Adolescent (Ages 12-17) Episode Completion Interview Use this form for backup only. <i>Da nat mall</i> . Enter data into web-based system:	NC-TOPPS Mental Health and	d Substance Use Disorder
(http://www.ncdhs.gov/provider/provider/info/mental-health/nc-treatment-outcomes-and-program.performance-system) QP First Initial & Last Name	Adolescent (Ages 12-17) Ep	bisode Completion Interview
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 4. Please provide the following consumer information: Tailored Plan Assigned Consumer Record Number: Consumer Date of Birth: Consumer Consumer Section State Consumer Section S		
Tailored Plan Assigned Consumer Record Number: individual: (See Attachment 11) Consumer Oate of Birth:	QP Sig	nature: Date:
Is this consumer enrolled in a specialty program for maternal, pregnant, perinatal, or post-partum? Consumer Gender Assigned at Birth::::::::::::::::::::::::::::::::::::		individual. (See Attachment II)
Use appropriate age/disability category(les) for which the individual has received services and supports. (mark all that apply) Use appropriate age/disability category(les) for which the individual has received services and supports. (mark all that apply) Please select the appropriate age/disability category(les) for which the individual has received services and supports. (mark all that apply) Use Hast interview Hast and Hast apply all the disorders age 12-17 Please select all services the consumer has received for this episode of care. (See Attachment 1) Discharge Data Substance Use Disorder, is the mental health bealth age 12-17 Discharge Data Substance use Disorder, is the impleted in pression in mental health bealth age 12-17 Consumer to fore this episode of care); (Since the last interview, and skip to 8) 1. Please select all services for this episode of acre. (See Attachment 1) Discharge Data Substance Use Disorder, is the impleted in pression in mental health age 12-17 Discharge Data Substance Use Disorder Tailored Plan Completed treatment and the mental health Discharge Data Substance Use Disorder for this episode of care); (Service for this episode of a care. (See Attachment 1); (Dictare Tare, Since the last interview, Merce of and skip to 8) Discharge Data Substance Use Disorder for this episode of area; (See Attachment 1); (Dictare Tare, Since the last interview, Merce Tare, Since the substance use Disorder for Micharder Plan Discharge Data Substance Use Disorder for Micharder Plan Cord Addecent Substance Use Disorder for Micharder Plan Discharge Data Stance Use Dis		
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(If female, use consumer's maiden name)		
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Confidentiality of SA and MH consumer-identifying information is protected under Federal regulations 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91 (HIPAA) or implementing regulations, 45 CFR Parts 160 and 164. Consumer-identifying information may be disclosed without the individual's consent to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) and to its authorized evaluation contractors under the audit or evaluation exception. Redisclosure of consumer-identifying information without the individual's consent is explicitly prohibited. Your questions may be directed to the NC-TOPPS Help Desk: nctopps@ncsu.edu. Sponsored by the NC MH/DD/SAS. Page 1

Version 07/01/2024

NC-TOPPS Mental Health and Substance Use Disorder

Adolescent (Ages 12-17)

Episode Completion Interview

Use this form for backup only. <u>Do not mail.</u> Enter data into web-based system: (http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system)				
8. Since the individual started services for this episode of	13. Do you ever have difficulty participating in treatment			
treatment, which of the following areas has the individual	because of problems with (mark all that apply)			
received help? (mark all that apply)	No difficulties prevented you from entering treatment			
Educational improvement	Active mental health symptoms (anxiety or fear, agoraphobia,			
Finding or keeping a job	paranoia, hallucinations)			
Housing (basic shelter or rent subsidy)	Active substance use disorder symptoms (addiction, relapse)			
Transportation	Physical health problems (severe illness, hospitalization)			
\Box Food supply -> (answer b)	□ Family or guardian issues (controlling spouse, family illness, child or elder care, domestic violence, parent/guardian cooperation)			
Child care	Treatment offered did not meet needs (availability of appropriate			
Medical care	services, type of treatment wanted by consumer not available,			
Dental care	favorite therapist quit, etc.)			
Screening/Treatment referral for HIV/TB/HEP	Engagement issues (AWOL, doesn't think s/he has a problem,			
Legal issues	denial, runaway, oversleeps) Cost or financial reasons (no money for cab, treatment cost)			
Volunteer opportunities	Stigma/Discrimination (race, gender, sexual orientation)			
□ None of the above	Treatment/Authorization access issues (insurance problems,			
—	waiting list, paperwork problems, red tape, lost Medicaid card,			
b. If food supply, how helpful have the program services been in supplying food as needed?	referral issues, citizenship, etc.)			
\square Not helpful \square Somewhat helpful \square Very helpful \square NA	Being deaf/hard of hearing Language or communication issues (foreign language issues, lack of intermeter, etc.)			
	of interpreter, etc.)			
9. In the past 3 months, has the individual's family, significant	Legal reasons (incarceration, arrest)			
other, or guardian been involved in any contact with staff concerning any of the following?	Transportation/Distance to provider			
(mark all that apply)	Scheduling issues (work or school conflicts, appointment times not workable no phone)			
Treatment services	└─ workable, no phone) □ Lack of stable housing			
Person-centered planning	Personal safety (domestic violence, intimidation or punishment)			
□ None of the above	14. Are you currently enrolled in school or courses that satisfy			
Section II: Complete items 10-36 using information from	requirements for a certification, diploma or degree? (Enrolled			
the individual's interview (preferred) or consumer record	includes school breaks, suspensions, and expulsions) \square Yes \square No $->$ (<i>skip to 20</i>)			
10. How are the next section's items being gathered?	b. What program(s) are you currently enrolled in for credit?			
(mark all that apply)	(mark all that apply)			
In-person interview (preferred)	Alternative Learning Program (ALP)/School			
Telephone interview	Academic schools (K-12)			
Clinical record/notes	Private Home School by parents/guardians Homebound Instruction by public/private school			
11. Which of the following best describes your sexual	☐ Incarceration/Detention/Youth Development Centers			
orientation?	Technical/Vocational school \rightarrow (<i>skip to 20</i>)			
Straight	\Box Early college high school -> (skip to 20)			
Lesbian or Gay	College -> (skip to 20)			
Bisexual	$\Box \text{ GED Program, Adult literacy} \rightarrow (skip \ to \ 20)$			
□ Other	Other -> (skip to 20)			
Don't know/Not sure	15. Do you have an Individualized Education Program (IEP)			
	(program or plan for special education and related services)?			
Deferred	16. What grade are you currently in?			
12. Do you consider yourself to be transgender?	10. What grade are you currently in:			
Yes, Transgender, male-to-female				
🗌 Yes, Transgender, female-to-male	17. Since beginning treatment, your school attendance has			
Yes, Transgender, gender non-conforming	□ improved □ stayed the same □ gotten worse			
🗖 No	18. For your most recent reporting period, what grades did you get most of the time? (mark only one)			
Don't know/Not sure	\square A's \square B's \square C's \square D's \square F's \square School does not use			
	traditional grading system			
	b. If school does not use traditional grading system, for your most			
	recent reporting period, did you pass or fail most of the time?			
	Pass Fail 19. In the past 3 months, have you been			
	a. suspended from school?			
	Yes No			
	b. expelled from school?			
	🗋 Yes 🔲 No			

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Page 2

NC-TOPPS Mental Health and Substance Use Disorder

Adolescent (Ages 12-17)

Episode Completion Interview

Use this form for backup only. <u>Do not mail.</u> Enter data into web-based system: (http://www.ncdhhs.gov/providers/provider-info/mental-health/nc-treatment-outcomes-and-program-performance-system)							
20. Currently, what best describes your employment status?	26. Currently, where do you live?	_					
(mark only one)	□ In a family setting (private or foster home) -> (skip to 27)						
Full-time work (working 35 hours or more a week) -> (answer b-1, b-2, b-3, and b-4)	Residential program (group home, PRTF) -> (answer b) Institutional setting (hospital or detention center/jail) -> (skip to 27)						
$\square Part-time work (working 11-34 hours a week) -> (answer b-1, b-2, b-3, and b-4)$	\square Homeless \rightarrow (answer c)						
Part-time work (working less than 10 hours a week)	 Temporary housing -> (answer d) b. If residential program, please specify the type of residential 						
\rightarrow (answer b-1, b-2, b-3, and b-4) Unemployed (seeking work or on layoff from a job)	program you currently live in.						
-> (skip to 21)	Therapeutic foster home						
\Box Not in labor force (not seeking work) \rightarrow (skip to 21)	Level III group home						
b-1. If <i>employed</i> , what best describes your job classification?	Level IV group home						
Professional, technical, or managerial	 State-operated residential treatment center Psychiatric Residential Treatment Facility (PRTF) 						
Clerical or sales	Substance abuse residential treatment facility						
Service occupation Agricultural or related occupation	☐ Halfway house (for Adolescent SA individual)						
Processing occupation	☐ Other						
A hocessing occupation	<u>c.</u> If <i>homeless</i> , please specify your living situation currently.						
Bench work	□ Sheltered (homeless shelter or domestic violence shelter) □ Unsheltered (on the street, in a car, camp)						
Structural work	d. If temporary housing, please specify your living situation current	ly.					
Miscellaneous occupation (other)	Unstable housing with frequent moves to and from relative's/	,					
b-2. If <i>employed</i> , what employee benefits do you receive?	friend's homes						
(<i>mark all that apply</i>) Insurance Other	 Hotel/motel 27. Was this living arrangement in your home community? 						
Paid time off	\square Yes \square No						
Meal/Retail discounts	28. In the past 3 months, have you received any residential						
b-3. If employed, what currently describes your rate of pay?	services outside of your home community?						
\square Above minimum wage (more than \$7.25 an hour)	Ves No						
Minimum wage (\$7.25 an hour)	29. For Adolescent MH only individual:						
Lower than minimum wage (due to student status, piece work, working for tips or employer under sub-minimum wage	In the past 3 months, have you used tobacco/vaping products or alcohol? Yes No						
certificate)	30. For Adolescent MH only individual:						
b-4. If <i>employed</i> , are you also enrolled in an educational	In the past 3 months, have you used illicit drugs or other						
program?	substances other than tobacco/vaping products and alcohol?						
Yes No							
21. In the past 3 months, how often did you participate in	31. Please mark the frequency of use for each substance in						
a. extracurricular activities? □ Never □ A few times □ More than a few times	the past month.						
b. recovery support or mutual aid groups?	Substance Past Month - Frequency of Use	1					
\square Never \rightarrow (<i>skip to 22</i>) \square A few times \square More than a few times		1.					
c. In the past month, how many times did you attend	Not Used I-2 times I-2 times J-6 times Daily						
recovery support or mutual aid groups?	Tobacco/vaping use	1					
Did not attend in past month	(any tobacco/vaping products)						
 1-3 times (less than once per week) 4-7 times (about once per week) 							
\square 8-15 times (2 or 3 times per week)	(>=5(4) drinks per sitting)						
\square 16-30 times (4 or more times per week)	Less than heavy alcohol use						
some attendance, but frequency unknown		1					
22. In the past 3 months, how often have your problems	Marijuana or hashish use						
interfered with work, school, or other daily activities?	Cocaine or crack use						
□ Never □ A few times □ More than a few times	Heroin use	1					
23. In the past month, how would you describe your mental							
health symptoms?	Fentanyl use						
Severe Not present	Other opiates and synthetics						
Moderate	Other opiates and synthetics						
24. In the past month, if you have a current prescription for							
psychotropic medications, how often have you taken this	Other Drug Use						
psychotropic medications, how often have you taken this medication as prescribed?	Other Drug Use (enter code from list below)						
psychotropic medications, how often have you taken this medication as prescribed? No prescription Sometimes	(enter code from list below)						
psychotropic medications, how often have you taken this medication as prescribed? No prescription Sometimes All or most of the time Rarely or never	(enter code from list below) L L L Other Drug Codes 5=Non-prescription Methadone 13=Other Tranquilizer 7=PCP-Phencyclidine 14=Barbiturate						
psychotropic medications, how often have you taken this medication as prescribed? No prescription Sometimes All or most of the time Rarely or never 25. In the past 3 months, how many times have you moved	(enter code from list below) L L L Other Drug Codes 13=Other Tranquilizer 57=Spice 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						
psychotropic medications, how often have you taken this medication as prescribed? No prescription Sometimes All or most of the time Rarely or never	(enter code from list below) L L L Other Drug Codes 13=Other Tranquilizer 57=Spice 7=PCP-Phencyclidine 14=Barbiturate 58=Dilantin						

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NC-TOPPS Mental Health and Substance Use Disorder

Adolescent (Ages 12-17)

Episode Completion Interview

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32. If tobacco/vaping use is selected from Substance, identify up to two of the most often used tobacco/vaping products: □ Cigarettes □ Hookah	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.			
E-cigarettes Heated Tobacco Products Cigars/Cigarillos/Little Cigars "Tobacco free" Nicotine Cigars/Cigarillos/Little Cigars "Tobacco free" Nicotine	37. Is the individual present for an in-person <u>or</u> telephone interview or have you directly gathered information from the individual within the past two weeks?			
□ Smokeless i obacco/Chewing Pouches (ex. 2yn) Tobacco/Chew/Snuff/Snus □ Dissolvable Tobacco as in Strips/Sticks/Orbs □ Other Tobacco Product	Yes - Complete items 38-57 No - Stop here 38. Females only: Are you currently pregnant?			
33. For Adolescent MH individual:	□ Yes □ No □ Unsure			
In general, since entering treatment your involvement in the criminal/juvenile justice system has Increased Decreased stayed the same	(skip to 39) (skip to 39) b. How many weeks have you been pregnant?			
34. In the past month, how many times have you been arrested or had a petition filed for any offense including DWI? (enter zero, if none)	☐ Yes ☐ No d. Are you receiving prenatal care? ☐ Yes ☐ No			
35. Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)? □ Yes □ No	 39. Females only: Have you given birth in the past year? ☐ Yes ☐ No -> (skip to 40) b. For Adolescent Substance Use Disorder individual: 			
36. For Female Adolescent Substance Use Disorder individual: Do you have children?	How long ago did you give birth?			
$\Box \text{ Yes } \Box \text{ No } -> (skip to 37)$	3 to 6 months ago			
b. How many children do you have?	☐ 7 to 12 months ago c. Did you receive prenatal care during pregnancy? ☐ Yes ☐ No			
c. Since the last interview, how many children have you	d. For Adolescent Substance Use Disorder individual: What was the # of weeks gestation?			
c-1. gained legal custody of? c-2. lost legal custody of?	e. For Adolescent Substance Use Disorder individual:			
c-3. begun seeking legal custody of?	f. How would you describe the baby's current health?			
c-4. stopped seeking legal custody of?	☐ Fair ☐ Poor ☐ Baby is deceased -> (skip to 40)			
c-5. continued seeking legal custody of?	Baby is not in your custody -> (<i>skip to 40</i>)			
d. Since the last interview, how many newborn baby(ies) have been removed from your legal custody?	 g. Is the baby receiving regular Well Baby/Health Check services? Yes No 40. Since the last interview, have you visited a physical health 			
e. Since the last interview, how many children have your parental rights been terminated from?	care provider for a routine check up?			
f. How many children in your legal custody are receiving preventative and primary health care?	41. Since the last interview, have you visited a dentist for a routine check up? □ Yes □ No			
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?	42. Would you say that in general your health is: Excellent Poor Very good Don't know/Not sure Good Refuse Fair			
 Yes □ No -> (answer 37) h-1. Was the investigation due to an infant testing positive on a drug screen? □ Yes □ No □ NA 	43. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? Number of days:			

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Use this form for backup only. <u>Do not mail.</u>	Enter data into web-based system:
(http://www.ncdhhs.gov/providers/provider-info/mental-health/r	nc-treatment-outcomes-and-program-performance-system)
44. Now thinking about your mental health, which includes	54. Since the last interview, have you attempted suicide?
stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	Yes No
	55. In the past 3 months, how well have you been doing
Number of days:	in the following areas of your life? Excellent Good Fair Poor
	a. Emotional well-being
45. During the past 30 days, for about how many days did poor	b. Physical health
physical or mental health keep you from doing your usual	
activities, such as self-care, work or recreation?	c. Relationships with family or friends
Number of days:	d. Living/Housing situation
	56. In the past 3 months, have you a. had contacts with an emergency crisis provider?
46. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? (i.e., member of	Yes No
clergy, neighbor, family member, coach)	b. had <u>visits</u> to a hospital emergency room?
□ None	\Box Yes \Box No
1 or 2	c. spent nights in a medical/surgical hospital?
3 or more	(excluding birth delivery)
47. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?	Yes No
Not ready for action (Pre-contemplation)	d. spent <u>nights</u> in a psychiatric inpatient hospital?
Considering action sometime in the next few months (Contemplation)	🗆 Yes 🔲 No
Seriously considering action this week (Preparation)	e. spent <u>nights</u> homeless? (sheltered or unsheltered)
Already taking action (Action)	Yes No
Maintaining new behaviors (Maintenance)	f. spent <u>nights</u> in detention, jail, or prison? (adult or juvenile system)
48. How supportive has your family and/or friends been of your	
treatment and recovery efforts?	
□ Not supportive □ Very supportive	57. How helpful have the program services been in a. improving the quality of your life?
Somewhat supportive No family/friends	\square Not helpful \square Somewhat helpful \square Very helpful \square NA
49. <u>For Adolescent Substance Use Disorder individual:</u> In the past 3 months, have you used a needle to get any drug	b. decreasing your symptoms?
injected under your skin, into a muscle, or into a vein for	□ Not helpful □ Somewhat helpful □ Very helpful □ NA
nonmedical reasons?	c. increasing your hope about the future?
Yes No Deferred	\square Not helpful \square Somewhat helpful \square Very helpful \square NA
50. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?	d. increasing your control over your life?
\square Never \square A few times \square More than a few times \square Deferred	\square Not helpful \square Somewhat helpful \square Very helpful \square NA
51. In the past 3 months, how often have you hit, kicked,	e. improving your educational status?
slapped, or otherwise physically hurt someone?	\square Not helpful \square Somewhat helpful \square Very helpful \square NA
□ Never □ A few times □ More than a few times □ Deferred	For Data Entry User (DEU) only:
52. Since the last interview, how often have you tried to hurt	This printable interview form must be signed by the QP
yourself or cause yourself pain on purpose (such as cut, burned,	who completed the interview for this consumer.
or bruised self)?	Does this printable interview form have the QP's
53. Since the last interview, how often have you had thoughts	— signature (see page 1)? ☐ Yes ☐ No
of suicide?	NOTE: This entire signed printable interview form must
□ Never □ A few times □ More than a few times	be placed in the consumer's record.
End of interv	iew
Enter data into web-l	hased system:
	-
http://www.ncdhhs.gov/providers/provider-info/ program-performa	
Do not mail this fo	orm

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Attachment I: NC-TOPPS Services

Development Development	Periodic Services (Substance Use Disorder Consumers) by - 9083290838
	py without Patient - 90846
	py with Patient - 90846
	py (multiple family group) - 90849
	py (non-multiple family group) - 90853
	ealth Counseling - Individual Therapy - H0004
	ealth Counseling - Group Therapy - H0004 HQ
	ealth Counseling - Family Therapy with Consumer - H0004 HR
	ealth Counseling (non-licensed provider) - YP831
	ealth Counseling - Group Therapy (non-licensed provider) - YP832
	ealth Counseling - Family Therapy with Consumer (non-licensed provider) - YP833
	ealth Counseling - Family Therapy without Consumer (non-licensed provider) - YP834
	or Drug Group Counseling - H0005
	or Drug Group Counseling (non-licensed provider) - YP835
	Community Based Services
	Substance Abuse Intensive Outpatient Program (SAIOP) - H0015
	Child Assertive Community Treatment Team (ACTT) - H0040 HA
L 1	Intensive In-Home Services (IIH) - H2022
1 🗆	Multisystemic Therapy Services (MST) - H2033
	Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
	ndividual Placement and Support (IPS) Supported Employment - YP630
	Supported Employment - H2023 U4
	Facility Based Day Services
	Mental Health - Partial Hospitalization - H0035
	Child and Adolescent Day Treatment - H2012 HA
	Opioid Services
	Opioid Treatment - H0020
	Residential Services
	ally Monitored Community Residential Treatment - H0013
	al Health - Long Term Residential - H0019
	al Treatment - Level II - Program Type (Therapeutic Behavioral Services) - H2020
	ic Residential Treatment Facility - YA230
	ring - High - YP780
	Therapeutic Foster Care Services
	ntial Treatment - Level II - Family Type (Foster Care Therapeutic Child) - S5145
	Other Services
Service Code:	Service Description:

Attachment II:	
ICD-10-CM Diagnosis Codes	
Neurodevelopmental Disorders	
Learning Disorders (F81.0, F81.2, F81.81, F81.89)	
Communication Disorders (F80.81, F80.89, F80.9)	90.9)
□ Intellectual Disabilities (F70, F71, F72, F73, F79, F88) □ Other Neurodevelopmental Disorders (F81.9, F88, F89)	, ,
Motor and Tic Disorders (F82, F95.0, F95.1, F95.2, F95.9, F98.4)	
Substance-Related and Addictive Disorders	
Alcohol-Related Disorders (F10.10, F10.20)	
Other) Drug-Related Disorders (F11.10, F11.20, F12.10, F12.20, F13.10,	
F13.20, F14.10, F14.20, F15.10, F15.20, F16.10, F16.20, F18.10, F19.20)	
Gambling Disorder (F63.0)	
Schizophrenia Spectrum and Other Psychotic Disorders	
Schizophrenia and Other Psychotic Disorders (F06.0, F06.1, F06.2, F20.81, F20.9, F22, F23, F25.9, F29)	
Bipolar and Related Disorders	
Bipolar I Disorder (F31.10, F31.11, F31.12, F31.13, F31.30, F31.31, F31.32,	
└─ F31.4, F31.5, F31.73, F31.74, F31.75, F31.76, F31.9) □ Bipolar II Disorder (F31.81)	
Cyclothymic Disorder (F34.0)	
Depressive Disorders	
Major Depressive Disorder (F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9,	
Major Depressive Disorder (F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.42, F33.9)	
Persistent Depressive Disorder (Dysthymia) (F34.1)	
Other Depressive Disorders (F32.9, F34.8, N94.3)	
Anxiety Disorders	
Anxiety Disorders (F40.02, F40.10, F40.218, F40.240, F40.241, F40.8, F41.0, F41.1, F41.8, F41.9, F91.2, F93.0)	
Obsessive-Compulsive and Related Disorders	
Obsessive-Compulsive and Other Related Disorders (F42, F45.21, F45.22, F63.3, F63.89, L98.1)	
Trauma- and Stressor-Related Disorders	
Posttraumatic Stress Disorder (PTSD) (F43.10, F43.12)	
Adjustment Disorders (F43.21, F43.22, F43.23, F43.24, F43.25) Other Trauma- and Stressor-Related Disorders (F43.0, F43.20, F43.8, F93.8, F94.1, F98.8)	
Dissociative Disorders	
Dissociative disorders (F44.0, F44.1, F44.81, F44.9, F48.1)	
Disruptive, Impulse-Control, and Conduct Disorders	
Conduct Disorder (F91.1, F91.2, F91.8)	
Oppositional Defiant Disorder (F91.3)	
Gender Dysphoria Disorders	
Gender Dysphoria Disorders (F64.1, F64.2)	
Neurocognitive Disorders	
Delirium Disorders (F05, F19.921, R40.0, R40.1)	
Major and Mild Neurocognitive Disorders (F01.50, F02.80, F02.81, G31.84, G31.9, R41.89)	
Personality Disorders	
Cluster A Personality Disorders (F21, F60.0, F60.1)	
Cluster B Personality Disorders (F60.2, F60.3, F60.4, F60.81) Other Personality Disorders (F60.89, F60.9)	
Feeding and Eating Disorders	
 Anorexia Nervosa (F50.00) Other Feeding and Eating Disorders (F50.2, F50.8, F50.9, F98.21, F98.29, F98.3) 	
Other Disorders	
Sometic Symptom and Polated Disorders (E44.4, E45.1, E45.21, E45.22, E45.8, E45.9, E48.8, E54, E68.8) Other Conditions That Ma	
Elimination Disorders (F98.0, F98.1, N39.498, R15.9, R32) $(43.2, 143.2, 143.3, 143.3, 143.3, 154, 100.3)$ a Focus of Clinical Attent	ION
Sexual Dysfunction Disorders (F52.0, F52.1, F52.21, F52.31, F52.32, F52.4, F52.6, F52.8, R37) Other Mental Disorders a	ind
Sleep-Wake Disorders (F51.3, F51.8, G25.81, G47.00, G47.10, G47.30, G47.31, G47.33, G47.34, Conditions (any codes no	
G47.35, G47.36, G47.411, G47.419, G47.52, G47.8, R06.3)	24
Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F65.52, F65.81, F65.89, F65.9, F66) Version 07/01/20	∠4