### Capsaicin 8% Topical System Procedure Notes

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date</th>
<th>Chart #</th>
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<tr>
<th>Date of Next Office Visit</th>
<th>BP</th>
<th>Pulse</th>
<th>Height</th>
<th>Weight</th>
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**Patient History**

1. Date of prior Capsaicin 8% Topical System application  
   1st Date  
   2nd Date  
   3rd Date  
   4th Date

2. Please identify the main area(s) that has pain on the body: __________________________

   Which Side?  
   - Left  
   - Right  
   - Bilateral

3. Please check the appropriate boxes below to identify the main area(s) of pain on the foot(foot)es:

   - Anterior  
   - Posterior  
   - Plantar  
   - Proximal  
   - Dorsal  
   - Medial  
   - Lateral  
   - Distal

4. Check the words that best describe the quality of your pain?

   - Aching  
   - Stabbing  
   - Nagging  
   - Burning  
   - Throbbing  
   - Gnawing  
   - Numb-like  
   - Tiring  
   - Shooting  
   - Penetrating  
   - Sharp  
   - Unbearable

**Coding:** (Coverage Reimbursement Guide provides a list of codes. It is the physician's responsibility to provide the correct codes.)

- B02.23 Postherpetic polyneuropathy
- E08.40 diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
- E10.40 type 1 diabetes mellitus with diabetic neuropathy, unspecified
- E11.40 type 2 diabetes mellitus with diabetic neuropathy, unspecified
- E13.40 other specified diabetes mellitus with diabetic neuropathy, unspecified
- E13.42 other specified diabetes mellitus with diabetic polyneuropathy
- B02.29 Other postherpetic nervous system involvement
- E08.42 diabetes mellitus due to underlying condition with diabetic polyneuropathy
- E10.42 type 1 diabetes mellitus with diabetic polyneuropathy
- E11.42 type 2 diabetes mellitus with diabetic polyneuropathy
- E13.41 other specified diabetes mellitus with diabetic mononeuropathy
- Other: __________________________

- J Code: J7336
- J Code: J7336JW

**CPT Code:** ________________  *Please refer to billing and reimbursement guideline for additional billing information*

**Capsaicin 8% Topical System Applied:** (each unit is 1cm²)

- 1 topical system (1 patch - 280cm² billing units)
- 2 topical systems (2 patches - 560cm² billing units)
- 3 topical systems (3 patches - 840cm² billing units)
- 4 topical systems (4 patches - 1120cm² billing units)
- Other ________/ _______ topical system (patch(es)) billing units
- Wastage ________/ _______ topical system (patch(es)) billing units

**If Applicable**

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<tr>
<th>System (patch) Lot#</th>
<th>Exp Date</th>
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**Additional Notes:**

Please shade the area where the patient feels pain:
Average pain score (0 - 10 scale): _______

Patient has tried and failed and/or did not tolerate the following:

- Gabapentin
- Amitriptyline
- Clomipramine
- Doxepin
- Imipramine
- Trimipramine
- Amoxapine
- Desipramine
- Nortriptyline
- Protriptyline
- Lidocaine Patches
- Duloxetine
- Pregablin
- Capsaicin topical analgesic cream
- Opioids (specify) ____________
- Other ____________

Additional Clinical Rational

- ER Visits (#): _______
- Other: __________________________________________________________

Provider’s Signature ________________________________ Date ______________