**Coding of Pain Categories**

**Supplemental Materials for**

**Prevalence of Pain Diagnoses and Burden of Pain among Active Duty Soldiers, FY2012. *Military Medicine* 2018. doi: 10.1093/milmed/usx200**

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| Category and subcategory, if applicable | Diagnostic codes |
| Peripheral/CNS | ICD9 code 053.13, 072.72, 337.0, 337.1, 353–357, 377.33, 377.34, 377.41 |
| Osteoarthritis | CCS 203 |
| Back & neck | CCS 205 (includes subcategories below) |
| Back – lumbago | CCS 13.3.3.3 |
| Back & neck – invertebral disc | CCS 13.3.2 |
| Back & neck – cervicalgia | ICD9 code 723.1 |
| Back & neck – spondylosis | CCS 13.3.1 |
| Back & neck – other | Remainder of CCS 205 – same as CCS 13.3.3.1, 13.3.3.2, 13.3.3.4, 13.3.3.5, 13.3.3.6, 13.3.3.7 (excluding ICD9 723.1) |
| Headache/migraine | CCS 84 |
| Non-traumatic joint disorders | CCS 204 |
| Other musculoskeletal | CCS 202; ICD9 711.x(1-3), 712.x(1-3), 715.x(1-3), 716.x(2-3), 718 4th digit (0,1,4,5,8) 5th digit (1-3), 719.x, 721.0x, 721.1x, 722.0x, 722.31, 722.4, 722.71, 722.81, 722.91, 723.xx, 725, 726 (except 726.70, 726.73, 726.79, 726.91), 727.61-727.62, 728.11, 728.12, 728.81, 728.83, 728.86, 728.89, 728.9, 729 (except 729.2, 729.3, 729.6, 729.81, 729.82), 730.x(1-3), 781.99, 830–848, 905.6, 905.7, V43.6, V43.7, V48.3, V49.6, V49.7 |
| Visceral/pelvic | CCS 251; ICD9 550 (except 550.9), 551.0–551.2, 552.0–552.2, 560.81, 562.01, 562.03, 562.11, 562.13, 567.2, 567.8, 569.5, 574, 575.0, 575.1, 577.0, 577.1, 592, 594, 596, 614, 615, 616.11, 616.2–616.9, 617, 625.1–625.3, 625.5, 625.7, 625.8 626.3, 626.5, 788.0, 789.0, 789.6 |
| Wounds/injury/fractures | ICD9 353.6, 376.47, 733.1, 733.93–733.98, 800–829, 860–887 (except 873.63), 890–897, 900–904, 905.0–905.5, 905.8, 905.9, 906, 907.2, 908.0–908.4, 925–929, 940–949, 952, 997.6, V13.51, V13.52, V49.6, V49.7, V54.0–V54.2, V66.4, V67.4, |
| Acute | ICD9 code 338.11, 338.12, 338.18, 338.19 |
| Chronic non-specific | ICD9 code 338.21, 338.28, 338.29, 338.4, 780.96 |

We defined each pain category based on presence of ICD-9-CM diagnosis codes, using a health services research diagnostic code grouper system (Clinical Classifications Software (CCS)1) and prior research on Veteran and military populations. First, if a CCS code or a unique ICD-9-CM diagnostic code existed for that category (e.g., osteoarthritis), we relied on those codes. Second, in the absence of a unique CCS or ICD-9-CM code, for categories that included multiple types of diagnoses (e.g., back and neck pain), we relied on a *VA Office of the Inspector General Report*2 for specific diagnosis codes. Last, we supplemented specific pain categories with diagnosis codes found in military-specific literature.

1. Agency for Healthcare Research and Quality - Healthcare Cost and Utilization Project (HCUP). Clinical Classifications Software (CCS). 2014; <https://hcup-us.ahrq.gov/toolssoftware/ccs/CCSUsersGuide.pdf>. Accessed Jan 17, 2016.

2. Department of Veterans Affairs - Office of Inspector General. Healthcare Inspection - VA Patterns of Dispensing Take-Home Opioids and Monitoring Patients on Opioid Therapy. 2014; <https://www.va.gov/oig/pubs/VAOIG-14-00895-163.pdf>. Accessed July 14, 2017.

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