

NC-TOPPS Mental Health and Substance Use Disorder

Adult (Ages 18 and up)

Update Interview

Use this form for backup only. **Do not mail.** Enter data into web-based system:

(<http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system>)

9. For dosage level of Methadone greater than zero:

a. Please describe the last methadone dosing:

- Induction → (skip to c)
 Stabilization → (skip to c)
 Taper
- b. Is the methadone withdrawal voluntary or administrative?
 Voluntary Administrative
- c. Is methadone being given in a split dosage (e.g., 2 or more doses per day)?
 Yes No
- d. What is the consumer's take home level?
 Level 1 (Sunday only) Level 5
 Level 2 Level 6
 Level 3 Level 7 (30 days)
 Level 4 No take home level

10. For Adult Substance Use Disorder individual: Is this consumer receiving or expected to receive buprenorphine (mono or combo products, such as Subutex, Zubsolv, Suboxone, Probuphine, etc.) treatment?

- Yes No → (skip to 12)
- b. How will the buprenorphine be administered?
 Oral (tablets or film) Implant
- c. What is the current buprenorphine dosage?
 mg (enter zero, if none and skip to 12)

11. For dosage level of Buprenorphine greater than zero: Please describe the last buprenorphine dosing:

- Induction → (skip to 12)
 Stabilization → (skip to 12)
 Taper
- b. Is the buprenorphine withdrawal voluntary or administrative?
 Voluntary Administrative

12. For Adult Substance Use Disorder individual: Is this consumer receiving or expected to receive naltrexone (such as Revia, Vivitrol, etc.) treatment?

- Yes No → (skip to 14)
- b. How will the naltrexone be administered?
 Oral Injectable
- c. What is the current naltrexone dosage?
 mg (enter zero, if none and skip to 14)

13. For dosage level of Naltrexone greater than zero: Please describe the last naltrexone dosing:

- Induction → (skip to 14)
 Stabilization → (skip to 14)
 Taper
- b. Is the naltrexone withdrawal voluntary or administrative?
 Voluntary Administrative

14. For Substance Use Disorder and Methadone or Buprenorphine or Naltrexone individual: Substance use disorder treatment participation and service units in the past 3 months (enter zero, if none):

- a. Group sessions attended:
- b. Individual/Family sessions attended:

15. For Adult Substance Use Disorder individual: Does this consumer take Antabuse?

- Yes No

16. Since the last interview, the consumer has attended scheduled treatment sessions...

- All or most of the time Sometimes Rarely or never

17. For Adult Substance Use Disorder individual: Number of drug tests conducted and number positive in the past 3 months: (Do not count if positive for Methadone only)

- a. Number Conducted (enter zero, if none and skip to 18)
- b. Number Positive (enter zero, if none and skip to 18)
- c. How often did each substance appear for all drug tests conducted?
- | Alcohol | THC | Opiates | Benzo |
|---|---|---|---|
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Cocaine | Amphetamine | Barbiturate | |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |

18. Since the individual started services for this episode of treatment, which of the following areas has the individual received help? (mark all that apply)

- Educational improvement
 Finding or keeping a job
 Housing (basic shelter or rent subsidy) → (answer b)
 Transportation
 Food supply → (answer c)
 Child care
 Medical care
 Dental care
 Screening/Treatment referral for HIV/TB/HEP
 Legal issues
 Volunteer opportunities
 None of the above
- b. If housing, what supports are needed to improve the individual's current situation or would allow the individual to live more successfully in the community? (mark all that apply)
- Rental assistance (due to credit problems, criminal record, or no down payment)
 Communication assistance (with landlord, housing management, or neighbors)
 Behavioral health supports (with crisis management, medication compliance, environmental challenges, or problem solving)
 Daily living skill development (for paying bills, housekeeping, transportation, meal preparation, or self-care)
 Other
- c. If food supply, how helpful have the program services been in supplying food as needed?
 Not helpful Somewhat helpful Very helpful NA

Section II: Complete items 19-39 using information from the individual's interview (preferred) or consumer record

19. How are the next section's items being gathered? (mark all that apply)

- In-person interview (Preferred)
 Telephone interview
 Clinical record/notes

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20. Which of the following best describes your sexual orientation?

- Straight
 Lesbian or Gay
 Bisexual
 Other
 Don't know/Not sure
 Deferred

21. Do you consider yourself to be transgender?

- Yes, Transgender, male-to-female
 Yes, Transgender, female-to-male
 Yes, Transgender, gender non-conforming
 No
 Don't know/Not sure
 Deferred

22. Do you ever have difficulty participating in treatment because of problems with... (mark all that apply)

- No difficulties prevented you from entering treatment
 Active mental health symptoms (anxiety or fear, agoraphobia, paranoia, hallucinations)
 Active substance use disorder symptoms (addiction, relapse)
 Physical health problems (severe illness, hospitalization)
 Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)
 Treatment offered did not meet needs (availability of appropriate services, type of treatment wanted by consumer not available, favorite therapist quit, etc.)
 Engagement issues (AWOL, doesn't think s/he has a problem, denial, runaway, oversleeps)
 Cost or financial reasons (no money for cab, treatment cost)
 Stigma/Discrimination (race, gender, sexual orientation)
 Treatment/Authorization access issues (insurance problems, waiting list, paperwork problems, red tape, lost Medicaid card, referral issues, citizenship, etc.)
 Being deaf/hard of hearing
 Language or communication issues (foreign language issues, lack of interpreter, etc.)
 Legal reasons (incarceration, arrest)
 Transportation/Distance to provider
 Scheduling issues (work or school conflicts, appointment times not workable, no phone)
 Lack of stable housing
 Personal safety (domestic violence, intimidation or punishment)

23. Since the last interview, have you earned a...

- a. GED?
 Yes No
b. high school diploma?
 Yes No

24. Since the last interview, have you been enrolled in school or taken any classes? (mark all that apply)

- No
 Yes, high school or GED
 Yes, vocational school or certificate program
 Yes, college
 Yes, adult education/leisure/recreational classes

25. In the past 3 months, what best describes your employment status? (mark only one)

- Full-time work (working 35 hours or more a week)
-> (answer b-1, b-2, b-3, and b-4)
 Part-time work (working 11-34 hours a week)
-> (answer b-1, b-2, b-3, and b-4)
 Part-time work (working less than 10 hours a week)
-> (answer b-1, b-2, b-3, and b-4)
 Unemployed (seeking work or on layoff from a job)
-> (skip to 26)
 Not in labor force (not seeking work)
-> (answer c)

b-1. If employed, what best describes your job classification?

- Professional, technical, or managerial
 Clerical or sales
 Service occupation
 Agricultural or related occupation
 Processing occupation
 Machine trades
 Bench work
 Structural work
 Miscellaneous occupation (other)

b-2. If employed, what employee benefits do you receive? (mark all that apply)

- Insurance
 Paid time off
 Meal/Retail discounts
 Other
 None

b-3. If employed, what currently describes your rate of pay?

- Above minimum wage (more than \$7.25 an hour)
 Minimum wage (\$7.25 an hour)
 Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage certificate)

b-4. If employed, are you also enrolled in an educational program?

- Yes No

c. If not seeking work, what best describes your current status? (mark only one)

- Homemaker
 Student
 Retired
 Chronic medical condition which prevents employment
 Incarcerated (juvenile or adult facility)
 Institutionalized
 Day program services
 Volunteer
 None of the above

26. In the past 3 months, how often did you participate in ...

a. positive community/leisure activities?

- Never A few times More than a few times

b. recovery support or mutual aid groups?

- Never -> (skip to 27)
 A few times

More than a few times

b-1. In the past month, how many times did you attend recovery support or mutual aid groups?

- Did not attend in past month
 1-3 times (less than once per week)
 4-7 times (about once per week)
 8-15 times (2 or 3 times per week)
 16-30 times (4 or more times per week)
 some attendance, but frequency unknown

27. In the past 3 months, how often have your problems interfered with work, school, or other daily activities?

- Never A few times More than a few times

28. In the past month, how would you describe your mental health symptoms?

- Extremely Severe Mild
 Severe Not present
 Moderate

29. In the past month, if you have a current prescription for psychotropic medications, how often have you taken this medication as prescribed?

- No prescription Sometimes
 All or most of the time Rarely or never

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30. In the past 3 months, how many times have you moved residences? (enter zero, if none)

31. In the past 3 months, where did you live most of the time?

- Living independently (own/rent home/apartment)
- Stable housing with friends or family at minimal or no cost
- Residential program (halfway house, group home, alternative family living, family care home)
- Institutional setting (hospital or jail)
- Homeless → (answer b)
- Temporary housing → (answer c)
 - b. If *homeless*, please specify your living situation most of the time in the past 3 months.
 - Sheltered (homeless shelter or domestic violence shelter)
 - Unsheltered (on the street, in a car, camp)
 - c. If *temporary housing*, please specify your living situation most of the time in the past 3 months.
 - Unstable housing with frequent moves to and from relative's/ friend's homes
 - Hotel/motel

32. For Adult MH only individual:
In the past 3 months, have you used tobacco/vaping products or alcohol? Yes No

33. For Adult MH only individual:
In the past 3 months, have you used illicit drugs or other substances other than tobacco/vaping products and alcohol?
 Yes No → (skip to 36 if 'No' is answered on both questions 32 and 33)

34. Please mark the frequency of use for each substance in the past month.

Substance	Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily
Tobacco/vaping use (any tobacco/vaping products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy alcohol use (>=5(4) drinks per sitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than heavy alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana or hashish use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine or crack use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other opiates and synthetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Drug Use <input type="text"/> <input type="text"/> (enter code from list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Drug Codes

- | | | |
|------------------------------|---------------------------------|-------------|
| 5=Non-prescription Methadone | 13=Other Tranquilizer | 57=Spice |
| 7=PCP-Phencyclidine | 14=Barbiturate | 58=Dilantin |
| 8=Other Hallucinogen | 15=Other Sedative or Hypnotic | 59=GHB/GBL |
| 9=Methamphetamine/Speed | 16=Inhalant | 60=Ketamine |
| 10=Other Amphetamine | 17=Over-the-Counter medications | |
| 11=Other Stimulant | 22=OxyContin (Oxycodone) | |
| 12=Benzodiazepine | 29=Ecstasy (MDMA) | |

35. If tobacco/vaping use is selected from Substance, identify up to two of the most often used tobacco/vaping products:

- | | |
|---|--|
| <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Hookah |
| <input type="checkbox"/> E-cigarettes | <input type="checkbox"/> Heated Tobacco Products |
| <input type="checkbox"/> Cigars/Cigarillos/Little Cigars | <input type="checkbox"/> "Tobacco free" Nicotine Pouches (ex. Zyn) |
| <input type="checkbox"/> Smokeless Tobacco/Chewing | <input type="checkbox"/> Blunts |
| <input type="checkbox"/> Tobacco/Chew/Snuff/Snus | <input type="checkbox"/> Other Tobacco Product |
| <input type="checkbox"/> Dissolvable Tobacco as in Strips/Sticks/Orbs | |

36. For Adult MH individual:

In general, since entering treatment your involvement in the criminal/juvenile justice system has...

- Increased Decreased Stayed the same

37. In the past month, how many times have you been arrested for any offense including DWI? (enter zero, if none)

38. Are you under the supervision of the criminal justice system?

- Yes No

39. For Female Adult Substance Use Disorder individual:
Do you have children under the age of 18?

- Yes No → (skip to 40)

b. How many children do you have?

c. Since the last interview, how many children have you...

c-1. gained legal custody of?

c-2. lost legal custody of?

c-3. begun seeking legal custody of?

c-4. stopped seeking legal custody of?

c-5. continued seeking legal custody of?

d. Since the last interview, how many newborn baby(ies) have been removed from your legal custody?

e. Since the last interview, how many children have your parental rights been terminated from?

f. How many children in your legal custody are receiving preventative and primary health care?

g. How many children in your legal custody have been screened for mental health and/or substance use disorder prevention or treatment services?

h. Since the last interview, have you been investigated by DSS for child abuse or neglect?

- Yes No → (skip to 40)

h-1. Was the investigation due to an infant testing positive on a drug screen?

- Yes No NA

Section III: This next section includes questions which are important in determining consumer outcomes. These questions require that they be asked directly to the individual either in-person or by telephone.

40. Is the individual present for an in-person or telephone interview or have you directly gathered information from the individual within the past two weeks?

- Yes - Complete items 41-62 No - Stop here

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60. In the past 3 months, how well have you been doing in the following areas of your life?

Excellent Good Fair Poor

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Emotional well-being _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical health _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Relationships with family or friends _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Living/Housing situation _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Employment/Education _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting out into my community _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Doing things I enjoy _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Feeling connected to others _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Spending time with people who support my recovery and wellness _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Seeking help or support when I need it _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

61. In the past 3 months, have you...

- a. had **contacts** with an emergency crisis provider?
 Yes No
- b. had **visits** to a hospital emergency room?
 Yes No
- c. spent **nights** in a medical/surgical hospital?
(excluding birth delivery)
 Yes No
- d. spent **nights** in a psychiatric inpatient hospital?
 Yes No
- e. spent **nights** homeless? (sheltered or unsheltered)
 Yes No
- f. spent **nights** in detention, jail, or prison?
(adult or juvenile system)
 Yes No

62. How helpful have the program services been in...

- a. improving the quality of your life?
 Not helpful Somewhat helpful Very helpful NA
- b. decreasing your symptoms?
 Not helpful Somewhat helpful Very helpful NA
- c. increasing your hope about the future?
 Not helpful Somewhat helpful Very helpful NA
- d. increasing your control over your life?
 Not helpful Somewhat helpful Very helpful NA
- e. improving your educational status?
 Not helpful Somewhat helpful Very helpful NA
- f. improving your housing status?
 Not helpful Somewhat helpful Very helpful NA
- g. improving your vocational/employment status?
 Not helpful Somewhat helpful Very helpful NA

For Data Entry User (DEU) only:

This printable interview form must be signed by the QP who completed the interview for this consumer.

Does this printable interview form have the QP's signature (see page 1)? Yes No

NOTE: This entire signed printable interview form must be placed in the consumer's record.

End of interview

Enter data into web-based system:

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Do not mail this form

Attachment I: NC-TOPPS Services

Periodic Services (Substance Use Disorder Consumers)

- Psychotherapy - 90832--90838
- Family Therapy without Patient - 90846
- Family Therapy with Patient - 90847
- Group Therapy (multiple family group) - 90849
- Group Therapy (non-multiple family group) - 90853
- Behavioral Health Counseling - Individual Therapy - H0004
- Behavioral Health Counseling - Group Therapy - H0004 HQ
- Behavioral Health Counseling - Family Therapy with Consumer - H0004 HR
- Behavioral Health Counseling (non-licensed provider) - YP831
- Behavioral Health Counseling - Group Therapy (non-licensed provider) - YP832
- Behavioral Health Counseling - Family Therapy with Consumer (non-licensed provider) - YP833
- Behavioral Health Counseling - Family Therapy without Consumer (non-licensed provider) - YP834
- Alcohol and/or Drug Group Counseling - H0005
- Alcohol and/or Drug Group Counseling (non-licensed provider) - YP835

Community Based Services

- Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
- Assertive Community Treatment Team (ACTT) - H0040
- Community Support Team (CST) - H2015, H2015 HT
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- Individual Placement and Support (IPS) Supported Employment - YP630
- Supported Employment - H2023 U4
- Transition Management Services (TMS) - YM120

Facility Based Day Services

- Mental Health - Partial Hospitalization - H0035
- Child and Adolescent Day Treatment - H2012 HA

Opioid Services

- Opioid Treatment - H0020

Residential Services

- SA Non-Medical Community Residential Treatment - Adult - H0012 HB
- SA Medically Monitored Community Residential Treatment - H0013
- Behavioral Health - Long Term Residential - H0019
- Residential Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020
- Psychiatric Residential Treatment Facility - YA230
- Group Living - High - YP780

Therapeutic Foster Care Services

- Residential Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145

ADATC Services

- Alcohol and Drug Abuse Treatment Center

Other Services

Service Code: _____ **Service Description:** _____

Attachment II: DSM-5 Diagnostic Classifications

Neurodevelopmental Disorders

- Learning Disorders (315.00, 315.1, 315.2)
- Communication Disorders (307.9, 315.35, 315.39)
- Intellectual Disabilities (315.8, 317, 318.0, 318.1, 318.2, 319)
- Motor and Tic Disorders (307.20, 307.21, 307.22, 307.23, 307.3, 315.4)
- Autism Spectrum Disorder (299.00)
- Attention-Deficit/Hyperactivity Disorder (314.00, 314.01)
- Other Neurodevelopmental Disorders (315.8, 315.9)

Substance-Related and Addictive Disorders

- Alcohol-Related Disorders (303.90, 305.00)
- (Other) Drug-Related Disorders (304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90)
- Gambling Disorder (312.31)

Schizophrenia Spectrum and Other Psychotic Disorders

- Schizophrenia and Other Psychotic Disorders (293.81, 293.82, 293.89, 295.40, 295.70, 295.90, 297.1, 298.8, 298.9)

Bipolar and Related Disorders

- Bipolar I Disorder (296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.7)
- Bipolar II Disorder (296.89)
- Cyclothymic Disorder (301.13)

Depressive Disorders

- Major Depressive Disorder (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 296.36)
- Persistent Depressive Disorder (Dysthymia) (300.4)
- Other Depressive Disorders (296.99, 311, 625.4)

Anxiety Disorders

- Anxiety Disorders (300.00, 300.01, 300.02, 300.09, 300.22, 300.23, 300.29, 309.21, 312.23)

Obsessive-Compulsive and Related Disorders

- Obsessive-Compulsive and Other Related Disorders (300.3, 300.7, 312.39, 698.4)

Trauma- and Stressor-Related Disorders

- Posttraumatic Stress Disorder (PTSD) (309.81)
- Adjustment Disorders (309.0, 309.24, 309.28, 309.3, 309.4)
- Other Trauma- and Stressor-Related Disorders (308.3, 309.89, 309.9, 313.89)

Dissociative Disorders

- Dissociative disorders (300.12, 300.13, 300.14, 300.15, 300.6)

Disruptive, Impulse-Control, and Conduct Disorders

- Conduct Disorder (312.81, 312.82, 312.89)
- Impulse Control Disorders (312.32, 312.33, 312.34)
- Oppositional Defiant Disorder (313.81)
- Other Disruptive Behavior Disorders (312.89, 312.9)

Gender Dysphoria Disorders

- Gender Dysphoria Disorders (302.6, 302.85)

Neurocognitive Disorders

- Delirium Disorders (292.81, 293.0, 780.09)
- Major and Mild Neurocognitive Disorders (290.40, 294.10, 294.11, 331.83, 331.9, 799.59)

Personality Disorders

- Cluster A Personality Disorders (301.0, 301.20, 301.22)
- Cluster C Personality Disorders (301.4, 301.6, 301.82)
- Cluster B Personality Disorders (301.50, 301.7, 301.81, 301.83)
- Other Personality Disorders (301.89, 301.9)

Feeding and Eating Disorders

- Anorexia Nervosa (307.1)
- Other Feeding and Eating Disorders (307.50, 307.51, 307.52, 307.53, 307.59)

Other Disorders

- Somatic Symptom and Related Disorders (300.11, 300.19, 300.7, 300.82, 300.89, 316)
- Elimination Disorders (307.6, 307.7, 787.60, 788.30, 788.39)
- Sexual Dysfunction Disorders (302.70, 302.71, 302.72, 302.73, 302.74, 302.75, 302.76, 302.79)
- Sleep-Wake Disorders (307.45, 307.46, 307.47, 327.21, 327.23, 327.24, 327.25, 327.26, 327.42, 333.94, 347.00, 347.01, 780.52, 780.54, 780.57, 780.59, 786.04)
- Paraphilic Disorders (302.2, 302.3, 302.4, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9)
- Other Conditions That May Be a Focus of Clinical Attention (V-codes, 999.xx)
- Other Mental Disorders and Conditions (any codes not listed above)