

Procedure code u/s procedure Narc Score	Impact on Med use	Pain Reduction	Functional improvement	Months in the program, more than
PE 360	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
HS 080	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
BBK 210	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 year
HL 060	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
CC 310	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
MR NA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
LB NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
ST 340	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
AE 190	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
PV 310	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
SM 210	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
C 510	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
TD 350	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
II 160	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
HR NA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
PT 590	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
MG 360	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
SD 190	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years

RL 360	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MT NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MM 200	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
LA 380	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
FG 210	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
SR 290	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
EA NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years Never Seen
WG NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KT 530	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
DT 160	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KI 330	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
BD NA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MJ 170	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
EH 770	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MC 160	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
CA 300	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
HW 490	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
KW NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
LJ 110	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years NIA

PB 260	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
CJ 230	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
FA 260	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
TC 210	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
MFF NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
AS NA	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
AE NA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
AB 380	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
CS 450	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
CM NA	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
CH NA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
CLM 200	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
DW 380	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
DC 400	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
EM 080	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
EW NA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
FW NA	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
GM 120	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
JJ 410	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years

JA 190	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
KB NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
KG NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
KK 240	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
KB NA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
KBW NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
KL 110	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
LD 310	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
MB 190	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
MH NA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
MT NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
RE NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
SS 290	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
SW 420	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
SR 350	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
TB 390	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years

SBRIT G code monitoring	Impact on Med use	Structured assessment reviewed/documentated time spent more than 30 min	Functional improvement	Months in the program, more than
PE	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
HS	<input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
BBK	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
HL	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
CC	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MR	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
LB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
ST	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
AE	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
PV	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
SM	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant Very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
CJ	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
TD	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
II	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
HR	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
PT	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MG	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
SD	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years

RL	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MT	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MM	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
LA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
FG	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
SR	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
EA	<input checked="" type="checkbox"/> Documented	<del><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> other</del>	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
WG	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KT	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
DT	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KI	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
BD	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MJ	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
EH	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MC	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
CA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
HW	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
KW	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
LJ	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years

PB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
CJ	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
FA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2 years
TC	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
MFF	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
AS	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years</del>
AE	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years</del>
AB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
CS	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
CM	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years</del>
CH	<input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years</del>
CLM	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
DW	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
DC	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years</del>
EM	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years</del>
EW	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2 years
FW	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years</del>
GM	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years</del>
JJ	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2 years

JA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
KB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KG	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KK	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KBW	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KL	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
LD	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MH	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MT	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
RE	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
SS	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
SW	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
SR	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
TB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years



POC urine testing	Impact on Med use	Risk stratification documented	Patient Identification Form signed	Months in the program, more than
PE	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
HS	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
BBK	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
HL	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
CC	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MR	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
LB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
ST	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
AE	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
PV	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
SM	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
CJ	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
TD	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo

NA

				<input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
II	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
HR	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
PT	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MG	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
SD	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
RL	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MT	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MM	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
LA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
FG	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
SR	<input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
EA	<input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
WG	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo

				<input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KT	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
DT	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KI	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
BD	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MJ	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
EH	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MC	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
CA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
HW	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
KW	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
LJ	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <i>Less than 3mos</i> <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
PB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
CJ	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo

				<input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
FA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
TC	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MFF	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
AS	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
AE	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
AB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
CS	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
CM	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
CH	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
CLM	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
DW	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
DC	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
EM	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo

				<input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
EW	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2years</del>
FW	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2years</del>
GM	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <del><input type="checkbox"/> 12 mo <input type="checkbox"/> 2years</del>
JJ	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
JA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
KB	<input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KG	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KK	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KB	<input type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KBW	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KL	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
LD	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MB	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo

				<input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MH	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MT	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
RE	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
SS	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
SW	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
SR	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
TB	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years

Procedure code u/s procedure Narx Score	Impact on Med use	Pain Reduction	Functional improvement	Months in the program, more than
MA 150	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
RA 310	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
DB 160	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2year
SB 210	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
CB N/A	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
KB 080	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
TB 240	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
FC 380	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
BC 110	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KE 170	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
TF 490	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MH 410	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
TH 590	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
AM 380	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
RM 220	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
LM 230	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
JN 270	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
RP 320	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years

Procedure code u/s procedure	Impact on Med use	Pain Reduction	Functional improvement	Months in the program, more than
KP 420	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
GS 150	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
LS 380	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2year
RS 150	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MS 320	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
AW 150	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
MA 370	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
CC 350	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
FC 240	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
JC 480	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
ED 270	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
HG 430	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
RG 360	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
SH 250	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
GH 380	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant very	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
VH NA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant ver	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
RK 080	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
SP 430	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant Very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years



Procedure code u/s procedure	Impact on Med use	Pain Reduction	Functional improvement	Months in the program, more than
TB 330	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
DS NA	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
GS 150	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2year
AW 120	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
PW 270	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
KM 460	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input checked="" type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
WM 480	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
JB 300	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant <i>very</i>	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years

JA 260	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
GM 350	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant Very	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
MP 320	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
JR 310	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> moderate <input checked="" type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> 2years
AS	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Moderate <input type="checkbox"/> significant	<input checked="" type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input checked="" type="checkbox"/> 12 mo <input checked="" type="checkbox"/> 2years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years
	<input type="checkbox"/> Documented	<input type="checkbox"/> Moderate <input type="checkbox"/> significant	<input type="checkbox"/> moderate <input type="checkbox"/> significant	<input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 2years

SBRIT G code monitoring	Impact on Med use	Structured assessment reviewed/documentated time spent more than 30 min	Reason for D/C	Months in the program, more than
PB Narx Score 410	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input checked="" type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <i>2 visits</i> <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
BD Narx Score 430	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input checked="" type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
AM Narx Score 360	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP <i>multiple Providers</i>	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input checked="" type="checkbox"/> 2year
BM Narx Score 160	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input checked="" type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <i>3 visits</i> <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
FM Narx Score 770	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input checked="" type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input checked="" type="checkbox"/> 12 mos <input type="checkbox"/> 2year
IE Narx Score 080	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input checked="" type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input checked="" type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
WD Narx Score 170	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input checked="" type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input checked="" type="checkbox"/> 2year
DG Narx Score 450	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input checked="" type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input checked="" type="checkbox"/> 12 mos <input type="checkbox"/> 2year
AS Narx Score 370	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input checked="" type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <i>less than</i> <input type="checkbox"/> 6 mos <i>3 mos</i> <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
CJ Narx Score 250	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input checked="" type="checkbox"/> 2year
QA Narx Score 220	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input checked="" type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input checked="" type="checkbox"/> 12 mos <input type="checkbox"/> 2year

SBRIT G code monitoring	Impact on Med use	Structured assessment reviewed/documentated time spent more than 30 min	Reason for D/C	Months in the program, more than
RR Narx Score 440	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input checked="" type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input checked="" type="checkbox"/> 12 mos <input type="checkbox"/> 2year
BJ Narx Score 380	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input checked="" type="checkbox"/> 12 mos <input type="checkbox"/> 2year
CI Narx Score 310	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input checked="" type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <i>2 visits</i> <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
SB Narx Score 440	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input checked="" type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input checked="" type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
GJ Narx Score 580	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
HJ Narx Score NA	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input checked="" type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <i>2 visits</i> <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
CD Narx Score 150	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <i>2 visits</i> <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
CD Narx Score 530	<input checked="" type="checkbox"/> Documented	<input type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input checked="" type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
FR Narx Score 700	<input type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input checked="" type="checkbox"/> 12 mos <input type="checkbox"/> 2year
IJ Narx Score 740	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input checked="" type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <i>less than</i> <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <i>3 mos</i> <input type="checkbox"/> 2year
FS Narx Score 710	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input checked="" type="checkbox"/> BUP	<input checked="" type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year

SBRIT G code monitoring	Impact on Med use	Structured assessment reviewed/documentated time spent more than 30 min	Reason for D/C	Months in the program, more than
CS Narx Score NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input checked="" type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input checked="" type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
PV Narx Score 260	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input checked="" type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year 1 visit
MA Narx Score NA	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input checked="" type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input checked="" type="checkbox"/> 2year
BC Narx Score 260	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input checked="" type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input checked="" type="checkbox"/> 2year
JL Narx Score 190	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year 2 visits
MK Narx Score 610	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input checked="" type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input type="checkbox"/> 3 mos <input checked="" type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year
DV Narx Score 400	<input checked="" type="checkbox"/> Documented	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> other	<input checked="" type="checkbox"/> COC <input type="checkbox"/> THC <input type="checkbox"/> METH <input type="checkbox"/> ETOH <input type="checkbox"/> FPC <input type="checkbox"/> FENT <input type="checkbox"/> BUP <input type="checkbox"/> ADLT URINE <input type="checkbox"/> BUP	<input checked="" type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 12 mos <input type="checkbox"/> 2year