/2008
/520	•	MEDS	PDQ	Lopressor	3/4/2008
/521	•	MEDS	PDQ	Lortab	3/4/2008
/522	•	MEDS	PDQ	Lunesta	3/4/2008
/523	•	MEDS	PDQ	Lyrica	3/4/2008
/524	•	MEDS	PDQ	Meridia	3/4/2008
/525	•	MEDS	PDQ	Methadone	3/4/2008
/526	•	MEDS	PDQ	Motrin	3/4/2008
/527	•	MEDS	PDQ	Mucinex	3/4/2008
/528	•	MEDS	PDQ	Naprosyn	3/4/2008
/529	•	MEDS	PDQ	Nexium	3/4/2008
/530	•	MEDS	PDQ	Norvasc	3/4/2008
/531	•	MEDS	PDQ	Omnicef	3/4/2008
/532	•	MEDS	PDQ	OxyContin	3/4/2008
/533	•	MEDS	PDQ	Oxycodone	3/4/2008
/534	•	MEDS	PDQ	Paroxetine	3/4/2008

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/535	•	MEDS	PDQ	Paxil	3/4/2008
/536	•	MEDS	PDQ	Penicillin	3/4/2008
/537	•	MEDS	PDQ	Percocet	3/4/2008
/538	•	MEDS	PDQ	Phentermine	3/4/2008
/539	•	MEDS	PDQ	Prednisone	3/4/2008
/540	•	MEDS	PDQ	Prevacid	3/4/2008
/541	•	MEDS	PDQ	Prilosec	3/4/2008
/542	•	MEDS	PDQ	Prozac	3/4/2008
/543	•	MEDS	PDQ	Reglan	3/4/2008
/544	•	MEDS	PDQ	Relafen	3/4/2008
/545	•	MEDS	PDQ	Requip	3/4/2008
/546	•	MEDS	PDQ	Ritalin	3/4/2008
/547	•	MEDS	PDQ	Rozerem	3/4/2008
/548	•	MEDS	PDQ	Singulair	3/4/2008
/549	•	MEDS	PDQ	Soma	3/4/2008
/550	•	MEDS	PDQ	Skelaxin	3/4/2008
/551	•	MEDS	PDQ	Synthroid	3/4/2008
/552	•	MEDS	PDQ	Tegretol	3/4/2008
/553	•	MEDS	PDQ	Topamax	3/4/2008
/554	•	MEDS	PDQ	Toprol	3/4/2008
/555	•	MEDS	PDQ	Triamterene	3/4/2008
/556	•	MEDS	PDQ	Tricor	3/4/2008
/557	•	MEDS	PDQ	Ultracet	3/4/2008
/558	•	MEDS	PDQ	Ultram	3/4/2008
/559	•	MEDS	PDQ	Valium	3/4/2008
/560	•	MEDS	PDQ	Valtrex	3/4/2008
/561	•	MEDS	PDQ	Viagra	3/4/2008
/562	•	MEDS	PDQ	Vicodin	3/4/2008
/563	•	MEDS	PDQ	Vytorin	3/4/2008
/564	•	MEDS	PDQ	Wellbutrin	3/4/2008
/565	•	MEDS	PDQ	Yasmin	3/4/2008
/566	•	MEDS	PDQ	Zanaflex	3/4/2008
/567	•	MEDS	PDQ	Zantac	3/4/2008
/568	•	MEDS	PDQ	Zelnorm	3/4/2008
/569	•	MEDS	PDQ	Zetia	3/4/2008
/570	•	MEDS	PDQ	Zithromax	3/4/2008
/571	•	MEDS	PDQ	Zocor	3/4/2008
/572	•	MEDS	PDQ	Zoloft	3/4/2008
/573	•	MEDS	PDQ	Zyrtec	3/4/2008
/574	•	MEDS	PDQ	Tineacide Antifungal	2/12/2010
/575	•	MEDS	PDQ	Econozole Antifungal	2/12/2010
/576	•	MEDS	PDQ	Amerigel Topical Dressing	2/12/2010
/577	•	MEDS	PDQ	Adaptic Topical Dressing	2/12/2010
/578	•	MEDS	PDQ	Polymem Topical Dressing	2/12/2010
/579	•	MEDS	PDQ	Telfa Pad Topical Dressing	2/12/2010
/580	•	MEDS	PDQ	Kenalog Topical Steroid	2/12/2010
/581	•	MEDS	PDQ	Lida Mantle Topical Steroid	2/12/2010
/582	•	MEDS	PDQ	Valisone Topical Steroid	2/12/2010
/583	•	MEDS	PDQ	Cultivate Topical Steroid	2/12/2010

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/584	•	MEDS	PDQ	Prisma Wound/Ulcer Treatment (Non-Graft)	2/12/2010
/585	•	MEDS	PDQ	Hydrogel Wound/Ulcer Treatment (Non-Graft)	2/12/2010
/586	•	MEDS	PDQ	Neosporin Wound/Ulcer Treatment (Non-Graft)	2/12/2010
/587	•	MEDS	PDQ	Aquacel Silver Wound/Ulcer Treatment (Non-Graft)	2/12/2010
/588	•	MEDS	PDQ	Oasis Wound/Ulcer Graft	2/12/2010
/589	•	MEDS	PDQ	Primatrix Wound/Ulcer Graft	2/12/2010
/590	•	MEDS	PDQ	Promogran Wound/Ulcer Graft	2/12/2010
/591	•	MEDS	PDQ	Motrin	2/12/2010
/592	•	MEDS	PDQ	Mobic	2/12/2010
/593	•	MEDS	PDQ	Naproxen	2/12/2010
/594	•	MEDS	PDQ	Feldene	2/12/2010
/595	•	MEDS	PDQ	Proxicam	2/12/2010
/596	•	MEDS	PDQ	Aleve	2/12/2010
/597	•	MEDS	PDQ	Advil	2/12/2010
/598	•	MEDS	PDQ	Efudex Wart Treatment	2/12/2010
/599	•	MEDS	PDQ	Aldara Wart Treatment	2/12/2010
/600	•	MEDS	PDQ	Carac Wart Treatment	2/12/2010
/601	•	MEDS	PDQ	Compound W Treatment	2/12/2010
/602	•	MEDS	PDQ	Verucide Wart Treatment	2/12/2010
/603	•	MEDS	PDQ	Canthacur Wart Treatment	2/12/2010
/604	•	MEDS	PDQ	Salinocaine Wart Treatment	2/12/2010
/605	•	MEDS	PDQ	Cantharone Wart Treatment	2/12/2010
/606	•	MEDS	PDQ	Canthadrin Wart Treatment	2/12/2010
/607	•	MEDS	PDQ	Formula 3 Topical Antifungal	2/12/2010
/608	•	MEDS	PDQ	Kerol Keratolytic Antifungal	2/12/2010
/609	•	MEDS	PDQ	Neosporin Topical Antibiotic	2/12/2010
/610	/	MEDS	PDQ	Bacitracin Topical Antibiotic	2/12/2010
/611	•	MEDS	PDQ	Triple Antibiotic	2/12/2010
/612	•	MEDS	PDQ	Gentamycin Antibiotic	2/12/2010
/613	•	MEDS	PDQ	Silvadene Topical Antibiotic	2/12/2010
/614	•	MEDS	PDQ	Amerigel Topical Antibiotic	2/12/2010
/615	•	MEDS	PDQ	Hydrocodone Analgesic	2/12/2010
/616	•	MEDS	PDQ	Norco Analgesic	2/12/2010
/617	•	MEDS	PDQ	Lazerformalyde Drying Agent	2/12/2010
/618	•	MEDS	PDQ	Certain Dry	2/12/2010
/619	•	MEDS	PDQ	Gormel Moisturizer	2/12/2010
/620	•	MEDS	PDQ	DPM Cream	2/12/2010
/800	•	A.DIAG	PDQ	Abscess [*527.03 ]	2/9/2011
/801	•	A.DIAG	PDQ	Abrasion [*916.00 ]	2/9/2011
/802	•	A.DIAG	PDQ	Adductovarus Rotation, Toe [*736.07 ]	2/9/2011
/803	•	A.DIAG	PDQ	Adhesions [*524.61 ]	2/9/2011
/804	•	A.DIAG	PDQ	Alcoholic Neuropathy [*357.50 ]	2/9/2011
/805	•	A.DIAG	PDQ	Allergic Dermatitis [*692.00 ]	2/9/2011
/806	•	A.DIAG	PDQ	Amputation, Traumatic [*895.00 ]	2/9/2011
/807	•	A.DIAG	PDQ	Angiopathy, Diabetic [*250.70 ]	2/9/2011
/808	•	A.DIAG	PDQ	Anidrosis [*705.00 ]	2/9/2011
/809	•	A.DIAG	PDQ	Ankylosing Spondylitis [*720.00 ]	2/9/2011
/810	•	A.DIAG	PDQ	Apophysitis, Calcaneal [*732.50 ]	2/9/2011
/811	•	A.DIAG	PDQ	Arterial insufficiency [*443.90 ]	2/9/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/812	•	A.DIAG	PDQ	Arthritis, Diabetic [*713.50 ]	2/9/2011
/813	•	A.DIAG	PDQ	Arthritis, Osteo [*716.90 ]	2/9/2011
/814	•	A.DIAG	PDQ	Arthritis, Reiter's Disease [*099.30 ]	2/9/2011
/815	•	A.DIAG	PDQ	Arthritis, Rheumatoid [*714.00 ]	2/9/2011
/816	•	A.DIAG	PDQ	Aseptic Necrosis [*733.40 ]	2/9/2011
/817	•	A.DIAG	PDQ	Avascular Necrosis [*733.40 ]	2/9/2011
/818	•	A.DIAG	PDQ	Basal Cell Carcinoma [*232.00 ]	2/9/2011
/819	•	A.DIAG	PDQ	Blister [*917.20 ]	2/9/2011
/820	•	A.DIAG	PDQ	Bromidrosis [*705.90 ]	2/9/2011
/821	•	A.DIAG	PDQ	Bruise [*924.20 ]	2/9/2011
/822	•	A.DIAG	PDQ	Bunionette [*727.10 ]	2/9/2011
/823	•	A.DIAG	PDQ	Burn [*945.00 ]	2/9/2011
/824	•	A.DIAG	PDQ	Bursa [* 949.00 ]	2/9/2011
/825	•	A.DIAG	PDQ	Calcaneal Apophysitis [*732.50 ]	2/9/2011
/826	•	A.DIAG	PDQ	Calcaneal Deformity [*736.76 ]	2/9/2011
/827	•	A.DIAG	PDQ	Callus [*700.00 ]	2/9/2011
/828	•	A.DIAG	PDQ	Carcinoma [*232.00 ]	2/9/2011
/829	•	A.DIAG	PDQ	Capsulitis [*726.90 ]	2/9/2011
/830	•	A.DIAG	PDQ	Causalgia [*355.71 ]	2/9/2011
/831	•	A.DIAG	PDQ	Cellulitis, Leg [*682.00 ]	2/9/2011
/832	•	A.DIAG	PDQ	Cicatrix [*709.20 ]	2/9/2011
/833	•	A.DIAG	PDQ	Colapse of Arch, Acquired [*733.00 ]	2/9/2011
/834	•	A.DIAG	PDQ	Collapse of Arch, Charcot [*713.50 ]	2/9/2011
/835	•	A.DIAG	PDQ	Collapse of Arch, Tibial Dysfunction [*727.60 ]	2/9/2011
/836	•	A.DIAG	PDQ	Contact Dermatitis [*692.00 ]	2/9/2011
/837	•	A.DIAG	PDQ	Contracted Joint [*718.47 ]	2/9/2011
/838	•	A.DIAG	PDQ	Contusion, Foot [*924.20 ]	2/9/2011
/839	•	A.DIAG	PDQ	Cracking Skin [*705.00 ]	2/9/2011
/840	•	A.DIAG	PDQ	Crepitus [*719.67 ]	2/9/2011
/841	•	A.DIAG	PDQ	Crush Injury, Toes [*926.83 ]	2/9/2011
/842	•	A.DIAG	PDQ	Crystalline Arthropathy [*712.00 ]	2/9/2011
/843	•	A.DIAG	PDQ	Cuboid Pain [*825.23 ]	2/9/2011
/844	•	A.DIAG	PDQ	Cuneiform Pain [*825.24 ]	2/9/2011
/845	•	A.DIAG	PDQ	Deformity of Foot [*735.70 ]	2/9/2011
/846	•	A.DIAG	PDQ	Diabetes Mellitus [*250.00 ]	2/9/2011
/847	•	A.DIAG	PDQ	Diabetic Neuropathy [*250.60 ]	2/9/2011
/848	•	A.DIAG	PDQ	Diabetic Ulcer [*250.80 ]	2/9/2011
/849	•	A.DIAG	PDQ	Dry Skin [*705.00 ]	2/9/2011
/850	•	A.DIAG	PDQ	Eczema [*692.00 ]	2/9/2011
/851	•	A.DIAG	PDQ	Equinus [*736.72 ]	2/9/2011
/852	•	A.DIAG	PDQ	Excoriation [*698.40 ]	2/9/2011
/853	•	A.DIAG	PDQ	Exostosis, Subungual [*221.30 ]	2/9/2011
/854	•	A.DIAG	PDQ	Fibroma [*291.00 ]	2/9/2011
/855	•	A.DIAG	PDQ	Flat Foot, Congenital [*754.61 ]	2/9/2011
/856	•	A.DIAG	PDQ	Flat Foot, Acquired [*734.00 ]	2/9/2011
/857	•	A.DIAG	PDQ	Folliculitis [*704.80 ]	2/9/2011
/858	•	A.DIAG	PDQ	Frostbite [*991.20 ]	2/9/2011
/859	•	A.DIAG	PDQ	Fungus, Skin [*110.00 ]	2/9/2011
/860	•	A.DIAG	PDQ	Fungus, Nail [*110.00 ]	2/9/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/861	•	A.DIAG	PDQ	Gout [*374.00 ]	2/9/2011
/862	•	A.DIAG	PDQ	Growth, Soft Tissue [*239.20 ]	2/9/2011
/863	•	A.DIAG	PDQ	Haglund's Deformity [*754.70 ]	2/9/2011
/864	•	A.DIAG	PDQ	Heel Spur [*726.73 ]	2/9/2011
/865	•	A.DIAG	PDQ	Heloma Durum [*700.00 ]	2/9/2011
/866	•	A.DIAG	PDQ	Heloma Molle [*700.00 ]	2/9/2011
/867	•	A.DIAG	PDQ	High Arch Foot [*754.71 ]	2/9/2011
/868	•	A.DIAG	PDQ	Hypermobile Foot [*718.87 ]	2/9/2011
/869	•	A.DIAG	PDQ	Ichthyosis [*782.30 ]	2/9/2011
/870	•	A.DIAG	PDQ	Infection [*680.70 ]	2/9/2011
/871	•	A.DIAG	PDQ	Infective Arthritis [*711.90 ]	2/9/2011
/872	•	A.DIAG	PDQ	Infracalcaneal Spur [*726.73 ]	2/9/2011
/873	•	A.DIAG	PDQ	Injury [*959.70 ]	2/9/2011
/874	•	A.DIAG	PDQ	Insect Bite [*989.50 ]	2/9/2011
/875	•	A.DIAG	PDQ	Intermittent Claudication [*232.90 ]	2/9/2011
/876	•	A.DIAG	PDQ	Intractable Plantar Keratosis IPK [*700.00 ]	2/9/2011
/877	•	A.DIAG	PDQ	Joint Stiffness [*719.57 ]	2/9/2011
/878	•	A.DIAG	PDQ	Laceration, Toe [*693.00 ]	2/9/2011
/879	B		PDQ	Lichen Planus [*697.00 ]	2/9/2011
/880	•	A.DIAG	PDQ	Ligament Sprain, Medial Ankle [*845.01 ]	2/9/2011
/881	•	A.DIAG	PDQ	Ligament Sprain, Lateral Ankle [*845.02 ]	2/9/2011
/882	•	A.DIAG	PDQ	Ligament Sprain, Forefoot [*845.11 ]	2/9/2011
/883	•	A.DIAG	PDQ	Ligamentous Laxity [*728.40 ]	2/9/2011
/884	•	A.DIAG	PDQ	Limb Length Discrepancy [*755.30 ]	2/9/2011
/885	•	A.DIAG	PDQ	Lipoma [*214.00 ]	2/9/2011
/886	•	A.DIAG	PDQ	Low Arch, Congenital [*754.61 ]	2/9/2011
/887	•	A.DIAG	PDQ	Low Arch, Acquired [*735.00 ]	2/9/2011
/888	•	A.DIAG	PDQ	Lupus [*695.40 ]	2/9/2011
/889	•	A.DIAG	PDQ	Lymphedema [*457.10 ]	2/9/2011
/890	•	A.DIAG	PDQ	Malignant Melanoma [*132.00 ]	2/9/2011
/891	•	A.DIAG	PDQ	Mallet Toe [*735.40 ]	2/9/2011
/892	•	A.DIAG	PDQ	Malunion of Fracture [*733.80 ]	2/9/2011
/893	•	A.DIAG	PDQ	Melanoma [*132.00 ]	2/9/2011
/894	•	A.DIAG	PDQ	Metatarsalgia [*726.70 ]	2/9/2011
/895	•	A.DIAG	PDQ	Metatarsus Adductus [*754.53 ]	2/9/2011
/896	•	A.DIAG	PDQ	Myofasciitis [*729.10 ]	2/9/2011
/897	•	A.DIAG	PDQ	Muscle Spasm [*728.85 ]	2/9/2011
/898	•	A.DIAG	PDQ	Muscle Atrophy [*728.20 ]	2/9/2011
/899	•	A.DIAG	PDQ	Navicular Pain [*825.32 ]	2/9/2011
/900	•	A.DIAG	PDQ	Neurofibromatosis [*237.70 ]	2/9/2011
/901	•	A.DIAG	PDQ	Onychodystrophy [*703.90 ]	2/9/2011
/902	•	A.DIAG	PDQ	Ossicles [*872.62 ]	2/9/2011
/903	•	A.DIAG	PDQ	Osteoarthropathy [*713.50 ]	2/9/2011
/904	•	A.DIAG	PDQ	Pain in Foot [*729.50 ]	2/9/2011
/905	•	A.DIAG	PDQ	Paresthesia [*782.00 ]	2/9/2011
/906	•	A.DIAG	PDQ	Periostitis [*730.30 ]	2/9/2011
/907	•	A.DIAG	PDQ	Sever's Disease [*732.50 ]	2/9/2011
/908	•	A.DIAG	PDQ	Soft Tissue Injury [*728.90 ]	2/9/2011
/909	•	A.DIAG	PDQ	Soft Tissue Mass [*239.20 ]	2/9/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/910	•	A.DIAG	PDQ	Sprain, Foot [*845.10 ]	2/9/2011
/911	•	A.DIAG	PDQ	Sprain, Metatarsal [*845.12 ]	2/9/2011
/912	•	A.DIAG	PDQ	Spur, Calcaneal [*726.73 ]	2/9/2011
/913	•	A.DIAG	PDQ	Squamous Cell Carcinoma [*232.00 ]	2/9/2011
/914	•	A.DIAG	PDQ	Subungual Exostosis [*221.30 ]	2/9/2011
/915	•	A.DIAG	PDQ	Subungual Hematoma [*924.30 ]	2/9/2011
/916	•	A.DIAG	PDQ	Synovitis [*727.06 ]	2/9/2011
/917	•	A.DIAG	PDQ	Talar Pain [*733.44 ]	2/9/2011
/918	•	A.DIAG	PDQ	Tarsal Tunnel [*355.50 ]	2/9/2011
/919	•	A.DIAG	PDQ	Tailor's Bunion [*727.10 ]	2/9/2011
/920	•	A.DIAG	PDQ	Tendinitis, Achilles [*727.67 ]	2/9/2011
/921	•	A.DIAG	PDQ	Tendinitis, Tibial [*726.72 ]	2/9/2011
/922	•	A.DIAG	PDQ	Tendon Rupture [*727.60 ]	2/9/2011
/923	•	A.DIAG	PDQ	Ulcer, Vascular [*440.23 ]	2/9/2011
/924	•	A.DIAG	PDQ	Urticaria [*708.00 ]	2/9/2011
/925	•	A.DIAG	PDQ	Verruca Plantaris [*078.10 ]	2/9/2011
/926	•	A.DIAG	PDQ	Wart(s) [*078.10 ]	2/9/2011
/927	•	A.DIAG	PDQ	Xerosis [*782.30 ]	2/9/2011
/A1	S	FOOT	PDQ	left forefoot	10/3/2011
/A2	S	FOOT	PDQ	midfoot bilaterally	10/3/2011
/A3	S	FOOT	PDQ	right midfoot	10/3/2011
/A4	S	FOOT	PDQ	left midfoot	10/3/2011
/A5	S	FOOT	PDQ	hindfoot bilaterally	10/3/2011
/A6	S	FOOT	PDQ	right hindfoot	10/3/2011
/A7	S	FOOT	PDQ	left hindfoot	10/3/2011
/AA	S	FOOT	PDQ	L1	3/16/2006
/AB	S	FOOT	PDQ	L2	3/16/2006
/AC	S	FOOT	PDQ	L3	3/16/2006
/AD	S	FOOT	PDQ	L4	3/16/2006
/AE	S	FOOT	PDQ	L5	3/16/2006
/AF	S	FOOT	PDQ	L1-5	3/16/2006
/AG	S	FOOT	PDQ	R1	3/16/2006
/AH	S	FOOT	PDQ	R2	3/16/2006
/AI	S	FOOT	PDQ	R3	3/16/2006
/AJ	S	FOOT	PDQ	R4	3/16/2006
/AK	S	FOOT	PDQ	R5	3/16/2006
/AL	S	FOOT	PDQ	R1-5	3/16/2006
/AM	S	FOOT	PDQ	feet bilaterally	10/3/2011
/AN	S	FOOT	PDQ	right foot	10/3/2011
/AO	S	FOOT	PDQ	left foot	10/3/2011
/AP	S	FOOT	PDQ	bilateral ankle	10/3/2011
/AQ	S	FOOT	PDQ	right ankle	10/3/2011
/AR	S	FOOT	PDQ	left ankle	10/3/2011
/AS	S	FOOT	PDQ	heel bilaterally	10/3/2011
/AT	S	FOOT	PDQ	right heel	10/3/2011
/AU	S	FOOT	PDQ	left heel	10/3/2011
/AV	S	FOOT	PDQ	hallux bilaterally	10/3/2011
/AW	S	FOOT	PDQ	right hallux	10/3/2011
/AX	S	FOOT	PDQ	left hallux	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/AY	S	FOOT	PDQ	bilateral forefoot	10/3/2011
/AZ	S	FOOT	PDQ	right forefoot	10/3/2011
/B1	R	KPA	PDQ	bilateral	3/16/2006
/B2	R	KPA	PDQ	right	3/16/2006
/B3	R	KPA	PDQ	left	3/16/2006
/BA	T	KPA	PDQ	medial	3/16/2006
/BB	T	KPA	PDQ	lateral	3/16/2006
/BC	T	KPA	PDQ	dorsal	3/16/2006
/BD	T	KPA	PDQ	plantar	3/16/2006
/BE	T	KPA	PDQ	distal	6/9/2006
/BF	T	KPA	PDQ	proximal	3/16/2006
/BG	T	KPA	PDQ	anterior	2/18/2009
/BH	T	KPA	PDQ	posterior	2/18/2009
/BI	S	KPA	PDQ	aspect	
/BJ	S	KPA	PDQ	border	
/BK	S	KPA	PDQ	arch	
/BL	S	KPA	PDQ	base	1/24/2006
/BM	S	KPA	PDQ	head	3/16/2006
/BN	S	KPA	PDQ	plantar fascia ligament	10/3/2011
/BO	S	KPA	PDQ	achilles tendon	10/3/2011
/BP	S	KPA	PDQ	leg	7/11/2008
/BQ	S	KPA	PDQ	R1	3/16/2006
/BR	S	KPA	PDQ	R2	3/16/2006
/BS	S	KPA	PDQ	R3	3/16/2006
/BT	S	KPA	PDQ	R4	3/16/2006
/BU	S	KPA	PDQ	R5	3/16/2006
/BV	S	KPA	PDQ	L1	3/16/2006
/BW	S	KPA	PDQ	L2	3/16/2006
/BX	S	KPA	PDQ	L3	3/16/2006
/BY	S	KPA	PDQ	L4	3/16/2006
/BZ	S	KPA	PDQ	L5	3/16/2006
/CA	T	FOOT	PDQ	toes	10/3/2011
/CB	T	FOOT	PDQ	nails	10/3/2011
/CC	T	FOOT	PDQ	interspace	10/3/2011
/CD	T	FOOT	PDQ	metatarsal	10/3/2011
/CE	T	FOOT	PDQ	metatarsal phalangeal joint	10/3/2011
/CF	T	FOOT	PDQ	interphalangeal joint	10/3/2011
/CJ	R		PDQ	and the	3/2/2009
/CU	G		PDQ	The diameter measures [%d]mm	10/3/2011
/CV	G	KP#	PDQ	The length measures [%d]mm	10/3/2011
/CW	G	KP#	PDQ	The depth is [%d]mm	10/3/2011
/CX	G	KP#	PDQ	Thickness is [%d]mm	10/3/2011
/CY	G	KP#	PDQ	Grade, using a scale of 1-5 over 5, of [%d]/5	10/3/2011
/CZ	G	KP#	PDQ	The total number of lesions present is [%d]	10/3/2011
/D0	B		PDQ	The location is	3/4/2009
/D1	B	S.ANAT.b	PDQ	[CR][FNAME] says the symptoms are present on the	2/19/2009
/D2	B	O.ANAT.b	PDQ	[CR]The condition exists on the	2/19/2009
/D3	B	A.ANAT.b	PDQ	[CR]The condition is on the	2/19/2009
/D4	B	P.ANAT.b	PDQ	[CR]The procedure was performed on the	9/21/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/D6	R		PDQ	as well as the	3/3/2009
/D60	B	H.MEDI.B	PDQ	[CR]^Medical History:[CR]	3/9/2009
/D600	•	H.MEDI	PDQ	Abdominal Pain	4/7/2008
/D601	•	H.MEDI	PDQ	Abscess	4/7/2008
/D602	•	H.MEDI	PDQ	AIDS	4/7/2008
/D603	•	H.MEDI	PDQ	Alcohol Dependency	4/7/2008
/D604	•	H.MEDI	PDQ	Allergy - Antibiotics	11/9/2009
/D605	•	H.MEDI	PDQ	Allergy - Codeine	2/24/2009
/D606	•	H.MEDI	PDQ	Allergy - Dairy	2/24/2009
/D607	•	H.MEDI	PDQ	Allergy - Grasses	2/24/2009
/D608	•	H.MEDI	PDQ	Allergy - Latex	2/24/2009
/D609	•	H.MEDI	PDQ	Allergy - Mold	2/24/2009
/D61	•	H.MEDI.33	PDQ	Diabetes Type I	10/3/2011
/D610	•	H.MEDI	PDQ	Allergy - NSAID's	2/24/2009
/D611	•	H.MEDI	PDQ	Allergy - Penecillin	2/24/2009
/D612	•	H.MEDI	PDQ	Allergy - Pollen	2/24/2009
/D613	•	H.MEDI	PDQ	Allergy - Seafood/Shellfish	2/24/2009
/D614	•	H.MEDI	PDQ	Allergy - Sulfa	2/24/2009
/D615	•	H.MEDI	PDQ	ALS	4/7/2008
/D616	•	H.MEDI	PDQ	Alzheimer's	4/7/2008
/D617	•	H.MEDI	PDQ	Amnesia	4/7/2008
/D618	•	H.MEDI	PDQ	Amputation	4/7/2008
/D619	•	H.MEDI	PDQ	Angina	4/7/2008
/D62	•	H.MEDI.33	PDQ	Diabetes Type II	10/3/2011
/D620	•	H.MEDI	PDQ	Ankle Pain	4/7/2008
/D621	•	H.MEDI	PDQ	Anxiety	4/7/2008
/D622	•	H.MEDI	PDQ	Appendicitis	4/7/2008
/D623	•	H.MEDI	PDQ	Arthritis	4/7/2008
/D624	•	H.MEDI	PDQ	Arthroplasty	4/7/2008
/D625	•	H.MEDI	PDQ	Asthma	4/7/2008
/D626	•	H.MEDI	PDQ	Astigmatism	4/7/2008
/D627	•	H.MEDI	PDQ	Atherosclerosis	4/7/2008
/D628	•	H.MEDI	PDQ	Autism	4/7/2008
/D629	•	H.MEDI	PDQ	Basal Cell Carcinoma	4/7/2008
/D63	•	H.MEDI.33	PDQ	PVD Peripheral Vascular Disease	10/3/2011
/D630	•	H.MEDI	PDQ	Bell's Palsy	4/7/2008
/D631	•	H.MEDI	PDQ	Bladder Disorder	4/7/2008
/D632	•	H.MEDI	PDQ	Blindness	4/7/2008
/D633	•	H.MEDI	PDQ	Blurred Vission	4/7/2008
/D634	•	H.MEDI	PDQ	Brain Tumor	4/7/2008
/D635	•	H.MEDI	PDQ	Bronchitis	4/7/2008
/D636	•	H.MEDI	PDQ	Bulging Disc	4/7/2008
/D637	•	H.MEDI	PDQ	Bunion	4/7/2008
/D638	•	H.MEDI	PDQ	Bursitis	4/7/2008
/D639	•	H.MEDI	PDQ	Cancer	4/7/2008
/D64	•	H.MEDI.33	PDQ	High Blood Pressure	10/3/2011
/D640	•	H.MEDI	PDQ	Capsulitis	4/7/2008
/D641	•	H.MEDI	PDQ	Cardiac Arrythmias	4/7/2008
/D642	•	H.MEDI	PDQ	Cardiomyopathy	4/7/2008

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/D643	•	H.MEDI	PDQ	Carpal Tunnel Syndrome	4/7/2008
/D644	•	H.MEDI	PDQ	Cataracts	4/7/2008
/D645	•	H.MEDI	PDQ	Cerebral Palsy	4/7/2008
/D646	•	H.MEDI	PDQ	Cerebrovascular Disease	4/7/2008
/D647	•	H.MEDI	PDQ	Cervical Cancer	4/7/2008
/D648	•	H.MEDI	PDQ	Chest Pain	4/7/2008
/D649	•	H.MEDI	PDQ	Chronic Renal Failure	4/7/2008
/D65	•	H.MEDI.33	PDQ	Arthritis	4/14/2009
/D650	•	H.MEDI	PDQ	Cirrhosis	4/7/2008
/D651	•	H.MEDI	PDQ	Claudication	2/10/2009
/D652	•	H.MEDI	PDQ	Colon Cancer	4/7/2008
/D653	•	H.MEDI	PDQ	Compound Fracture	4/7/2008
/D654	•	H.MEDI	PDQ	Congestive Heart Failure	4/7/2008
/D655	•	H.MEDI	PDQ	COPD	4/7/2008
/D656	•	H.MEDI	PDQ	Corns and Calluses	4/7/2008
/D657	•	H.MEDI	PDQ	Crohn's Disease	4/7/2008
/D658	•	H.MEDI	PDQ	Cystic Fibrosis	4/7/2008
/D659	•	H.MEDI	PDQ	Degenerative Disc Disorder	4/7/2008
/D66	•	H.MEDI.33	PDQ	Obesity	4/14/2009
/D660	•	H.MEDI	PDQ	Depression	4/7/2008
/D661	•	H.MEDI	PDQ	Depression	4/7/2008
/D662	•	H.MEDI	PDQ	Dermatitis	4/7/2008
/D663	•	H.MEDI	PDQ	Diabetes	4/7/2008
/D664	•	H.MEDI	PDQ	Diabetes Juvenile	4/7/2008
/D665	•	H.MEDI	PDQ	Diabetes Type 1	4/7/2008
/D666	•	H.MEDI	PDQ	Diabetes Type 2	4/7/2008
/D667	•	H.MEDI	PDQ	Diabetic Neuropathy	4/7/2008
/D668	•	H.MEDI	PDQ	Disc Degenerative Disease	4/7/2008
/D669	•	H.MEDI	PDQ	Dizziness	4/7/2008
/D67	•	H.MEDI.33	PDQ	Heart Disease	10/3/2011
/D670	•	H.MEDI	PDQ	Drug Dependancy	4/7/2008
/D671	•	H.MEDI	PDQ	Elbow Pain	4/7/2008
/D672	•	H.MEDI	PDQ	Emphysema	4/7/2008
/D673	•	H.MEDI	PDQ	Epilepsy	4/7/2008
/D674	•	H.MEDI	PDQ	Foot Pain	4/7/2008
/D675	•	H.MEDI	PDQ	Fractured Ankle	4/7/2008
/D676	•	H.MEDI	PDQ	Fractured Foot	4/7/2008
/D677	•	H.MEDI	PDQ	Fractured Hip	4/7/2008
/D678	•	H.MEDI	PDQ	Fractured Toe	4/7/2008
/D679	•	H.MEDI	PDQ	Fungal Nails	2/10/2009
/D68	•	H.MEDI.33	PDQ	Cancer	4/14/2009
/D680	•	H.MEDI	PDQ	Gastroenteritis	4/7/2008
/D681	•	H.MEDI	PDQ	GERD	4/7/2008
/D682	•	H.MEDI	PDQ	Glaucoma	4/7/2008
/D683	•	H.MEDI	PDQ	Gonorrhea	4/7/2008
/D684	•	H.MEDI	PDQ	Gout	4/7/2008
/D685	•	H.MEDI	PDQ	Guilain Barre	4/7/2008
/D686	•	H.MEDI	PDQ	Hammertoe	4/7/2008
/D687	•	H.MEDI	PDQ	Hand Pain	4/7/2008

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/D688	•	H.MEDI	PDQ	Headaches	4/7/2008
/D689	•	H.MEDI	PDQ	Hearing Disorder	4/7/2008
/D69	G	H.MEDI.33	PDQ	A complete listing of the [SEXO] [LNAME]'s medical history and conditions can be found in the patient file.	10/3/2011
/D690	•	H.MEDI	PDQ	Heart Attack	4/7/2008
/D691	•	H.MEDI	PDQ	Heel Spur	4/7/2008
/D692	•	H.MEDI	PDQ	Hemorrhoids	4/7/2008
/D693	•	H.MEDI	PDQ	Hepatitis	4/7/2008
/D694	•	H.MEDI	PDQ	Hepatitis	4/7/2008
/D695	•	H.MEDI	PDQ	Hernia	4/7/2008
/D696	•	H.MEDI	PDQ	Herniated Disc	4/7/2008
/D697	•	H.MEDI	PDQ	Herpes	4/7/2008
/D698	•	H.MEDI	PDQ	High Blood Pressure	4/7/2008
/D699	•	H.MEDI	PDQ	Hip Pain	4/7/2008
/D7	R		PDQ	along with the	3/3/2009
/D70	B	H.MEDS.B	PDQ	[CR]^Current Medications:^[CR]	3/9/2009
/D700	•	H.MEDI	PDQ	Hodgkin's Disease	4/7/2008
/D701	•	H.MEDI	PDQ	Hypertension	4/7/2008
/D702	•	H.MEDI	PDQ	Hypothyroidism	4/7/2008
/D703	•	H.MEDI	PDQ	Hysterectomy	4/7/2008
/D704	•	H.MEDI	PDQ	IBD	4/7/2008
/D705	•	H.MEDI	PDQ	IBS	4/7/2008
/D706	•	H.MEDI	PDQ	Influenza	4/7/2008
/D707	•	H.MEDI	PDQ	Jaw Pain	4/7/2008
/D708	•	H.MEDI	PDQ	Joint Pain	4/7/2008
/D709	•	H.MEDI	PDQ	Kidney Disease	4/7/2008
/D71	•	H.MEDS.33	PDQ	Aspirin	4/16/2009
/D710	•	H.MEDI	PDQ	Knee Pain	4/7/2008
/D711	•	H.MEDI	PDQ	Leg Pain	4/7/2008
/D712	•	H.MEDI	PDQ	Leukemia	4/7/2008
/D713	•	H.MEDI	PDQ	Lupus	4/7/2008
/D714	•	H.MEDI	PDQ	Lyme's Disease	4/7/2008
/D715	•	H.MEDI	PDQ	Lymphedema	2/10/2009
/D716	•	H.MEDI	PDQ	Macular Degeneration	4/7/2008
/D717	•	H.MEDI	PDQ	Mental Retardation	4/7/2008
/D718	•	H.MEDI	PDQ	Migraines	4/7/2008
/D719	•	H.MEDI	PDQ	Mood Disorders	4/7/2008
/D72	•	H.MEDS.33	PDQ	Tylenol	4/16/2009
/D720	•	H.MEDI	PDQ	Morton's Neuroma	4/7/2008
/D721	•	H.MEDI	PDQ	Multiple Sclerosis	4/7/2008
/D722	•	H.MEDI	PDQ	Myeloma	4/7/2008
/D723	•	H.MEDI	PDQ	Nerve Root Compression	4/7/2008
/D724	•	H.MEDI	PDQ	Neuritis	4/7/2008
/D725	•	H.MEDI	PDQ	Neuroma	4/7/2008
/D726	•	H.MEDI	PDQ	Neuromuscular Disease	4/7/2008
/D727	•	H.MEDI	PDQ	OCD	4/7/2008
/D728	•	H.MEDI	PDQ	Osteoarthritis	4/7/2008
/D729	•	H.MEDI	PDQ	Osteoporosis	4/7/2008
/D73	•	H.MEDS.33	PDQ	Codeine	4/16/2009

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/D730	•	H.MEDI	PDQ	Pacemaker	4/7/2008
/D731	•	H.MEDI	PDQ	Pancreatitis	4/7/2008
/D732	•	H.MEDI	PDQ	Pericarditis	4/7/2008
/D733	•	H.MEDI	PDQ	Peripheral Neuropathy	4/7/2008
/D734	•	H.MEDI	PDQ	Peripheral Neuropathy	2/10/2009
/D735	•	H.MEDI	PDQ	PMS	4/7/2008
/D736	•	H.MEDI	PDQ	Pneumonia	4/7/2008
/D737	•	H.MEDI	PDQ	Polyps	4/7/2008
/D738	•	H.MEDI	PDQ	Pregnancy	4/7/2008
/D739	•	H.MEDI	PDQ	Prostate Cancer	4/7/2008
/D74	•	H.MEDS.33	PDQ	Penicillin	4/16/2009
/D740	•	H.MEDI	PDQ	Prostate Problems	4/7/2008
/D741	•	H.MEDI	PDQ	Pulmonary Edema	4/7/2008
/D742	•	H.MEDI	PDQ	Renal Failure	4/7/2008
/D743	•	H.MEDI	PDQ	Rheumatoid Arthritis	4/7/2008
/D744	•	H.MEDI	PDQ	Sciatica	4/7/2008
/D745	•	H.MEDI	PDQ	Scleroderma	4/7/2008
/D746	•	H.MEDI	PDQ	Scoliosis	4/7/2008
/D747	•	H.MEDI	PDQ	Shoulder Pain	4/7/2008
/D748	•	H.MEDI	PDQ	Sinusitis	4/7/2008
/D749	•	H.MEDI	PDQ	Sleep Apnea	7/1/2009
/D75	•	H.MEDS.33	PDQ	Antihistamines	10/3/2011
/D750	•	H.MEDI	PDQ	Smoking Excessively	4/7/2008
/D751	•	H.MEDI	PDQ	Sprain	4/7/2008
/D752	•	H.MEDI	PDQ	Squamos Cell Carcinoma	4/7/2008
/D753	•	H.MEDI	PDQ	Stroke	4/7/2008
/D754	•	H.MEDI	PDQ	Substance Abuse	4/7/2008
/D755	•	H.MEDI	PDQ	Syphillii	4/7/2008
/D756	•	H.MEDI	PDQ	TIA	4/7/2008
/D757	•	H.MEDI	PDQ	Tuberculosis	4/7/2008
/D758	•	H.MEDI	PDQ	Tumor	4/7/2008
/D759	•	H.MEDI	PDQ	Ulcerative Colitis	4/7/2008
/D76	•	H.MEDS.33	PDQ	Blood Thinners	10/3/2011
/D760	•	H.MEDI	PDQ	Ulcers	4/7/2008
/D761	•	H.MEDI	PDQ	Varicosities	3/6/2009
/D762	•	H.MEDI	PDQ	Vascular Disease	4/7/2008
/D763	•	H.MEDI	PDQ	Vertigo	4/7/2008
/D764	•	H.MEDI	PDQ	Wrist Pain	4/7/2008
/D77	•	H.MEDS.33	PDQ	Allergy Medications	10/3/2011
/D78	•		PDQ	Coumadin	10/3/2011
/D79	G		PDQ	The full list of current medications can be found in the patient file.	10/3/2011
/D8	R		PDQ	along with the	2/27/2009
/D80	B	H.PROC.B	PDQ	[CR]^Past Procedures/Surgery:[CR]	3/9/2009
/D800	•	H.PROC	PDQ	Acupuncture	2/10/2009
/D801	•	H.PROC	PDQ	Akin Osteotomy	2/10/2009
/D802	•	H.PROC	PDQ	Amputation, Toe, IPJ	2/11/2009
/D803	•	H.PROC	PDQ	Amputation, Toe, MPJ	2/11/2009
/D804	•	H.PROC	PDQ	Application of Club Foot Cast	2/11/2009

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/D805	•	H.PROC	PDQ	Application of Leg Splint	2/11/2009
/D806	•	H.PROC	PDQ	Application of Long Leg Cast	2/11/2009
/D807	•	H.PROC	PDQ	Application of Patellar Tendon PTB Cast	2/11/2009
/D808	•	H.PROC	PDQ	Application of Short Leg Cast	2/11/2009
/D809	•	H.PROC	PDQ	Arthrocentesis	2/11/2009
/D81	•	H.PROC.33	PDQ	Hammertoe Surgery	10/3/2011
/D810	/	H.PROC	PDQ	Arthrodesis, IPJ	2/11/2009
/D811	•	H.PROC	PDQ	Arthrodesis, MPJ	2/11/2009
/D812	/	H.PROC	PDQ	Arthrodesis, Pantalar	2/11/2009
/D813	•	H.PROC	PDQ	Arthrotomy with Synovectomy, Ankle	2/11/2009
/D814	•	H.PROC	PDQ	Arthrotomy, Ankle	2/11/2009
/D815	•	H.PROC	PDQ	Arthrotomy, IPJ	2/11/2009
/D816	•	H.PROC	PDQ	Arthrotomy, MPJ	2/11/2009
/D817	•	H.PROC	PDQ	Aspiration	2/11/2009
/D818	•	H.PROC	PDQ	Avulsion, Hallux	2/10/2009
/D819	•	H.PROC	PDQ	Avulsion, Nail Plate, Complete	2/11/2009
/D82	•	H.PROC.33	PDQ	Bunionectomy	10/3/2011
/D820	/	H.PROC	PDQ	Avulsion, Nail Plate, Simple	2/11/2009
/D821	•	H.PROC	PDQ	Biopsy, Nail	2/11/2009
/D822	•	H.PROC	PDQ	Biopsy, Single Lesion	2/11/2009
/D823	•	H.PROC	PDQ	Bone Dislocation, Closed Treatment	2/11/2009
/D824	•	H.PROC	PDQ	Bone Dislocation, Open Treatment	2/11/2009
/D825	•	H.PROC	PDQ	Bunion Hallux Valgus Correction, Simple Exostectomy	2/11/2009
/D826	•	H.PROC	PDQ	Bunionectomy with Joint Resection	2/11/2009
/D827	•	H.PROC	PDQ	Bunionectomy with Lapidus Procedure	2/11/2009
/D828	•	H.PROC	PDQ	Bunionectomy with Metatarsal Osteotomy	2/11/2009
/D829	•	H.PROC	PDQ	Bunionectomy with Tendon Transplant	2/11/2009
/D83	•	H.PROC.33	PDQ	Callus Reduction	10/3/2011
/D830	•	H.PROC	PDQ	Bunionectomy, Austin	2/10/2009
/D831	•	H.PROC	PDQ	Bunionectomy, Keller	2/10/2009
/D832	•	H.PROC	PDQ	Burn Treatment	2/11/2009
/D833	•	H.PROC	PDQ	Callus Reduction	2/10/2009
/D834	•	H.PROC	PDQ	Capsulotomy with Tendon Lengthening, Clubfoot	2/11/2009
/D835	•	H.PROC	PDQ	Capsulotomy, Heyman Procedure	2/11/2009
/D836	•	H.PROC	PDQ	Capsulotomy, IPJ	2/11/2009
/D837	•	H.PROC	PDQ	Capsulotomy, Midfoot	2/11/2009
/D838	•	H.PROC	PDQ	Capsulotomy, MPJ	2/11/2009
/D839	•	H.PROC	PDQ	Debridement, Eczematous Skin	2/11/2009
/D84	•	H.PROC.33	PDQ	Nail Avulsion	10/3/2011
/D840	•	H.PROC	PDQ	Debridement, Infected Skin	2/11/2009
/D841	•	H.PROC	PDQ	Debridement, Skin and Subcutaneous Tissue	2/11/2009
/D842	•	H.PROC	PDQ	Debridement, Skin, Full Thickness	2/11/2009
/D843	•	H.PROC	PDQ	Debridement, Skin, Partial Thickness	2/11/2009
/D844	•	H.PROC	PDQ	Debridement, Skin, Subcutaneous Tissue and Muscle	2/11/2009
/D845	•	H.PROC	PDQ	Debridement, Skin, Subcutaneous Tissue, Muscle and Bone	2/11/2009
/D846	•	H.PROC	PDQ	Decompression Fasciotomy	2/11/2009
/D847	•	H.PROC	PDQ	Diabetic Foot Care and Treatment	2/11/2009
/D848	•	H.PROC	PDQ	Dressing Change	2/11/2009

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/D849	•	H.PROC	PDQ	Electric Stimulation	2/11/2009
/D85	•	H.PROC.33	PDQ	Matrixectomy	10/3/2011
/D850	•	H.PROC	PDQ	Excision, Benign Lesion	2/11/2009
/D851	•	H.PROC	PDQ	Excision, Bone Cyst	2/11/2009
/D852	•	H.PROC	PDQ	Excision, Malignant Lesion	2/11/2009
/D853	/	H.PROC	PDQ	Excision, Nail and Nail Matrix, Complete	2/11/2009
/D854	•	H.PROC	PDQ	Excision, Nail and Nail Matrix, Partial	2/11/2009
/D855	•	H.PROC	PDQ	Excision, Tumor	2/11/2009
/D856	•	H.PROC	PDQ	Exostectomy	2/10/2009
/D857	•	H.PROC	PDQ	Fasciotomy, Foot	2/11/2009
/D858	•	H.PROC	PDQ	Fasciotomy, Toe	2/11/2009
/D859	•	H.PROC	PDQ	Foreign Body Removal	2/11/2009
/D86	•	H.PROC.33	PDQ	Neuroma Excision	10/3/2011
/D860	•	H.PROC	PDQ	Fracture, Calcaneal, Treatment	2/11/2009
/D861	•	H.PROC	PDQ	Fracture, Metatarsal	2/11/2009
/D862	•	H.PROC	PDQ	Fracture, Metatarsal, Open Treatment	2/11/2009
/D863	•	H.PROC	PDQ	Fracture, Talus, Closed Treatment	2/11/2009
/D864	•	H.PROC	PDQ	Fracture, Talus, Open Treatment	2/11/2009
/D865	•	H.PROC	PDQ	Fracture, Tarsal, Open Treatment	2/11/2009
/D866	•	H.PROC	PDQ	Fracture, Tarsal, Treatment	2/11/2009
/D867	•	H.PROC	PDQ	Fracture, Toe, Closed Treatment	2/11/2009
/D868	•	H.PROC	PDQ	Fracture, Toe, Open Treatment	2/11/2009
/D869	•	H.PROC	PDQ	Graft, Bone	3/6/2009
/D87	•	H.PROC.33	PDQ	Ulcer Debridement	10/3/2011
/D870	R	H.PROC	PDQ	Graft, Full Thickness	2/11/2009
/D871	•	H.PROC	PDQ	Graft, Pinch	2/11/2009
/D872	•	H.PROC	PDQ	Graft, Skin	3/6/2009
/D873	•	H.PROC	PDQ	Graft, Tendon	2/11/2009
/D874	•	H.PROC	PDQ	Hammertoe	2/10/2009
/D875	•	H.PROC	PDQ	Hammertoe Deformity Correction	2/10/2009
/D876	•	H.PROC	PDQ	Hammertoe with Interphalangeal Fusion and Phalangectomy	2/11/2009
/D877	•	H.PROC	PDQ	Hammertoe with Ruiz-Mora Procedure	2/11/2009
/D878	•	H.PROC	PDQ	I&D, Abscess	2/11/2009
/D879	•	H.PROC	PDQ	I&D, Bursa	2/11/2009
/D88	•	H.PROC.33	PDQ	Heel Spur / Fasciitis Treatment with Injection	10/3/2011
/D880	•	H.PROC	PDQ	I&D, Cyst	2/11/2009
/D881	•	H.PROC	PDQ	I&D, Hematoma	2/11/2009
/D882	•	H.PROC	PDQ	I&D, Incision and Drainage	2/10/2009
/D883	•	H.PROC	PDQ	I&D, Seroma	2/11/2009
/D884	•	H.PROC	PDQ	I&D, Wound Infection	2/11/2009
/D885	•	H.PROC	PDQ	Injection, Heel	2/10/2009
/D886	•	H.PROC	PDQ	Injection, Intralesional	2/11/2009
/D887	•	H.PROC	PDQ	Injection, MPJ	2/10/2009
/D888	•	H.PROC	PDQ	Injection, Toe	2/10/2009
/D889	•	H.PROC	PDQ	Injection, Trigger Pt	2/10/2009
/D89	•	H.PROC.33	PDQ	Wound Dehiscence with Simple Closure	10/3/2011
/D890	•	H.PROC	PDQ	Insertion of Pin	2/11/2009
/D891	•	H.PROC	PDQ	Insertion of Wire	2/11/2009

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/D892	•	H.PROC	PDQ	Joint Dislocation, Closed Treatment	2/11/2009
/D893	•	H.PROC	PDQ	Joint Dislocation, Open Treatment	2/11/2009
/D894	•	H.PROC	PDQ	Keller Bunionectomy	2/11/2009
/D895	•	H.PROC	PDQ	Laser Surgery	2/10/2009
/D896	•	H.PROC	PDQ	Matrixectomy, Partial	2/10/2009
/D897	•	H.PROC	PDQ	Matrixectomy, Total	2/10/2009
/D898	•	H.PROC	PDQ	Mayo Bunionectomy	2/11/2009
/D899	•	H.PROC	PDQ	McBride Bunionectomy	2/11/2009
/D900	•	H.PROC	PDQ	Metatarsectomy	2/11/2009
/D901	•	H.PROC	PDQ	Morton Neuroma Excision	2/11/2009
/D902	•	H.PROC	PDQ	Nail Debridement	2/11/2009
/D903	•	H.PROC	PDQ	Nail Trimming, Nondystrophic Nails	2/11/2009
/D904	•	H.PROC	PDQ	Neurectomy	2/11/2009
/D905	•	H.PROC	PDQ	Neuroma Excision	2/10/2009
/D906	•	H.PROC	PDQ	Neurostimulator Therapy	2/10/2009
/D907	•	H.PROC	PDQ	Ostectomy, 1st Metatarsal Head	2/11/2009
/D908	•	H.PROC	PDQ	Ostectomy, Bunionette 5th Metatarsal Head	3/6/2009
/D909	•	H.PROC	PDQ	Ostectomy, Calcaneus	2/11/2009
/D910	•	H.PROC	PDQ	Osteotomy, Metatarsal, Cavus Foot	2/11/2009
/D911	•	H.PROC	PDQ	Paring, Benign Hyperkeratotic Lesion	2/11/2009
/D912	•	H.PROC	PDQ	Paring, Multiple Benign Hyperkeratotic Lesions	2/11/2009
/D913	•	H.PROC	PDQ	Phalangectomy, Toe	2/11/2009
/D914	•	H.PROC	PDQ	Radiologic Exam, Ankle, AP and Lateral	2/11/2009
/D915	•	H.PROC	PDQ	Radiologic Exam, Ankle, Complete	2/11/2009
/D916	•	H.PROC	PDQ	Radiologic Exam, Calcaneus	2/11/2009
/D917	•	H.PROC	PDQ	Radiologic Exam, Foot, AP and Lateral	2/11/2009
/D918	•	H.PROC	PDQ	Radiologic Exam, Foot, Complete	3/6/2009
/D919	•	H.PROC	PDQ	Radiologic Exam, Toes	2/11/2009
/D920	•	H.PROC	PDQ	Reconstruction of Nail Bed with Graft	2/11/2009
/D921	•	H.PROC	PDQ	Reconstruction, Cleft Foot	2/11/2009
/D922	•	H.PROC	PDQ	Reconstruction, Toe, Angular Deformity	2/11/2009
/D923	•	H.PROC	PDQ	Reconstruction, Toe, Macroductyly	2/11/2009
/D924	•	H.PROC	PDQ	Reconstruction, Toe, Polydactyl	2/11/2009
/D925	•	H.PROC	PDQ	Removal of Cast	2/11/2009
/D926	•	H.PROC	PDQ	Repair of Ruptured Achilles Tendon	2/11/2009
/D927	•	H.PROC	PDQ	Repair, Extensor Tendon	2/11/2009
/D928	•	H.PROC	PDQ	Repair, Flexor Tendon	2/11/2009
/D929	•	H.PROC	PDQ	Repair, Nail Bed	2/11/2009
/D930	•	H.PROC	PDQ	Repair, Superficial Wound	2/11/2009
/D931	•	H.PROC	PDQ	Resection, Head of Phalanx	2/11/2009
/D932	•	H.PROC	PDQ	Resection, Phalangeal Base	2/11/2009
/D933	•	H.PROC	PDQ	Resection, Radical	2/11/2009
/D934	•	H.PROC	PDQ	Sesamoidectomy, Hallux	2/11/2009
/D935	•	H.PROC	PDQ	Shaving, Dermal Lesion	2/11/2009
/D936	•	H.PROC	PDQ	Shaving, Epidermal Lesion	2/11/2009
/D937	•	H.PROC	PDQ	Shock Wave Therapy	2/10/2009
/D938	•	H.PROC	PDQ	Steindler Stripping, Plantar Fascia	2/11/2009
/D939	•	H.PROC	PDQ	Strapping, Ankle	2/11/2009
/D940	•	H.PROC	PDQ	Strapping, Toes	2/11/2009

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/D941	•	H.PROC	PDQ	Strapping, Unna Boot	2/11/2009
/D942	•	H.PROC	PDQ	Suture Removal	2/11/2009
/D943	•	H.PROC	PDQ	Synovectomy, MPJ	2/11/2009
/D944	•	H.PROC	PDQ	Talectomy	2/11/2009
/D945	•	H.PROC	PDQ	Tarsal Tunnel Release, Nerve Decompression	2/11/2009
/D946	•	H.PROC	PDQ	Tendon Transfer	2/11/2009
/D947	•	H.PROC	PDQ	Tenolysis	2/11/2009
/D948	•	H.PROC	PDQ	Tenotomy, Abductor Hallucis	2/11/2009
/D949	•	H.PROC	PDQ	Tenotomy, Achilles Tendon	2/11/2009
/D950	•	H.PROC	PDQ	Tenotomy, Extensor	2/11/2009
/D951	•	H.PROC	PDQ	Tenotomy, Flexor	2/11/2009
/D952	•	H.PROC	PDQ	Tenotomy, Toe	2/11/2009
/D953	•	H.PROC	PDQ	Ulcer Debridement	3/6/2009
/D954	•	H.PROC	PDQ	Verucca Debridement	2/10/2009
/D955	•	H.PROC	PDQ	Wedge Resection, Skin of Nail Fold	2/11/2009
/D956	•	H.PROC	PDQ	Wedging of Cast	2/11/2009
/D957	•	H.PROC	PDQ	Wound Dehiscence, Simple Closure	2/11/2009
/D958	•	H.PROC	PDQ	Wound, Layer Closure	2/11/2009
/D959	•	H.PROC	PDQ	Wound, Repair, Complex	3/6/2009
/D960	•	H.PROC	PDQ	Open Heart Surgery	6/17/2009
/D961	•	H.PROC	PDQ	Hip Replacement	6/17/2009
/D962	•	H.PROC	PDQ	Caesarian Section	6/17/2009
/D963	•	H.PROC	PDQ	Face Lift Surgery	6/17/2009
/D964	•	H.PROC	PDQ	Tummy Tuck Surgery	6/17/2009
/D965	•	H.PROC	PDQ	Liposuction	6/17/2009
/D966	•	H.PROC	PDQ	Melanoma Excision	6/17/2009
/D967	•	H.PROC	PDQ	Laser Eye Surgery	6/17/2009
/D968	•	H.PROC	PDQ	Joint Replacement	6/17/2009
/D969	•	H.PROC	PDQ	Brain Surgery	6/17/2009
/DA	G	S.INIT.g	PDQ	[CR]INITIAL CONSULTATION:[CR][SEXO] [PNAME], a [age] year old [sexn], was seen today for an initial consultation. History, Allergies, Meds and HPI were reviewed. I performed an examination to determine the patient's condition. All issues were discussed in detail. Alternatives and risks were also discussed. Then the patient gave consent to treatment.	9/19/2011
/DA2	G	S.INIT.g	PDQ	[CR]INITIAL CONSULTATION:[CR][SEXO] [PNAME] visited with me today for an initialconsult. I reviewed HPI, etc. I examined the patient, a [age] year old [sexn], to determine treatment and plan of care. We discussed all of the options available. Risks and benefits were discussed. The patient gave consent to treatment.	10/3/2011
/DA3	G	S.INIT.g	PDQ	[CR]INITIAL CONSULTATION:[CR][SEXO] [LNAME], a [age] year old [sexn], came in today foran initial consultation. I examined the patient to determine appropriate treatment and plan of care. We reviewed medical history and HPI. We discussed the condition and prognosis, plus risks and benefits. Afterwards the patient gave treatment consent.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/DA4	G	S.INIT.g	PDQ	[CR]INITIAL CONSULTATION:[CR]The patient came to the office today for an initialconsult. I performed an examination on [SEXO] [LNAME] to determine a proper treatment plan. The patient is a [age] year old [sexn]. A full HPI and medical history was reviewed. I discussed alternatives, risks and benefits, and consent was given for treatment.	10/3/2011
/DA5	G	S.INIT.g	PDQ	[CR]INITIAL CONSULTATION:[CR]The patient, [SEXO] [PNAME], a [age] year old [sexn], was seen today for an initial consultation. I performed a complete examination, along with review of HPI and medical history, to determine an appropriate plan of care. The patient and I discussed the options available, risks and benefits, and consented to treatment.	10/3/2011
/DB	G	S.FU.g	PDQ	[CR]OFFICE VISIT:[CR][SEXO] [PNAME], a [AGE] year old [SEXN], was seen today,for follow-up as scheduled. We discussed [FNAME]'s current symptoms and overall progress.	10/3/2011
/DB2	G	S.FU.g	PDQ	[CR]OFFICE VISIT:[CR][SEXO] [LNAME], a [AGE] year old [SEXN] was seen today for a scheduled follow-up visit. We discussed [SEXP] current symptoms and overall progress and improvement.	10/3/2011
/DB3	G	S.FU.g	PDQ	[CR]OFFICE VISIT:[CR]The patient, [PNAME], a [AGE] year old [SEXN], was seen today for a follow-up visit to discuss current symptoms and overall progress.	10/3/2011
/DB4	G	S.FU.g	PDQ	[CR]OFFICE VISIT:[CR][PNAME], a [AGE] year old [SEXN] was seen today for a scheduled follow-up visit. We reviewed current symptoms and progress with respect to the condition.	10/3/2011
/DB5	G	S.FU.g	PDQ	[CR]OFFICE VISIT:[CR]The patient, a [AGE] year old [SEXN], was seen for a regularly scheduled visit. We reviewed symptoms and overall progress and improvement.	10/3/2011
/DC	B	S.SYMP.b	PDQ	[CR]Chief Complaint:[CR]The patient, [SEXO] [PNAME], has a primary complaint of	9/19/2011
/DC2	B	S.SYMP.b	PDQ	[FNAME] has a primary complaint of	3/16/2006
/DC3	B	S.SYMP.b	PDQ	[SEXO] [LNAME] has a chief complaint of	3/16/2006
/DC4	B	S.SYMP.b	PDQ	The patient complains of	3/16/2006
/DC5	B	SUB	PDQ	[FNAME] complains of	
/DD	B	SUB	PDQ	The patient has an additional complaint of	9/19/2011
/DD2	B	S.SYMP.b	PDQ	[FNAME] has an additional complaint of	3/16/2006
/DD3	B	S.SYMP.b	PDQ	[SEXO] [LNAME] has an additional complaint of	3/3/2009
/DD4	B	S.SYMP.b	PDQ	The patient also complains of	9/19/2011
/DD5	B	S.SYMP.b	PDQ	[FNAME] also complains of	3/16/2006
/DE	G		PDQ	[CR]RE-EXAMINATION:[CR]The patient, a [AGE] year old [SEXN], was seen today for a scheduled re-examination. We discussed [SEXO] [LNAME]'s progress since the previous visit. An examination was performed to determine our future course of treatment. The patient consented to continue treatment.	9/19/2011
/DF	G		PDQ	[CR]RE-EXAMINATION:[CR]The patient, a [AGE] year old [SEXN], was seen today for a scheduled re-examination. We discussed [SEXO] [LNAME]'s progress, and focused on the re-injury and complications that have occurred. An examination was performed to determine our future course of treatment. The patient consented to continue treatment.	9/19/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/DH	S	S.SYMP	PDQ	sharp pain	10/3/2011
/DI	S	S.SYMP	PDQ	dull pain	10/3/2011
/DJ	S	S.SYMP	PDQ	numbness	10/3/2011
/DK	S	S.SYMP	PDQ	tingling	10/3/2011
/DL	S	S.SYMP	PDQ	tenderness	10/3/2011
/DM	S	S.SYMP	PDQ	swelling	10/3/2011
/DN	R	S.ANAT	PDQ	of the	2/17/2010
/DO	B	S.FREQ.b	PDQ	[FNAME] describes the symptoms as	3/16/2006
/DO2	B	S.FREQ.b	PDQ	The patient describes the problem as	3/16/2006
/DO3	B	S.FREQ.b	PDQ	[FNAME] describes the problem as	3/16/2006
/DO4	B	S.FREQ.b	PDQ	[SEXS] describes the symptoms as	3/16/2006
/DO5	B	S.FREQ.b	PDQ	The symptoms are described as	3/16/2006
/DP	R	S.SEV	PDQ	mild	3/16/2006
/DQ	R	S.SEV	PDQ	slight	3/16/2006
/DR	R	S.SEV	PDQ	moderate	3/16/2006
/DS	R	S.SEV	PDQ	severe	3/16/2006
/DU	R	SUB	PDQ	and	
/DW	R	S.FREQ	PDQ	intermittent	3/16/2006
/DX	R	S.FREQ	PDQ	occasional	3/16/2006
/DY	R	S.FREQ	PDQ	frequent	3/16/2006
/DZ	R	S.FREQ	PDQ	constant	3/16/2006
/E1	S	S.SYMP	PDQ	itching and dryness	10/3/2011
/E2	S	S.SYMP	PDQ	burning pain	10/3/2011
/E3	S		PDQ	a severe contusion	10/3/2011
/E4	S		PDQ	discoloration	10/3/2011
/E5	S		PDQ	a deep fissure	10/3/2011
/E6	S		PDQ	a bony growth or deformity of the foot	10/3/2011
/E7	S		PDQ	a Callus, described as a hardened, dry and rough area of the skin on the bottom of the foot	10/3/2011
/E8	S		PDQ	Onychomycosis, described as painful, thick and incurvated fungal toenails that appear yellowish-brown and brittle, and have a foul odor	10/3/2011
/E9	S		PDQ	Onychocryptosis, an incurvated and mis-shaped toenail, with accompanying pain and swelling of the toe	10/3/2011
/ED	B	S.EXAC.b	PDQ	The condition is exacerbated by	3/16/2006
/ED2	B	S.EXAC.b	PDQ	The patient's symptoms are exacerbated by	3/16/2006
/ED3	B	S.EXAC.b	PDQ	[FNAME]'s condition is exacerbated by	3/16/2006
/ED4	B	S.EXAC.b	PDQ	[FNAME]'s symptoms are exacerbated by	3/16/2006
/ED5	B	S.EXAC.b	PDQ	Symptoms are typically exacerbated by	3/16/2006
/EE	B	S.REL.b	PDQ	The condition is relieved by	3/16/2006
/EE2	B	S.REL.b	PDQ	The symptoms are relieved by	3/16/2006
/EE3	B	S.REL.b	PDQ	The patient states the symptoms are relieved by	3/16/2006
/EE4	B	S.REL.b	PDQ	[FNAME] states the problem is relieved by	3/16/2006
/EE5	B	S.REL.b	PDQ	[FNAME] feels the symptoms are least obvious when	3/16/2006
/EF	S	S.EXAC	PDQ	touching the affected area	10/3/2011
/EG	S	S.EXAC	PDQ	standing for an extended period	10/3/2011
/EH	S	S.EXAC	PDQ	walking a short distance	10/3/2011
/EI	S	S.EXAC	PDQ	wearing shoes	10/3/2011
/EJ	S	S.EXAC	PDQ	weight bearing activities	10/3/2011
/EK	S	S.EXAC	PDQ	rising out of bed in the morning	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/EL	S	S.EXAC	PDQ	any exercise	10/3/2011
/EM	S	S.EXAC	PDQ	everything, the symptoms are always present	10/3/2011
/EN	S	S.EXAC	PDQ	twisting and bending the affected area	10/3/2011
/EO	S	S.EXAC	PDQ	surgery related issues	10/3/2011
/EP	S	S.EXAC	PDQ	pressure to the area	10/3/2011
/EU	B	HEAD	PDQ	[CR]SUBJECTIVE:[CR]	3/5/2009
/EV	B	HEAD	PDQ	[CR][CR]OBJECTIVE:[CR]	7/18/2011
/EW	B	HEAD	PDQ	[CR][CR]ASSESSMENT:[CR]	3/9/2009
/EX	B	HEAD	PDQ	[CR][CR]PLAN:[CR]	3/9/2009
/F1	S		PDQ	Athlete's Foot, a dry and reddish rash with some peeling and itching of the skin between the toes	10/3/2011
/F2	S		PDQ	a large, firm and painful Bunion located on the base of the big toe joint, with noted incurvation of the affected toe	10/3/2011
/F3	S	S.SYMP	PDQ	a painful and uncomfortable disfigured toe that appears bent at the middle joint	10/3/2011
/F4	S		PDQ	an open and painful diabetic wound, or ulceration, that is filled with fluid or blood	10/3/2011
/F5	S		PDQ	numbness and tingling, along with a burning painful sensation, of the toes and both feet	10/3/2011
/F6	S		PDQ	a painful, hard, discolored and well-defined Wart on the skin of the bottom of the foot	10/3/2011
/FA	B	S.PAIN.b	PDQ	On a scale of 0 (no pain) to 10 (severe), the patient describes the pain as	3/16/2006
/FA2	B	S.PAIN.b	PDQ	On a scale of 0 (no pain) to 10 (severe), the pain is a	3/16/2006
/FA3	B	S.PAIN.b	PDQ	On a scale of 0 (no pain) to 10 (severe), [FNAME] describes the pain as a	3/16/2006
/FA4	B	S.PAIN.b	PDQ	The pain on a scale of 0 (no pain) to 10 (severe) is a	3/16/2006
/FA5	B	S.PAIN.b	PDQ	According to [SEXO] [LNAME], the pain on a scale of 0 (no pain) to 10 (severe) is a	3/16/2006
/FD	S	HEART	PDQ	fascia	9/22/2011
/FE	S	HEART	PDQ	achilles tendon	9/22/2011
/FF	S	HEART	PDQ	extensor muscles	10/3/2011
/FG	S	HEART	PDQ	flexor muscles	10/3/2011
/FH	S	HEART	PDQ	anterior tibial muscle	10/3/2011
/FI	S	HEART	PDQ	posterior tibial muscle	10/3/2011
/FJ	S	HEART	PDQ	peroneal tibial muscle	10/3/2011
/FK	S	HEART	PDQ	sesamoid bones	10/3/2011
/FL	S	HEART	PDQ	subtalar joint	10/3/2011
/FM	S	HEART	PDQ	tarsal bones	10/3/2011
/FN	S	HEART	PDQ	metatarsal bones	10/3/2011
/FO	S	HEART	PDQ	calcaneus bone	10/3/2011
/FP	S	S.REL	PDQ	sitting down or resting	10/3/2011
/FQ	S	S.REL	PDQ	removing shoes or footwear	10/3/2011
/FR	S	S.REL	PDQ	wearing the prescribed orthotics	10/3/2011
/FS	S	S.REL	PDQ	the Podiatric treatments	10/3/2011
/FT	S	S.REL	PDQ	exercises that were recommended	10/3/2011
/FU	S	S.REL	PDQ	medication	10/3/2011
/FV	S	S.REL	PDQ	therapy	10/3/2011
/FW	S	S.REL	PDQ	stretching	10/3/2011
/FX	S	S.REL	PDQ	application of the prescribed cream and/or lotion	10/3/2011
/FY	S	S.REL	PDQ	soaking the feet in warm water	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/G1	G	CLASS	PDQ	There is abnormal sensation, or paresthesia, present.	10/3/2011
/G2	G	CLASS	PDQ	There is an abnormal burning sensation present.	10/3/2011
/G3	G	O.SKIN	PDQ	[CR]The skin is found to be normal (WNL) in all aspects. Skin temperature is warm and color is good. The skin turgor is normal and hair growth is noted on the distal extremity. There is no edema, cyanosis or clubbing noted. A normal skin odor is present, and no hyperhidrosis is noted.	2/19/2009
/GA	B	O.SKIN.b	PDQ	[CR]^Dermatological Skin Exam:^	10/5/2011
/GB	G	O.SKIN	PDQ	[CR]Hyperkeratotic lesion, or callus, that appears broad-based, with uneven edges, that is painful on direct compression.	10/3/2011
/GC	G	O.SKIN	PDQ	[CR]Discrete intractable plantar conical shaped lesion with surrounding diffuse hyperkeratotic tissue, and tenderness on direct digital palpation is noted under the weightbearing area.	10/3/2011
/GD	G	O.SKIN	PDQ	[CR]A discrete hyperkeratotic lesion is noted with perilesional erythema, mild sublesional swelling and tenderness on palpation. The hyperkeratosis appears to be over a bony prominence and yellowish in coloration compared to the surrounding tissues.	10/3/2011
/GE	G	O.SKIN	PDQ	[CR]An extremely well defined lesion is present. It is more painful on lateral compression than direct. The area has an overgrowth of hyperkeratotic tissues. Underneath the hyperkeratosis there is a "salt and pepper" appearance.	10/3/2011
/GF	G	O.SKIN	PDQ	[CR]The skin is scaly and dry. A dermatitis is present which is red and macular. The edges are well defined.	10/3/2011
/GG	G	O.SKIN	PDQ	[CR]A skin defect is noted that is fairly superficial with mild perilesional erythema. There is no exudate present. Apparently the lesion is secondary to trauma.	10/3/2011
/GH	G	O.SKIN	PDQ	[CR]There is a mild to moderate perilesional erythema with tenderness on palpation. There are no abrasions and the area is mildly swollen.	10/3/2011
/GI	G	O.SKIN	PDQ	[CR]There is moderate pain noted upon palpation.	10/3/2011
/GJ	G	O.SKIN	PDQ	[CR]A well demarcated area of discoloration is noted. The lesion appears to be filled with blood.	10/3/2011
/GK	G	O.SKIN	PDQ	[CR]There is a lesion which appears to have non-blanchable erythema of intact skin. There is mild edema of the area.	10/3/2011
/GL	G	O.SKIN	PDQ	[CR]There is a lesion presenting with partial thickness skin loss, involving the epidermis and part of the dermis. The ulcer is superficial and presents as a shallow crater.	10/3/2011
/GM	G	O.SKIN	PDQ	[CR]There is an ulcer with full thickness skin loss involving necrosis of the subcutaneous tissues down to the fascia. The lesion presents as a crater without undermining of the adjacent tissues.	10/3/2011
/GN	G	O.SKIN	PDQ	[CR]There is quite a bit of necrotic tissue at the base of the crater. It has a yellowish color, with a mild serous exudate.	10/3/2011
/GO	G	O.SKIN	PDQ	[CR]The skin has a blueish discoloration to it and there is mild tenderness to palpation of the area.	10/3/2011
/GP	G	O.SKIN	PDQ	[CR]A dark eschar is present. It is difficult to stage the lesion due to the presence of a hard eschar.	10/3/2011
/GQ	G		PDQ	[CR]The skin is dry and scaly, with a mild, dark discoloration. Mild swelling of the tissues are noted.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/GR	G		PDQ	[CR]The skin is noted to be red and scaly. The tissues are mildly distended, and mild signs of excoriation due to pruritis are present.	10/3/2011
/GS	G		PDQ	[CR]There is a deep, painful and swollen fissure present. Also noted is occasional bleeding.	10/3/2011
/GT	G	CLASS	PDQ	[CR]^Class Findings:[CR]	10/5/2011
/GU	G	CLASS	PDQ	There is a non-traumatic amputation of an integral skeletal portion of the foot noted.	10/3/2011
/GV	G	CLASS	PDQ	There is a significant decrease of hair growth noted.	10/3/2011
/GW	G	CLASS	PDQ	The skin texture has a thin and shiny appearance.	10/3/2011
/GX	G	CLASS	PDQ	There is definite rubor or redness of the skin.	10/3/2011
/GY	G	CLASS	PDQ	There is unusual swelling, or edema, present.	10/3/2011
/GZ	G	CLASS	PDQ	There is a cold temperature change noted.	10/3/2011
/H1	G	CLASS	PDQ	There are abnormal sensations of the feet, or paresthesia, present.	10/3/2011
/H2	G	CLASS	PDQ	There is a burning sensation noted.	10/3/2011
/H3	G	O.NAIL	PDQ	[CR]My examination of the nails show findings to be normal, and within normal limits. The nails are translucent, of normal shape and no subungual debris is present. The nail plates do not appear discolored or thickened in any way.	2/19/2009
/HA	B	O.NAIL.b	PDQ	[CR]^Dermatological Nails Exam:^	10/5/2011
/HB	G	O.NAIL	PDQ	[CR]The nail plates are thick, brownish in color, onychitic and dystrophic. They are friable, dry and lusterless, with subungual debris present that is malodorous. Nail grooves are deformed and discolored, secondary to pressure from the thick nail plates.	10/3/2011
/HC	G	O.NAIL	PDQ	[CR]There is an incurvated nail with periungual swelling and tenderness to palpation. There is mild deformation of the nail groove with mild cyanosis. There is subacute cellulitis of the nail lip. No exudate is present.	10/3/2011
/HD	G	O.NAIL	PDQ	[CR]Periungual erythema of the nail lip with mild swelling noted around the nail plate, and where the nail groove is deformed from the pressure of the nail.	10/3/2011
/HE	G	O.NAIL	PDQ	[CR]The nails are thick and yellowish in color. They are very dry and the periungual tissues are quite red and dry in texture. There are scaly lesions present on the toe.	10/3/2011
/HF	G	O.NAIL	PDQ	[CR]There is trauma to the nail plate, with partial avulsion of the nail plate. There does not seem to be any significant damage to the nail bed.	10/3/2011
/HG	G	O.NAIL	PDQ	[CR]There appears to be avulsion of the nail plate, secondary to the trauma directly to the nail plate.	10/3/2011
/HH	G	O.NAIL	PDQ	[CR]The nail plate is discolored and there is periungual erythema. Pain is elicited on palpation of the nail plate. The nail appears elevated from the nail bed and fluid is apparent under the nail. Most of the nail plate seems to be involved.	10/3/2011
/HI	G	O.NAIL	PDQ	[CR]Mild necrosis of the nail groove is present, where the nail plate is ingrown and impacted. No exudate is noted in the nail groove.	10/3/2011
/HJ	G	O.NAIL	PDQ	[CR]The nail plates are dry and lusterless. There is a striation of discolored material running proximal to distal under the nail plate. The material is yellowish-brownish in color and friable in texture, with a malodorous nature upon debridement. There is discoloration and swelling of the associated unguis.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/HK	G	O.NAIL	PDQ	[CR]The nail plates are thick, yellowish in color, onychaxic and dystrophic. They are friable, dry and lusterless, with subungual debris present that is malodorous. Nail grooves are deformed and discolored, secondary to pressure from the thick nail plates.	10/3/2011
/HL	G	O.NAIL	PDQ	[CR]There is an incurvated Hallux with periungual swelling and moderate tenderness to palpation. There is mild deformation of the nail groove with mild cyanosis. Also noted is subacute cellulitis of the nail lip. No exudate is present.	10/3/2011
/HM	G	O.NAIL	PDQ	[CR]There is hypertrophy noted that is secondary to the pressure of the nail plate.	10/3/2011
/HN	G	O.NAIL	PDQ	[CR]The nail plate is impacted and inverted into the nail groove and nail lip. The surrounding areas are red, swollen and quite tender to touch. There is a small amount of purulent exudate well localized. The nail groove is necrotic and deformed. Surrounding areas appear normal and there is no lymphangitis.	10/13/2011
/HO	G	O.NAIL	PDQ	[CR]The nail plate is inverted and deformed causing necrosis of the nail groove. Exquisite tenderness of the toe is noted. There is swelling, erythema and warmth of the toe. A mild purulent exudate is present, localized and with no lymphangitis or lymphadenitis. There is a small amount of granulation tissue present in the nail groove.	10/13/2011
/HP	G	O.NAIL	PDQ	[CR]The nail plate is impacted and inverted into the nail groove causing pain, swelling, erythema and warmth. There is a small amount of well localized purulent exudate present. Also present is granulation tissue in the nail groove. The infection seems to be fairly well localized. There is no lymphadenitis or fever present.	10/13/2011
/HQ	G	O.NAIL	PDQ	[CR]Ingrown nail with paronychia, where offending perionychium (nail fold) is painful, red, swollen, and lifted off the nail plate, and where the nail plate is becoming brittle and distorted, along with serous fluid (abcess) and infection.	10/3/2011
/HR	G	O.NAIL	PDQ	[CR]The toe is very sensitive to touch and a spherical discoloration is noted underneath the nail plate. Upon debridement of the nail plate, hyperkeratotic tissues are noted. There is no exudate present and the lesion appears to be well localized.	10/3/2011
/HT	G	CLASS	PDQ	[CR]^Class Findings:[CR]	10/5/2011
/HU	G	CLASS	PDQ	There is a non-traumatic amputation of an integral skeletal portion of the foot.	10/3/2011
/HV	G	CLASS	PDQ	There is a significant decrease in hair growth noted.	10/3/2011
/HW	G	CLASS	PDQ	The skin color presents with rubor or redness.	10/3/2011
/HX	G	CLASS	PDQ	The skin texture is noted to be thin and shiny.	10/3/2011
/HY	G	CLASS	PDQ	There is definite swelling of the feet, or edema, noted .	10/3/2011
/HZ	G	CLASS	PDQ	The temperature of the foot is noted to be unusually cold.	10/3/2011
/I1	B	O.VASC.b	PDQ	[CR]^Vascular Examination:[CR]	10/5/2011
/IA	R	O.VASC	PDQ	diminished (+1/4)	1/3/2011
/IB	R	O.VASC	PDQ	increased (+3/4)	1/3/2011
/IC	R	O.VASC	PDQ	non-palpable (0/4)	1/3/2011
/ID	R	O.VASC	PDQ	bounding (+4/4)	1/3/2011
/IE	R	O.VASC	PDQ	normal (+2/4)	1/3/2011
/IF	R	O.VASC	PDQ	on the left	12/5/2006
/IG	R	O.VASC	PDQ	on the right	12/5/2006

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/IH	R	O.VASC	PDQ	bilaterally	3/16/2006
/II	R	O.VASC	PDQ	slightly delayed (3 sec)	1/3/2011
/IJ	R	O.VASC	PDQ	delayed (4 sec)	1/3/2011
/IK	B	O.VASC	PDQ	Dorsalis Pedis (DP) pulses were found to be	10/13/2011
/IL	B	O.VASC	PDQ	Posterior Tibial (PT) pulses were	10/13/2011
/IM	B	O.VASC	PDQ	Popliteal pulses were noted to be	10/13/2011
/IN	B	O.VASC	PDQ	Femoral pulses were	10/13/2011
/IO	B	O.VASC	PDQ	Capillary fill time was found to be	10/13/2011
/IP	G	O.VASC	PDQ	Vascular Exam shows that findings are WNL. Results indicate DP and PT pulses are +2/3. The skin is warm with good color and turgor. Capillary fill time is WNL. There appears to be no pedal edema in either foot or ankle. No varicosities are present. There is no clubbing or cyanosis. Hair growth is present.	8/11/2009
/IQ	R		PDQ	normal (2 sec)	1/3/2011
/IW	R	OBJ	PDQ	of the	
/J1	B	O.NEURO.b	PDQ	[CR]^Neurological Examination:^[CR]	10/5/2011
/JA	R	O.NEURO	PDQ	normal	3/16/2006
/JB	R	O.NEURO	PDQ	present	3/16/2006
/JC	R	O.NEURO	PDQ	absent	3/16/2006
/JD	R	O.NEURO	PDQ	abnormal	3/16/2006
/JE	R	O.NEURO	PDQ	on the left	3/16/2006
/JF	R	O.NEURO	PDQ	on the right	3/16/2006
/JG	R	O.NEURO	PDQ	bilaterally	3/16/2006
/JH	B	O.NEURO	PDQ	Fine Touch	10/13/2011
/JI	B	O.NEURO	PDQ	Vibratory	10/13/2011
/JJ	B	O.NEURO	PDQ	Babinski	3/16/2006
/JK	B	O.NEURO	PDQ	Sharp Dull	10/13/2011
/JL	B	O.NEURO	PDQ	Achilles	10/13/2011
/JM	G	O.NEURO	PDQ	Neurological testing shows vibratory sensations appear normal. Babinski is normal. DTR's are equal and WNL. Semmes-Weinstein is also normal. Joint position discrimination is good. No ankle clonus is observed. There appears to be no anesthesia, paresthesia or hyperesthesia.	3/11/2009
/JN	B	O.NEURO	PDQ	Mulder's Sign	10/3/2011
/JO	B	O.NEURO	PDQ	Hot Cold	10/13/2011
/JP	B	O.NEURO	PDQ	Semmes-Weinstein Sensation	10/3/2011
/JQ	B	O.NEURO	PDQ	Neuroma with thickening of the tissue of the digital nerve	10/13/2011
/JR	B	O.NEURO	PDQ	Proprioception and sensitivity to position of the foot	10/13/2011
/K1	G		PDQ	[CR]Dorsal Exostosis is present.	10/3/2011
/K2	G		PDQ	[CR]The radiograph reveals that there is a fracture noted.	10/3/2011
/K3	G	O.MUSC	PDQ	[CR]Musculoskeletal examination shows all findings to be normal. There is no evidence of fracture or dislocation. No deformities are noted. There is no joint instability, as all are WNL. No bunions noted.	2/19/2009
/KA	B	O.MUSC.b	PDQ	[CR]^Musculoskeletal Exam:^	10/5/2011
/KB	G	O.MUSC	PDQ	[CR]There is tenderness on palpation at the plantar aspect of the heel, at the inferior aspect of the calcaneus and into the plantar fascia. There is no erythema, swelling or increased skin temperature noted. No nodules or masses are palpated at the plantar aspect of the heel.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/KC	G	O.MUSC	PDQ	[CR]There is hallux valgus (bunion), or an inward bending, at the first MPJ with decreased range of motion. Also noted is erythema at the medial aspect of the first metatarsal head. There is tenderness on palpation and also upon moving the toe to range of motion limits.	10/3/2011
/KD	G	O.MUSC	PDQ	[CR]The first metatarsophalangeal joint has a severely limited (decreased) range of motion. There is tenderness to palpation of the MPJ, and small osteophytes can be palpated at the joint.	10/3/2011
/KE	G	O.MUSC	PDQ	[CR]The arch is noted to be low. The heel is everted and forefoot has a mild abduction. The appearance is that of a "flat" type of foot.	10/3/2011
/KF	G	O.MUSC	PDQ	[CR]There is a high arch noted. The dorsal tendons are prominent causing contracture of the MPJ's. The heel is mildly inverted.	10/3/2011
/KG	G	O.MUSC	PDQ	[CR]Arthritis is present. There are areas where spurring and lipping are quite apparent. These areas are tender to touch and indicative of arthritic processes, causing degradation of the joints.	10/3/2011
/KH	G	O.MUSC	PDQ	[CR]Crepitus is notes, with a "clicking" feeling and a "popping" type of noise heard and felt when the joint is put through its range of motion.	10/3/2011
/KI	G	O.MUSC	PDQ	[CR]There is a contracture of the toe, or Hammertoe, present due to abnormal dorsal flexion, with rigidity of the affected digit.	10/3/2011
/KJ	G	O.MUSC	PDQ	[CR]Tailor's Bunion is present, with thickening and inflammation of the first joint, and deviation of the hallux towards the 2nd toe.	10/3/2011
/KK	G	O.MUSC	PDQ	[CR]There is a contracture present at the MPJ metatarsophalangeal joint, likely due to spasm of the muscle.	10/3/2011
/KL	G	O.MUSC	PDQ	[CR]There is Digital Exostosis Deformity noted.	10/3/2011
/KM	G	O.MUSC	PDQ	[CR]The distal interphalangeal fifth joint is contracted leading to Mallet Toe, and presents with rigidity of the affected digit.	10/3/2011
/KN	G	O.MUSC	PDQ	[CR]Haglund's Deformity is present, with a prominent and inflamed "bump" on the posterior aspect of the affected heel.	10/3/2011
/KO	G	O.MUSC	PDQ	[CR]Valgus Forefoot, with outward bending, is noted.	10/3/2011
/KP	G	O.MUSC	PDQ	[CR]Valgus Rearfoot, bending outward, is noted.	10/3/2011
/KQ	G	O.MUSC	PDQ	[CR]Varus inward bending forefoot is noted.	10/3/2011
/KR	G	O.MUSC	PDQ	[CR]Varus Hindfoot, with an inward bending position, is noted.	10/3/2011
/KS	G	O.MUSC	PDQ	[CR]There is Claw Toe Contracture noted at the PIP and DIP joints, with associated pain and digital rigidity.	10/3/2011
/KT	G	O.MUSC	PDQ	[CR]The radiographic examination reveals the presence of a bone infection, or Osteomyelitis.	10/3/2011
/KU	G	O.MUSC	PDQ	[CR]Metatarsus Primus Elevatus is noted.	10/3/2011
/KV	G	O.MUSC	PDQ	[CR]Charcot Foot deformity is present, with significant Tarsal instability, and associated Diabetic neuropathy.	10/3/2011
/KW	G		PDQ	[CR]Plantar Fasciitis was noted, with significant pain due to inflammation of the plantar fascia ligament.	10/3/2011
/KX	G		PDQ	[CR]There is a decrease in the range of motion at the ankle joint, causing the inability to flex the foot 10 degrees on the leg. This is indicative of an Ankle Equinus Deformity.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/KY	G		PDQ	[CR]The radiograph exam reveals that there is a Bone Cyst present.	10/3/2011
/KZ	G		PDQ	[CR]A clubfoot deformity, or congenital talipes equinovarus, is noted with internal rotation of the foot at the ankle	10/3/2011
/L1	B	O.ROM	PDQ	[CR]^Range of Motion Testing:[CR]	10/5/2011
/LA	R	O.ROM	PDQ	normal	3/16/2006
/LB	R	O.ROM	PDQ	significantly decreased	3/16/2006
/LC	R	O.ROM	PDQ	moderately decreased	3/16/2006
/LD	R	O.ROM	PDQ	increased	7/2/2009
/LE	R	O.ROM	PDQ	on the left	3/16/2006
/LF	R	O.ROM	PDQ	on the right	3/16/2006
/LG	R	O.ROM	PDQ	bilaterally	3/16/2006
/LH	B	O.ROM	PDQ	Plantarflexion range of motion is found to be	10/13/2011
/LI	B	O.ROM	PDQ	Dorsiflexion range of motion is found to be	10/13/2011
/LJ	B	O.ROM	PDQ	Digital range of motion is found to be	10/13/2011
/LK	B	O.ROM	PDQ	Inversion motion is noted to be	2/19/2009
/LL	B	O.ROM	PDQ	Eversion motion is found to be	10/13/2011
/LM	G	O.ROM	PDQ	Range of motion examination was found to be within normal limits.	3/16/2006
/MB	G	O.VASC	PDQ	Edema present bilaterally	10/13/2011
/MC	G	O.VASC	PDQ	Edema is present on the left foot	10/13/2011
/MD	G	O.VASC	PDQ	Edema is present on the right foot	10/13/2011
/ME	G	O.VASC	PDQ	Cyanosis, with a blueish slate like appearance, is present bilaterally	10/13/2011
/MF	G	O.VASC	PDQ	Cyanosis, with a blueish slate like appearance, is present on the left foot	10/13/2011
/MG	G	O.VASC	PDQ	Cyanosis, with a blueish slate like appearance, is present on the right foot	10/13/2011
/MH	G	O.VASC	PDQ	Varicosities, noted as distended and swollen veins, are present bilaterally	10/13/2011
/MI	G	O.VASC	PDQ	Varicosities, noted as distended and swollen veins, are present on the left foot	10/13/2011
/MJ	G	O.VASC	PDQ	Varicosities, noted as distended and swollen veins, are present on the right foot	10/13/2011
/MK	G	O.VASC	PDQ	Claudication is present bilaterally, with apparent painful muscles of the calf	10/13/2011
/ML	G	O.VASC	PDQ	Claudication is present on the left foot, with apparent painful muscles of the calf	10/13/2011
/MM	G	O.VASC	PDQ	Claudication is present on the right foot, with apparent painful muscles of the calf	10/13/2011
/MN	G	O.VASC	PDQ	Phlebitis noted bilaterally	10/13/2011
/MO	G	O.VASC	PDQ	Phlebitis noted on the left.	10/13/2011
/MP	G	O.VASC	PDQ	Phlebitis noted on the right.	10/13/2011
/MQ	G	O.VASC	PDQ	Homan Sign present bilaterally.	10/13/2011
/MR	G	O.VASC	PDQ	Homan Sign present on the left.	10/13/2011
/MS	G	O.VASC	PDQ	Homan Sign present on the right.	10/13/2011
/N1	•	MEDS	PDQ	Accuzyme Enzymatic Debriding Treatment. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/N2	•	MEDS	PDQ	Amlactin Emollient. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/NA	B	P.MEDS.b	PDQ	[CR]^Medications:^(CR]	3/9/2009
/NB	•	MEDS	PDQ	Penlac Topical Antifungal Nail Laquer. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NC	•	MEDS	PDQ	Tineacide Topical Antifungal (Blaine). Instructions were given on its use and the patient was told to call the office immediately should any untoward effects occur.	10/3/2011
/ND	•	MEDS	PDQ	Keralac Topical Gel (Doak). Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NE	•	MEDS	PDQ	Lamisil Oral Antifungal. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NF	•	MEDS	PDQ	Loprox Antifungal Topical. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NG	•	MEDS	PDQ	Naftin Topical Antifungal Cream. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NH	•	MEDS	PDQ	Spectazole Topical Antifungal. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NI	•	MEDS	PDQ	Lamisil Topical Antifungal. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NJ	•	MEDS	PDQ	Drysol Drying Agent. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NK	•	MEDS	PDQ	Naprosyn Anti-Inflammatory Tablets. 500mg PO TID with meals for up to two weeks. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NL	•	MEDS	PDQ	Motrin Anti-Inflammatory. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NM	•	MEDS	PDQ	Celebrex Anti-Inflammatory. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NN	•	MEDS	PDQ	Keflex Oral Antibiotics. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NO	•	MEDS	PDQ	Vicodin Analgesic. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NP	•	MEDS	PDQ	Percoset Analgesic. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NQ	•	MEDS	PDQ	Neosporin Topical Antibiotics. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur. Antibiotics	10/3/2011
/NR	•	MEDS	PDQ	Bactroban Topical. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NS	•	MEDS	PDQ	Bacitracin Antibiotic. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/NT	•	MEDS	PDQ	Duofilm Wart Medication. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NU	•	MEDS	PDQ	Lazerformaldehyde Wart Medication. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NV	•	MEDS	PDQ	Efudex Wart Treatment. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NW	•	MEDS	PDQ	Silvadene Topical Dressing. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NX	•	MEDS	PDQ	Amerigel Topical Dressing. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NY	•	MEDS	PDQ	Topicort Topical Steroid. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/NZ	•	MEDS	PDQ	Panafil Enzymatic Debriding Treatment. Instructions were given on proper use and the patient was advised to call immediately if any adverse effects occur.	10/3/2011
/OB	G	A.COND	PDQ	The patient's condition is definitely improving with treatment. Everything is proceeding as expected.	10/3/2011
/OC	G		PDQ	The patient's condition is slowly improving with treatment. Everything is proceeding rather well. Treatment will need to continue at this time.	10/3/2011
/OD	G	A.COND	PDQ	There is generally no change in the condition at this time. We will continue treatment, but we may need to re-evaluate if the condition doesn't improve.	10/3/2011
/OE	G	A.COND	PDQ	The condition seems to be deteriorating. We will need to immediately re-evaluate and determine a revised course of action.	10/3/2011
/OF	G	A.COND	PDQ	Upon examination, it is clear that the condition and symptoms have disappeared. Therefore, treatment should be discontinued at this time. The patient was advised to be aware of future symptoms and complications should they arise.	10/3/2011
/OI	G	A.JUST	PDQ	Based upon the examination, review of systems and review of medical history. It is my opinion that treatment rendered to [SEXO] [LNAME] is found to be medically necessary.	10/3/2011
/OJ	G	A.JUST	PDQ	After reviewing [SEXO] [LNAME]'s overall progress, along with consideration of factors regarding [SEXP] condition, I feel we need to continue treatment, but at a reduced frequency.	10/3/2011
/OK	G	A.JUST	PDQ	Based on factors regarding the patient's condition and response to treatment, it is my opinion the [SEXO] [LNAME] will likely have periods of exacerbation and remission.	10/3/2011
/OL	G	A.JUST	PDQ	My feeling is that [SEXO] [LNAME] will improve with the current treatment plan, and my overall prognosis is quite good. This is based on factors relevant for person if [SEXO] [LNAME]'s age and health.	10/3/2011
/OM	G	A.JUST	PDQ	After review of the patient's condition, it is my opinion that surgery is required. [FNAME] has been informed of the details of the condition.	10/3/2011
/OO	G	A.REINJ	PDQ	[FNAME] has reinjured the affected area.	10/3/2011
/OP	G	A.REINJ	PDQ	An exacerbation has caused the condition to flare up.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/OQ	G	A.REINJ	PDQ	After reviewing progress with the patient, it appears that [FNAME] is not complying with my instructions. Thus, the condition is not improving.	10/3/2011
/OR	G	A.REINJ	PDQ	There is a new, but unrelated, condition that is affecting [FNAME]'s progress.	10/3/2011
/OS	G	A.REINJ	PDQ	The medical problems persist, causing the condition to continue and/or worsen.	10/3/2011
/OT	B	A.REFER.b	PDQ	[CR]After further review, the patient will require	9/21/2011
/OT2	B	A.REFER.b	PDQ	[CR]Upon review, [FNAME] requires	9/21/2011
/OT3	B	A.REFER.b	PDQ	[CR]Upon review, the patient will require	9/21/2011
/OU	S	A.REFER	PDQ	nerve conduction studies	10/13/2011
/OV	S	A.REFER	PDQ	x-rays of the area	10/13/2011
/OW	S	A.REFER	PDQ	an MRI of the affected area	10/3/2011
/OX	S	A.REFER	PDQ	a referral to a Neurologist	10/13/2011
/OY	S	A.REFER	PDQ	a referral to an Orthopedist	10/13/2011
/OZ	S	A.REFER	PDQ	a referral to a Physical Therapist	10/3/2011
/P1	G		PDQ	After review and discussion, it is decided that [FNAME]'s condition has reached maximum medical improvement. We will continue to monitor symptoms for re-occurrence or worsening, but at this stage there is nothing further that can be done.	10/3/2011
/P2	G		PDQ	The symptoms are a direct result of [FNAME]'s diabetic condition. As expected, weight bearing, palpation, and wearing of footwear all elicit pain and discomfort. No ulcerations are noted. Sensation is at expected levels consistent with the patient's condition, age and progression of the disease.	10/3/2011
/P3	G		PDQ	The current symptoms and progress are directly related to [FNAME]'s age and medical condition, and any improvement at this stage is limited.	10/3/2011
/P4	G		PDQ	The surgical site looks good for this period of time. There is no post-operative unusual swelling, erythema or abnormal drainage that is indicative of infection. Pain is at expected levels with movement and light palpation. There is no dehiscence. The site is within normal limits and expectations.	10/3/2011
/P5	G		PDQ	The exam of the wound site looks normal. There is no dehiscence. There is no excessive swelling, erythema or abnormal drainage that would be typical of an infection. Pain is at the level that would be expected with palpation and movement of the area. All findings are as expected and within normal limits.	10/3/2011
/PA	S	A.REFER	PDQ	a visit to the primary care physician for further evaluation	10/13/2011
/PB	S	A.REFER	PDQ	a diagnostic ultrasound	10/13/2011
/PC	S	A.REFER	PDQ	a lower extremity doppler and photoplethysmography exam	10/13/2011
/PD	S	A.REFER	PDQ	a DTM fungal culture, to determine whether a dermatophyte is present	10/13/2011
/PF	R	A.REFER	PDQ	to identify the underlying cause of the symptoms	3/16/2006
/PG	R	A.REFER	PDQ	to identify a heel spur	3/16/2006
/PH	R	A.REFER	PDQ	to identify a neuroma	3/16/2006
/PI	R	A.REFER	PDQ	to identify the need for surgical intervention	3/16/2006
/PJ	R	A.REFER	PDQ	to identify complications outside of the normal scope of care	3/16/2006

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/PV	G	A.COND	PDQ	There is no change in the symptoms at this visit. It is my opinion that surgery is required. There is no guarantee of the outcome, but it is the best alternative.	10/3/2011
/PW	G		PDQ	The patient's condition is guarded at this time. We will continue to evaluate progress and maintain treatment until further notice.	10/3/2011
/PX	G		PDQ	There is an apparent complication noted and it is affecting the patient's progress at this time. We will evaluate and revise our current plan of care.	10/3/2011
/PY	G		PDQ	The patient's condition is deemed to be rather unstable at this time. We will monitor this situation closely and we will immediately determine a course of action.	10/3/2011
/PZ	G		PDQ	The patient's condition is stable, without any real improvement or deterioration noted at this time. Continue with current plan of care.	10/3/2011
/Q1	G		PDQ	[CR]Xrays reveal that there is a toe deformity present.	10/3/2011
/Q2	G		PDQ	[CR]Xrays reveals there is calcification of the soft tissue.	10/3/2011
/Q3	G	O.XRAY	PDQ	[CR]The radiographs reveal all findings within normal limits. No fractures or dislocations. No bony growths are noted. No swelling or infections. All joints and structures appear normal. No evidence of deformities.	10/3/2011
/QA	B	O.XRAY.b	PDQ	[CR]^Radiographic Exam:^	9/1/2009
/QB	G		PDQ	[CR]X-ray exam indicates a heel spur is present.	10/3/2011
/QC	G		PDQ	[CR]X-ray findings indicate presence of a bone spur.	10/3/2011
/QD	G		PDQ	[CR]X-rays indicate a joint subluxation is noted.	10/3/2011
/QE	G		PDQ	[CR]X-rays indicate the presence of a loose body.	10/3/2011
/QF	G		PDQ	[CR]X-ray indicates that a stress fracture is noted.	10/3/2011
/QG	G		PDQ	[CR]The xray shows no sign of an infectious process developing, and findings are within normal limits.	10/3/2011
/QH	G		PDQ	[CR]Xray shows an intrarticular fracture is noted.	10/3/2011
/QI	G		PDQ	[CR]Xray shows an extrarticular fracture is noted.	10/3/2011
/QJ	G		PDQ	[CR]Xrays show that there is an infection present.	10/3/2011
/QK	G	O.XRAY	PDQ	[CR]The position of the corrected hammertoe is as expected. There is a satisfactory reduction of the deformity when compared to pre-op radiographs. No abnormal signs are noted. The site is healing nicely.	10/3/2011
/QL	G	O.XRAY	PDQ	[CR]The post-operative site of the bunion surgery looks normal at this visit. The incision site is intact. There is no erythema, swelling or abnormal drainage noted, that would be indicative of an infection. Pain is at the expected level with movement and palpation. Motion of the 1st mpj is normal. Position of the great toe as desired.	10/3/2011
/QM	G		PDQ	[CR]The neuroma excision site appears normal. There is no dehiscence of the incision. No excessive erythema, swelling or infection is noted. The incision is intact with normal level of tenderness to palpation at the edges. There is numbness at the adjacent edges of the toes where neuroma was removed. Other sites have normal sensations.	10/3/2011
/QN	G		PDQ	[CR]Upon review of the radiograph, the fixation appears to be healing properly and intact.	10/3/2011
/QO	G		PDQ	[CR]After review of the radiograph, the Osteotomy is healing satisfactorily, without complications.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/QP	G		PDQ	[CR]The site of the heel spur / plantar fasciitis surgery appears normal for this period of time. There is no dehiscence of the incision. No excessive erythema, swelling or drainage indicative of infection. Pain is at the normal levels with light palpation. The patient ambulates as expected. Sensation to the heel is as expected.	10/3/2011
/QQ	G		PDQ	[CR]The radiograph reveals the stress fracture is healing properly and as expected for this time period.	10/3/2011
/QR	G		PDQ	[CR]Review of the radiographs shows the presence of localized swelling of the soft tissue.	10/3/2011
/QS	G		PDQ	[CR]The radiographic examination reveals no presence of Osteomyelitis, and findings are within normal limits.	10/3/2011
/QT	G		PDQ	[CR]The xray reveals ankle varus.	10/3/2011
/QU	G		PDQ	[CR]The xray reveals ankle valgus.	10/3/2011
/QV	G		PDQ	[CR]The xrays reveal the presence of joint edema.	10/3/2011
/QW	G		PDQ	[CR]The xrays reveal joint deviation secondary to trauma.	10/3/2011
/QX	G		PDQ	[CR]Xrays reveal that subungual exostosis is noted.	10/3/2011
/QY	G		PDQ	[CR]The xrays show the presence of forefoot rectus.	10/3/2011
/QZ	G		PDQ	[CR]The xrays show the presence of forefoot adductus.	10/3/2011
/RB	B	P.TREAT.b	PDQ	Treatment and Procedures:	2/19/2009
/RC	G	P.TREAT	PDQ	[CR]Mycotic Nails - The nail plates were debrided mechanically and with an electric grinder, excizing infected nail tissue to the patient's tolerance. Topical medications were applied, while oral meds were deemed inappropriate. Treatment of nails to attempt cure, and prevent secondary infection, ulceration or necrosis. [*11720**]	10/5/2011
/RC2	G	P.TREAT	PDQ	[CR]Mycotic Nails - Manual and electric cutting and debridement of the nail plates, excision of all infected nail tissue was performed to the patient's tolerance. Topical antifungal agent was applied. Treatment to attempt cure, prevent ulceration and secondary infection. Oral meds were deemed inappropriate. [*11720**]	10/5/2011
/RC3	G	P.TREAT	PDQ	[CR]Mycotic Nails - Debride mycotic toenails manually and with a grinder to excize infected nail tissues to the nail bed, to the patient's tolerance. The area was inspected and topical meds applied, as oral meds are not applicable. Management of fungal nails to attempt cure, while preventing ulcerations or secondary infection. [*11720**]	10/5/2011
/RD	G	P.TREAT	PDQ	[CR]Ingrown Nail - The area was prepped with an antimicrobial preparation. A block of 3cc Lidocaine Plain anesthetic was used. The nail spicule was excised using a nail splitter and a quick burst of anesthetic spray. Any bleeding was stopped using a hemostatic solution. The nail groove was inspected and a topical antibiotic with a bandaid was applied.	10/3/2011
/RD2	G	P.TREAT	PDQ	[CR]Ingrown Nail - The area was prepped with an antimicrobial spray. A block of 3cc Lidocaine Plain anesthetic was used. The nail spicule was sharply and quickly excised with a nail splitter. The nail groove was inspected and minor bleeding stopped with a hemostatic solution. Polysporin and a bandaid were applied to the area.	10/5/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/RD3	G	P.TREAT	PDQ	[CR]Ingrown Nail - The nail was prepped in the usual manner. A block of 3cc Lidocaine Plain anesthetic was used. Using a sharp nail splitter, the offending nail spicule was excised. The nail groove was inspected and a topical hemostatic agent was used to control minor hemorrhage. Polysporin and a bandage were applied.	10/5/2011
/RE	G	P.TREAT	PDQ	[CR]Paronychia - The toe was anesthetized and a sterile prep was applied. The partial lateral nail was avulsed to the proximal nail fold. Serous drainage was noted. Bleeding was controlled with a hemostatic agent. Meds and a dry sterile dressing were applied. Instruct to soak in warm water with epsom salt b.i.d. for 1 week.	10/3/2011
/RF	G	P.TREAT	PDQ	[CR]Nail Avulsion - The affected toe was prepped in the usual manner. Local anesthesia 3cc Lidocaine Plain digital block was employed. The offending portion of the toenail was loosened and avulsed with sharp and blunt dissection. Bleeding was controlled with a hemostatic agent. A gauze bandage with Polysporin was applied. [*11730**]	10/5/2011
/RG	G	P.TREAT	PDQ	[CR]Diabetic Nails - Foot care rendered for patient at high risk for non professional or self foot care. The nails were debrided bilaterally as needed. The paronychia areas were cleaned of gryphotic material with currette. Nails were ground and smoothed down with nail grinder.	10/3/2011
/RH	G	P.TREAT	PDQ	[CR]PVD - Professional foot care for a patient at high risk for self-care or non professional foot care.	10/3/2011
/RI	G	P.TREAT	PDQ	[CR]Nail Hematoma - The area was prepped in the usual manner. The nail was incised and hemorrhagic exudate was noted. The nail was debrided away and exudate removed using a gauze sponge. The nail bed was inspected and no ulceration was noted. A dressing with antibiotic ointment and gauze was applied.	10/3/2011
/RJ	G	P.TREAT	PDQ	[CR]Fungal Culture - A DTM fungal culture was taken to determine whether a dermatophyte is present and to decide on the appropriate antifungal treatment.	10/3/2011
/RK	G	P.TREAT	PDQ	[CR]P&A - Toe prepped with betadine and anesthetized with 2 cc's lidocaine plain. Tourniquet was applied. The offending portion of the toenail was excised to under the eponychium. Area was inspected and dried. Phenol applied 30 seconds, 3x. Then flushed with alcohol. Bandage with triple antibiotic ung applied. Coban covering was applied.	10/3/2011
/RL	R		PDQ	to the	9/15/2005
/RM	R		PDQ	to the	
/RO	B	P.TREAT.b	PDQ	[CR]Treatment and Procedures:	2/19/2009
/RP	G	P.TREAT	PDQ	[CR]Plantar Verruca - Area was prepped with anti-microbial agent. Lesion then anesthetized locally. The verrucous lesions were curetted to pinpoint bleeding and a salicylic acid mixture was applied. Debridement of necrotic tissue. The area was dressed with a protective dressing plantar aspect. [*17110**]	10/5/2011
/RQ	G	P.TREAT	PDQ	[CR]Reduce Lesion - The hyperkeratotic area was prepped in the usual manner. Using a scalpel, the tissues were reduced to an appropriate level. The area was inspected and no ulcerations were noted. The area was covered with a protective padding to disperse pressure and reduce irritation.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/RR	G	P.TREATCPT	PDQ	[CR]Tinea Pedis - We discussed the options, with attention to conservative care vs. surgical care. I prescribed Lamisil Cream b.i.d. for [FNAME] to apply and we will re-evaluate and examine again.	10/3/2011
/RS	G	P.TREAT	PDQ	[CR]Self Resolve of Condition - The condition has been reviewed, and the area will be allowed to self-resolve without any further procedure. Patient will be educated on the situation and advised to contact office immediately should there be any worsening, reinjury or unusual circumstances.	10/3/2011
/RT	G	P.TREAT	PDQ	[CR]Incision & Drainage - The toe was prepped in the usual manner. The area was anesthetized with a topical agent. The offending portion of the nail was cut back with a nail splitter and the abscess drained. The nail groove was inspected and necrotic tissue removed. The area was dressed with Polysporin and a gauze dressing. [*10060**]	10/5/2011
/RU	G	P.TREAT	PDQ	[CR]Incision & Drainage - The area was prepped in the usual manner. Anesthesia was obtained with 3cc's of 2% plain Lidocaine. The nail was cut back with a sharp nail splitter. The abscess was drained and the necrotic tissue was excised. The area was inspected, and dressed using Polysporin and a gauze application.	10/3/2011
/RV	G	P.TREATCPT	PDQ	[CR]Fissures - Treatment today consisted of debridement and cauterization of the fissures on the affected area. [FNAME] was given a prescription for Carmol 40 Cream. Instructions were given to apply to the area b.i.d.	10/3/2011
/RW	G	P.TREAT	PDQ	[CR]Ulcer Grade II - The area was prepped. The necrotic and devitalized tissues were excisionally debrided through the level of the epidermis and into the dermis, using a scalpel and curette down to viable tissue and with minor bleeding. The area was packed with gauze and appropriate topical antibiotic. A DSD was applied.	10/3/2011
/RX	G	P.TREAT	PDQ	[CR]Ulcer Grade III - The area was prepped in the usual manner. Using a curette and scalpel, the necrotic and devitalized tissues were excisionally debrided through the subcutaneous tissues down to the fascia, to point of minor hemorrhage. A gauze dressing was applied, with an appropriate antibiotic agent.	10/3/2011
/SB	G	P.TREAT	PDQ	[CR]Injection - The toe was prepped and draped in the customary manner. A small gauge needle was used to instill 1cc of 2% plain Lidocaine. The barrel was changed and 0.25cc of Dexamethasone was instilled into the joint. A bandaid was applied. Instructions were given to rest, use ice, and call if anything unusual occurs. [*11900**]	10/5/2011
/SC	G	P.TREAT	PDQ	[CR]Injection - The plantar aspect of the heel was prepped and draped in usual manner. 2cc of plain 2% Lidocaine was employed as anesthesia. The barrel was changed and 0.5cc Dexamethasone was instilled into the plantar bursa and surrounding tissues of the area. Instructions were given to rest, use ice and call with any problems.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/SD	G	P.TREAT	PDQ	[CR]Injection - The affected MPJ was prepped and draped in the customary manner. 2cc of 2% plain Lidocaine was used to obtain anesthesia of the joint. The barrel was changed and 0.5cc of Dexamethasone was instilled into the affected MPJ. Instructions were given to rest, use ice, and call if anything unusual occurs.	10/3/2011
/SE	G	P.TREAT	PDQ	[CR]Injection - The area was draped and prepped in the usual manner. 2cc of 2% plain Lidocaine was used for anesthesia. The barrel was changed and 0.50cc of Dexamethasone was instilled into the trigger point area. A bandaid was applied, and instructions were given to rest, ice the area, and call if anything unusual occurs.	10/3/2011
/SF	G	P.TREAT	PDQ	[CR]Injection - The affected area was draped and prepped in the usual manner. Anesthesia was obtained in the interspace from the dorsal aspect using 2.5cc's of 2% plain Lidocaine. Then 0.75cc of Dexamethasone was instilled intra- and peri-neurally. Instructions were given to rest, apply ice and call if anything unusual occurs.	10/3/2011
/SG	G	P.TREAT	PDQ	[CR]Aspiration - The affected area was prepped and draped in the usual manner. The area was anesthetized using 2cc's of 2% plain Lidocaine. A larger gauge needle was used to aspirate the fluid. A sterile gauze compression dressing was applied. Oral instructions were given to rest, use ice, and call if anything unusual occurs.	10/3/2011
/SH	G	P.TREAT	PDQ	[CR]Foreign Body - The area was prepped in the usual manner and 2cc's of 2% Lidocaine was used to anesthetize the area. A small incision was made through the dermis, the foreign body was identified, and it was removed. The area was carefully inspected. No sutures were necessary, and a compression dressing was applied.	10/3/2011
/SI	G	P.TREAT	PDQ	[CR]Granuloma - The affected area was prepped and draped in the usual manner. The area was anesthetized with a topical. The granulation tissue was sharply excised and cauterized with silver nitrate sticks. The area was dressed with Polysporin and a gauze dressing applied.	10/3/2011
/SM	B	A.DIAG.b	PDQ	[CR]^Diagnosis:^[CR]	3/11/2009
/SN	•	A.DIAG	PDQ	Bursitis [*727.30*]	10/5/2011
/SO	•	A.DIAG	PDQ	Hallux Valgus [*735.00*]	10/5/2011
/SP	•	A.DIAG	PDQ	Pes Planus [*734.00*]	10/5/2011
/SQ	•	A.DIAG	PDQ	Paronychia [*681.10*]	10/5/2011
/SR	•	A.DIAG	PDQ	Ingrown Nail [*703.00*]	10/5/2011
/SS	•	A.DIAG	PDQ	Ulceration [*707.14*]	10/5/2011
/ST	•	A.DIAG	PDQ	Peripheral vascular disease (PVD) [*443.90*]	10/5/2011
/SU	•	A.DIAG	PDQ	Diabetes Mellitus [*250.00*]	10/5/2011
/SV	•	A.DIAG	PDQ	Onychomycosis [*110.1**]	10/5/2011
/SX	•	A.DIAG	PDQ	Lymphedema [*457.10*]	10/5/2011
/SY	•	A.DIAG	PDQ	Gout [*374.0**]	10/5/2011
/SZ	•	A.DIAG	PDQ	Porokeratosis [*700.0**]	10/5/2011
/T0	•	A.DIAG	PDQ	Cellulitis, Toe [*681.10*]	10/5/2011
/T1	•	A.DIAG	PDQ	Hypertrophic Nails [*110.5**]	10/5/2011
/T2	•	A.DIAG	PDQ	Diabetic Neuropathy [*357.2**]	10/5/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/T3	•	A.DIAG	PDQ	Keratoderma [*701.1**]	10/13/2011
/T4	•	A.DIAG	PDQ	Onychomycosis [*110.1**]	10/13/2011
/T5	•	A.DIAG	PDQ	Pronation Syndrome [*736.79*]	10/13/2011
/T6	•	A.DIAG	PDQ	Rheumatoid Arthritis [*714.0**]	10/13/2011
/T7	•	A.DIAG	PDQ	Sprain, Foot [*845.10*]	10/13/2011
/TA	•	A.DIAG	PDQ	Calcaneal Heel Spur [*726.73*]	10/5/2011
/TB	•	A.DIAG	PDQ	Fracture, Metatarsal [*825.25*]	10/5/2011
/TC	•	A.DIAG	PDQ	Plantar Fasciitis [*728.71*]	10/5/2011
/TD	•	A.DIAG	PDQ	Morton's Neuroma [*355.6**]	10/5/2011
/TE	•	A.DIAG	PDQ	Sprain/strain, Ankle [*845.00*]	10/5/2011
/TF	•	A.DIAG	PDQ	Tinea Pedis [*110.4**]	10/5/2011
/TH	•	A.DIAG	PDQ	Arthritis [*716.9**]	10/5/2011
/TI	•	A.DIAG	PDQ	Capsulitis [*726.90*]	10/5/2011
/TJ	•	A.DIAG	PDQ	Abscess, Foot [*682.70*]	10/5/2011
/TK	•	A.DIAG	PDQ	Verruca, Plantar [*078.19*]	10/5/2011
/TL	•	A.DIAG	PDQ	Tenosynovitis [*727.06*]	10/5/2011
/TM	•	A.DIAG	PDQ	Tendinitis [*726.9**]	10/5/2011
/TN	•	A.DIAG	PDQ	Plantar Flex Metatarsal [*736.79*]	10/5/2011
/TO	•	A.DIAG	PDQ	Dermatitis [*692.9**]	10/5/2011
/TP	•	A.DIAG	PDQ	Abrasion [*917.8**]	10/5/2011
/TQ	G	P.WORK	PDQ	[FNAME] may return to normal activities, but with certain restrictions, all of which we discussed	10/3/2011
/TR	G	P.WORK	PDQ	[FNAME] may return to work, without any restrictions	10/3/2011
/TS	G	P.WORK	PDQ	[FNAME] may return to work, but there will be restrictions. I will provide work-related instructions	10/3/2011
/TT	G	P.WORK	PDQ	[FNAME] should not return to work, or any normal activities, at this time. I will determine a schedule and instruct [FNAME] on when a return to work is advised	10/3/2011
/TU	G	P.WORK	PDQ	The patient has received a "doctor's note" explaining my reasoning for work-related issues	9/21/2011
/TW	B	P.VISIT.b	PDQ	[CR][FNAME] should return	3/16/2006
/TW2	B	P.VISIT.b	PDQ	[CR][FNAME] is scheduled for another visit	7/16/2009
/UA	R	P.VISIT	PDQ	in 3-5 days	3/16/2006
/UB	R	P.VISIT	PDQ	in 1 week	3/16/2006
/UC	R	P.VISIT	PDQ	in 2 weeks	3/16/2006
/UD	R	P.VISIT	PDQ	in 1 month	3/16/2006
/UE	R	P.VISIT	PDQ	in 2 months	3/16/2006
/UF	R	P.VISIT	PDQ	in 3 months	3/16/2006
/UG	R	P.VISIT	PDQ	daily	3/16/2006
/UH	R	P.VISIT	PDQ	1x per week	3/16/2006
/UI	R	P.VISIT	PDQ	3x per week	3/16/2006
/UJ	R	P.VISIT	PDQ	weekly	3/16/2006
/UN	R	P.VISIT	PDQ	for 2 weeks	3/16/2006
/UO	R	P.VISIT	PDQ	for 3 weeks	3/16/2006
/UP	R	P.VISIT	PDQ	for 4 weeks	3/16/2006
/UQ	R	P.VISIT	PDQ	for 2 months	3/16/2006
/UR	R	P.VISIT	PDQ	until further notice	3/16/2006
/UT	G	P.VISIT	PDQ	[CR]We will continue care as needed and modify treatment plan accordingly	10/13/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/UU	G	P.VISIT	PDQ	[CR][FNAME] will stay on the regularly scheduled plan for return visits	10/13/2011
/UV	G	P.VISIT	PDQ	[CR]At the next visit, I will review [FNAME]'s progress, and decide whether additional treatment and/or procedures are required.	10/13/2011
/UW	G	P.VISIT	PDQ	[CR]I am officially discharging [SEXO][LNAME] from treatment at this time	10/13/2011
/V0	•	A.DIAG	PDQ	Stroke	10/13/2011
/V1	•	A.DIAG	PDQ	Diabetes insulin 250.71	10/13/2011
/V2	•	A.DIAG	PDQ	Hepatitis	10/13/2011
/V3	•	A.DIAG	PDQ	Gout 274.0	10/13/2011
/V4	•	A.DIAG	PDQ	Sciatica	10/13/2011
/V5	•	A.DIAG	PDQ	Alzheimer's disease	10/13/2011
/V6	•	A.DIAG	PDQ	Epilepsy	10/13/2011
/V7	•	A.DIAG	PDQ	Glaucoma	10/13/2011
/V8	•	A.DIAG	PDQ	Asthma	10/13/2011
/V9	•	A.DIAG	PDQ	Cancer	10/13/2011
/VA	•	A.DIAG	PDQ	Heart disease	10/13/2011
/VB	•	A.DIAG	PDQ	Vascular disease	10/13/2011
/VC	•	A.DIAG	PDQ	Kidney disease	10/13/2011
/VD	•	A.DIAG	PDQ	Liver disease	10/13/2011
/VE	•	A.DIAG	PDQ	Lung disease	10/13/2011
/VF	•	A.DIAG	PDQ	Arthritis	10/13/2011
/VG	•	A.DIAG	PDQ	Nervous system disorder	10/13/2011
/VH	•	A.DIAG	PDQ	Stomach ulcer	10/13/2011
/VI	•	A.DIAG	PDQ	High blood pressure	10/13/2011
/VJ	•	A.DIAG	PDQ	Headaches	10/13/2011
/VK	•	A.DIAG	PDQ	Arthritis [*716.9**]	10/13/2011
/VL	•	A.DIAG	PDQ	Osteoporosis [*733.0**]	10/13/2011
/VM	•	A.DIAG	PDQ	Psychiatric disorders	10/13/2011
/VN	•	A.DIAG	PDQ	Thyroid disorder	10/13/2011
/VO	•	A.DIAG	PDQ	Lower back pain	10/13/2011
/VP	•	A.DIAG	PDQ	Neuromuscular disease	10/13/2011
/VQ	•	A.DIAG	PDQ	Childhood foot problems	10/13/2011
/VR	•	A.DIAG	PDQ	Phlebitis [*451.0**]	10/13/2011
/VS	•	A.DIAG	PDQ	Pes Cavus [*754.71*]	10/13/2011
/VT	•	A.DIAG	PDQ	Charcot Foot [*713.5**]	10/13/2011
/VU	•	A.DIAG	PDQ	Joint Stiffness [*719.57*]	10/13/2011
/VV	•	A.DIAG	PDQ	Deformity of the Foot [*735.70*]	10/13/2011
/VW	•	A.DIAG	PDQ	Arteriosclerosis [*440.9**]	10/13/2011
/VX	•	A.DIAG	PDQ	Wound, Open [*892.0**]	10/5/2011
/VY	•	A.DIAG	PDQ	Hammertoe [*735.4**]	10/13/2011
/VZ	•	A.DIAG	PDQ	Neuralgia/Neuritis [*729.2**]	10/13/2011
/W3	G	O.GAIT	PDQ	A review of the patient's gait indicates that [FNAME] is ambulating normally	9/20/2011
/W7	B	O.GAIT.b	PDQ	[CR]^Gait Analysis:^	10/5/2011
/W8	G	O.GAIT	PDQ	[FNAME] is completely unable to ambulate at this time	10/13/2011
/W9	G	O.GAIT	PDQ	[FNAME] ambulates in a restricted and guarded manner	10/13/2011
/WA	B	O.GAIT.b	PDQ	[CR]Gait Analysis:	3/16/2006
/WB	G	O.GAIT	PDQ	[FNAME] is completely unable to ambulate at this time.	10/13/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/WC	G	O.GAIT	PDQ	[FNAME] ambulates in a restricted and guarded manner.	10/13/2011
/WD	G	O.GAIT	PDQ	[FNAME] ambulates only with assistance.	10/13/2011
/WE	G	O.GAIT	PDQ	[FNAME] ambulates with some support.	10/13/2011
/WF	G	O.GAIT	PDQ	[FNAME] presents with an apparent limp.	10/13/2011
/WG	G	O.GAIT	PDQ	[FNAME] walks with the help of a cane.	10/13/2011
/WH	G	O.GAIT	PDQ	[FNAME] ambulates with a walker.	10/13/2011
/WI	G	O.GAIT	PDQ	The patient is confined to a wheelchair, and only walks on occasion.	10/13/2011
/WJ	G	O.GAIT	PDQ	[FNAME] is ambulating with an antalgic posture.	10/13/2011
/WK	G	O.GAIT	PDQ	[FNAME] displays an apropulsive gait.	10/13/2011
/WL	G	O.GAIT	PDQ	[FNAME] has an abductory twist.	10/13/2011
/WM	G	O.GAIT	PDQ	An early heel off is noted.	10/13/2011
/WN	G	O.GAIT	PDQ	A foot drop is noted when ambulating.	10/3/2011
/WO	G	O.GAIT	PDQ	An in-toe is noted.	10/13/2011
/WP	G	O.GAIT	PDQ	An out-toe is noted.	10/13/2011
/WQ	G	O.GAIT	PDQ	[FNAME] can only ambulate well with the help of properly fitted orthotics.	10/13/2011
/WR	G	O.GAIT	PDQ	[FNAME] ambulates with a steppage gait.	10/13/2011
/WS	G	O.GAIT	PDQ	[FNAME] ambulates with a scissor gait.	10/13/2011
/XA	B	P.OP.b	PDQ	[CR]Procedures and Treatment:	2/19/2009
/XB	G	P.OP	PDQ	[CR][Ip.Hammertoe.rtf]	10/13/2011
/XC	G	P.OP	PDQ	[CR][Ip.Austin Bunionectomy.rtf]	10/13/2011
/XD	G	P.OP	PDQ	[CR]Diagnostic Ultrasound was performed as part of the examination.	10/13/2011
/XE	G	P.OP	PDQ	[CR][Ip.Matrixectomy with Phenol.rtf]	10/13/2011
/XF	G	P.OP	PDQ	[CR]Therapeutic Strengthening Exercises were performed.	10/13/2011
/XG	G	P.OP	PDQ	[CR]Therapeutic Active Stretching Exercises were done.	10/13/2011
/XH	G	P.OP	PDQ	[CR][Ip.Neuroma Excision Left.rtf]	10/13/2011
/XI	G	P.OP	PDQ	[CR][Ip.Neuroma Excision Right.rtf]	10/13/2011
/XJ	G	P.OP	PDQ	[CR][Ip.Neoplasm Excision.rtf]	10/13/2011
/XP	G	P.OP	PDQ	[CR]Strapping - The affected toes and forefoot were prepared in the usual manner. Padding was placed in the webspaces to prevent irritation, and taping was employed to prevent excessive motion at the IPJ's and MPJ's. Written and oral instruction was given on the care and caveats of the dressing.	10/3/2011
/XQ	G	P.OP	PDQ	[CR]Strapping - The skin above the ankle and the foot was prepped in the usual manner. Adhesive tape was applied in progressive layers to prevent motion at the ankle and subtalar joints. An arch pad was employed in the dressing. Verbal and written instructions and cautions were given about the adhesive dressing.	10/3/2011
/XR	G	P.OP	PDQ	[CR]Unna Boot - The skin of the foot and leg were prepped in the usual manner. An Unna's paste boot was applied with gradient pressure from distal to proximal, to assist in reduction of edema and attain immobilization. The color of the toes was evaluated, and both written and oral instructions were given.	10/3/2011
/XS	G	P.OP	PDQ	[CR]A cast was applied to the lower extremity to immobilize the foot and ankle. Toe color was checked. Verbal instructions were given on the use and care of the cast.	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/XT	G	P.OP	PDQ	[CR]Night Splint - a night splint was dispensed. The device was fitted, and instructions were given on the care and use of the splint.	10/3/2011
/XU	G	P.OP	PDQ	[CR]CAM Walker - A CAM-type walker was dispensed. The patient was fitted, the walker adjusted, and instructions were given on the care and use of the device.	10/3/2011
/XV	G	P.OP	PDQ	[CR]Orthotics - Orthotics were dispensed to the patient. They were fitted and instructions were given. Orthotics should be worn 2 hours the first day and increase by one hour each day. If any discomfort appears, cut back on the time. If severe discomfort occurs, don't wear the orthotics and call the office.	10/13/2011
/XW	G	P.OP	PDQ	[CR]Orthotic Fitting - A biomechanical examination of the foot was performed. Neutral position of the subtalar joint was determined and ROM for the joints in the foot were evaluated. An impression of the foot was taken for fabrication of the orthotic devices.	10/13/2011
/XY	G		PDQ	The x-rays show that the bone is healing properly with no complications.	10/13/2011
/Y0	G	S.HIST	PDQ	[FNAME] says that [SEXS] is feeling about 25 percent better since the last visit.	10/13/2011
/Y1	G	S.HIST	PDQ	[FNAME] says that [SEXS] is feeling 100 percent better since the last visit.	10/13/2011
/Y2	G	S.HIST	PDQ	[FNAME] says that [SEXS] is feeling a lot better since the procedure was performed.	10/13/2011
/Y3	G	S.HIST	PDQ	[FNAME] says that [SEXS] is feeling much better since the surgery was done.	10/13/2011
/Y4	G	S.HIST	PDQ	[FNAME] states that there is basically no change in the condition since the last visit.	10/13/2011
/Y5	G	S.HIST	PDQ	[FNAME] says that there is basically no change in symptoms since the procedure was done.	10/13/2011
/Y6	G	S.HIST	PDQ	[FNAME] says that the symptoms seem to be getting worse.	10/13/2011
/Y7	G	S.HIST	PDQ	[FNAME] says that the symptoms seem to be getting a lot worse since the last visit.	10/13/2011
/Y8	G		PDQ	[FNAME] states that there haven't been any complications or significant problems since the procedure.	10/13/2011
/Y9	G		PDQ	[SEXO] [LNAME] says [SEXS] has been able to move around well and perform normal activities of daily living without limits since the procedure.	10/13/2011
/YB	G	P.OP	PDQ	[CR]Redress Surgical Site - The wound was irrigated with sterile saline solution, followed by application of a dry, sterile dressing, with protective padding to reduce the pressure. Instructions were given to [SEXO] [LNAME].	10/3/2011
/YC	G	P.OP	PDQ	[CR]Redress Bone Area - The surgical site was dressed with an antibiotic ointment and bandaging to splint the area, and give protection to the bones that were worked on. Instructions were given to [SEXO] [LNAME].	10/3/2011
/YD	G	P.OP	PDQ	[CR]Redress Nail - The area of the nail was dressed with antibiotic ointment and dressing as needed to cover and protect the nail. Instructions were given to [SEXO] [LNAME].	10/3/2011
/YE	G	P.OP	PDQ	[CR]Redress w/Pad - The area was redressed and padding was applied for protection. Instructions were given to [SEXO] [LNAME].	10/3/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/YF	G	P.OP	PDQ	[CR]Suture Removal - The site was soaked in cotton w/H2O2. Sutures were removed using sterile instruments. Antibiotic ointment was applied along the edge of the incision. The site was checked, and Steristrips were applied for protection and support. Instructions were given to [SEXO] [LNAME].	10/3/2011
/YG	G	P.OP	PDQ	[CR]Pin Removal - The surgically placed pins were removed after soaking the exit points with H2O2. Normal bleeding was noted after removal. The sites were cleaned and dressed with antibiotic ointment and gauze.	10/3/2011
/YH	G	P.OP	PDQ	[CR]Treatment today consisted of partial skin debridement, with skin excision and removal of appreciable amounts of devitalized tissue and foreign matter. This was done in the superficial layers of the skin.	10/3/2011
/YI	G	P.OP	PDQ	[CR]Treatment today consisted of full thickness skin debridement, with through and through excision and removal of appreciable amounts of devitalized tissue and foreign matter.	10/3/2011
/YJ	G	P.OP	PDQ	[CR]Treatment today consisted of full thickness skin, and subcutaneous tissue excision and removal of appreciable amounts of devitalized tissue and foreign matter. This was completed using sharp scissors, scalpel and tweezers.	10/3/2011
/YL	G	S.ONSET	PDQ	The onset of the symptoms has been gradual	10/13/2011
/YM	G	S.ONSET	PDQ	The onset of the symptoms has been sudden	10/13/2011
/YN	G	S.ONSET	PDQ	The symptoms are a result of the patient's medical condition, as noted in the chart.	10/13/2011
/YO	G	S.ONSET	PDQ	The conditions are present as a result of the patient's diabetes.	10/13/2011
/YP	G	S.ONSET	PDQ	The symptoms are a direct result of the recent accident.	10/13/2011
/YQ	G	S.ONSET	PDQ	The condition has been present since birth.	10/13/2011
/YR	B	S.ONSET	PDQ	The date of onset of the condition is	10/3/2011
/YS	G	S.ONSET	PDQ	The condition has been present for a few years.	10/13/2011
/YT	B	S.ONSET	PDQ	The date of the injury was	10/3/2011
/YU	G	S.ONSET	PDQ	The condition has been present for a few days.	10/13/2011
/YV	B	S.ONSET	PDQ	The date of initial treatment for the condition was	10/3/2011
/YW	G	S.ONSET	PDQ	The symptoms have been present for a few months.	10/13/2011
/YY	G	S.HIST	PDQ	[FNAME] states that [SEXS] is feeling better since the last visit.	10/13/2011
/YZ	G	S.HIST	PDQ	[FNAME] says that [SEXS] is feeling about fifty percent better since the last visit.	10/13/2011
/ZJ	G	P.TOL	PDQ	[FNAME] tolerated the procedure well, and there were no complications or complaints	10/13/2011
/ZK	G	P.TOL	PDQ	[FNAME] did not tolerate the procedure well. If the condition persists, we will need to re-evaluate the situation.	10/13/2011
/ZL	G	P.TOL	PDQ	[FNAME] tolerated the treatment well, without any complaints or complications	10/3/2011
/ZM	G	P.TOL	PDQ	[FNAME] did not tolerate the treatment as expected. We will re-evalute further treatments as needed.	10/13/2011
/ZN	G	P.TOL	PDQ	[FNAME] came out of the surgery well, and there were no complications or serious problems.	10/13/2011
/ZO	G	P.TOL	PDQ	There were some minor complications during surgery, and therefore, [FNAME] did not respond as expected.	10/13/2011

Qcode	TYPE	MAP (section)	CATEGORY	STRING	MODIFIED
/ZV	G	P.EDUC	PDQ	[CR]I have educated [FNAME] on the current condition, including short and long term prognosis. The patient is aware of the treatment plan and knows to get in touch should things change or worsen.	10/3/2011
/ZW	G	P.EDUC	PDQ	[CR]I have given the patient proper instructions on the use and application of the prescribed medications. Detailed written and verbal instructions were given, including dosage and any possible side affects. The patient was advised to call if any questions or concerns arise.	10/3/2011
/ZX	G	P.EDUC	PDQ	[CR]The patient has been instructed verbally and in writing, on the proper care of the [sexp]condition at home. [FNAME] has been advised to call me immediately with any questions, or should the condition worsen or change in any way.	10/3/2011
/ZY	G	P.EDUC	PDQ	[CR][FNAME] was given oral and written instructions to soak the affected area in a saline solution for 15 minutes QID. The area is to be dried and topical applied. A gauze dressing is then applied. This regimen is repeated for seven days. The patient should call if anything unusual occurs.	10/3/2011
/ZZ	G	P.EDUC	PDQ	[CR]I have discussed overall health with [FNAME], with specific attention to improved nutrition, increased physical activity, and reduction of smoking. [FNAME] understands that these issues are critical to long-term wellness.	10/3/2011