

# NC-TOPPS Mental Health and Substance Use Disorder

## Adolescent (Ages 12-17)

## Initial 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>)

QP First Initial & Last Name

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I certify that I am the QP who has conducted and completed this interview.

QP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the following consumer information:

Tailored Plan Assigned Consumer Record Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Consumer Date of Birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Consumer Gender Assigned at Birth:

Male  Female

First three letters of consumer's last name:  
(If female, use consumer's maiden name)

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First letter of consumer's first name:

--

Consumer County of Residence: \_\_\_\_\_

CNDS ID Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid ID Number (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medicaid County of Residence: \_\_\_\_\_

Provider Internal Consumer Record Number (optional)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Local Area Code (Reporting Unit Number) (optional)

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Please select the appropriate age/disability category(ies) for which the individual will be receiving services and supports. (mark all that apply)

- Adolescent Mental Health, age 12-17  
 Adolescent Substance Use Disorder, age 12-17

Admission Date (date of first paid service for this episode of care):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Begin Interview

1. Please select all services the consumer is currently receiving. (See Attachment I)

2. If both Mental Health and Substance Use Disorder, is the treatment at this time mainly provided by a...

- qualified professional in substance use disorders  
 qualified professional in mental health  
 both

3. Please indicate the ICD-10-CM diagnosis code(s) for this individual. (See Attachment II)

4. For Female Adolescent Substance Use Disorder individual: Is this consumer being admitted to a specialty program for maternal, pregnant, perinatal, or post-partum?

Yes  No -> (skip to 5)

b. Which specialty program for maternal, pregnant, perinatal, or post-partum is this consumer being admitted to?

- Community Choices - CASCADE - Charlotte  
 Community Choices - CASCADE - Durham  
 Community Choices - Outpatient Program - Charlotte  
 Community Choices - Outpatient Program - Durham  
 Community Choices - WISH Program  
 Daymark Clean Start Program  
 Insight Human Services - Perinatal Health Partners  
 NC PPW - Columbus County  
 NC PPW - Project CARA - Buncombe County  
 NC PPW - Project CARA - Wilkes County  
 PORT Health - Kelly House  
 RHA - Mary Benson House  
 RHCC - Cambridge Court - Perinatal/Maternal  
 RHCC - Crystal Lake - Perinatal/Maternal  
 RHCC - Grace Court  
 RHCC - Our House  
 RHCC - The Village - Perinatal/Maternal  
 Southlight - Perinatal Residential  
 UNC Horizons - Day Break  
 UNC Horizons - Outpatient Program  
 UNC Horizons - Sunrise Perinatal/Maternal  
 UNC Horizons - Wake

5. Are you of Hispanic, Latino, or Spanish origin?

Yes  No

6. Which of these groups best describes you?

- African American/Black  Alaska Native  
 White/Anglo/Caucasian  Asian  
 Multiracial  Pacific Islander  
 American Indian/Native American  Other

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

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

8. Do you consider yourself to be transgender?

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

9. Is a member of your immediate family or household currently serving in or has served in the Military, Military Reserve, or National Guard?

Yes, family member  No

10. At any time in the past, have you been suspected of having a head or brain injury?

Yes  No  Not sure

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### 11. What kind of benefits and/or insurance do you have?

(mark all that apply)

- None  Health Choice  
 SSI  Medicaid  
 SSDI  Medicare  
 Private insurance/health plan  Other  
 TRICARE/Military Coverage  Unknown

### 12. What is the highest grade you completed or degree you received in school?

- Grade K, 1, 2, 3, 4, or 5  
 Grade 6, 7, or 8  
 Grade 9, 10, 11, or 12 (no diploma)  
 HS diploma/GED  
 Some college or technical/vocational school  
 2-year college/assoc. degree

### 13. Are you currently enrolled in school or courses that satisfy requirements for a certification, diploma or degree?

(Enrolled includes school breaks, suspensions, and expulsions)

- Yes  No → (skip to 18)

b. What program(s) are you currently enrolled in for credit?  
(mark all that apply)

- Alternative Learning Program (ALP)/School  
 Academic schools (K-12)  
 Private Home School by parents/guardians  
 Homebound Instruction by public/private school  
 Incarceration/Detention/Youth Development Centers  
 Technical/Vocational school → (skip to 18)  
 Early college high school → (skip to 18)  
 College → (skip to 18)  
 GED Program, Adult literacy → (skip to 18)  
 Other → (skip to 18)

### 14. Do you have an Individualized Education Program (IEP) (program or plan for special education and related services)?

- Yes  No

### 15. What grade are you currently in?

### 16. For your most recent reporting period, what grades did you get most of the time? (mark only one)

- A's  B's  C's  D's  F's  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

### 17. In the past 3 months, have you been...

a. suspended from school?

- Yes  No

b. expelled from school?

- Yes  No

### 18. 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 19)  
 Not in labor force (not seeking work) → (skip to 19)

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  Other  
 Paid time off  None  
 Meal/Retail discounts

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

### 19. 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

### 20. In the past year, how many times have you moved residences?

 (enter zero, if none)

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

- In a family setting (private or foster home) → (skip to 22)  
 Residential program (group home, PRTF) → (answer b)  
 Institutional setting (hospital or detention center/jail) → (skip to 22)  
 Homeless → (answer c)  
 Temporary housing → (answer d)

b. If residential program, please specify the type of residential program you lived in most of the time in the past 3 months.

- Therapeutic foster home  
 Level III group home  
 Level IV group home  
 State-operated residential treatment center  
 Psychiatric Residential Treatment Facility (PRTF)  
 Substance use residential treatment facility  
 Halfway house (for Adolescent SA individual)  
 Other

c. 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)

d. 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

### 22. Was this living arrangement in your home community?

- Yes  No

### 23. How long has it been since you last visited a physical health care provider for a routine check up?

- Never  Within the past 5 years  
 Within the past year  More than 5 years ago  
 Within the past 2 years

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**24. How long has it been since you last visited a dentist for a routine check up?**

- Never
- Within the past year
- Within the past 2 years
- Within the past 5 years
- More than 5 years ago

**25. Would you say that in general your health is:**

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/Not sure
- Refuse

**26. 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:
- None
  - Don't know
  - Refused

**27. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**

- Number of days:
- None
  - Don't know
  - Refused

**28. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?**

- Number of days:
- None
  - Don't know
  - Refused

**29. Females only: Are you currently pregnant?**

- Yes
  - No
  - Unsure
- (skip to 30) (skip to 30)

b. How many weeks have you been pregnant?

c. Have you been referred to prenatal care?  Yes  No

d. Are you receiving prenatal care?  Yes  No

**30. For Female Adolescent Substance Use Disorder individual: Do you have children?**

- Yes
- No → (skip to 31)

b. How many children do you have?

c. How many children are in your legal custody?   (skip to f if equal to number of children)

d. How many children are in the legal custody of DSS?

e. How many children are you currently seeking legal custody of?

f. How many children in your legal custody are receiving preventive 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. In the past year, have you been investigated by DSS for child abuse or neglect?

- Yes
- No → (skip to 31)

h-2. Was the investigation due to an infant testing positive on a drug screen?

- Yes
- No
- NA

h-3. Was your admission to treatment required by Child Welfare Services of DSS?

- Yes
- No

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

a. extracurricular activities?

- Never
- A few times
- More than a few times

b. recovery support or mutual aid groups?

- Never → (skip to 32)

- A few times

- More than a few times

c. 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

**32. For Adolescent MH only individual: Have you ever used tobacco/vaping products or alcohol?**

- Yes
- No

**33. For Adolescent MH only individual:**

**Have you ever 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)

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### 34. Please mark the frequency of use for each substance in the past 12 months and past month.

Substance	Past 12 Months - Frequency of Use					Past Month - Frequency of Use				
	Not Used	1-3 times monthly	1-2 times weekly	3-6 times weekly	Daily	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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Other Drug Codes

5=Non-prescription Methadone    10=Other Amphetamine    14=Barbiturate    22=OxyContin (Oxycodone)    59=GHB/GBL  
 7=PCP-Phencyclidine    11=Other Stimulant    15=Other Sedative or Hypnotic    29=Ecstasy (MDMA)    60=Ketamine  
 8=Other Hallucinogen    12=Benzodiazepine    16=Inhalant    57=Spice    62=Cannabinoids  
 9=Methamphetamine/Speed    13=Other Tranquilizer    17=Over-the-Counter medications    58=Dilantin

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

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

### 36. For Adolescent Substance Use Disorder individual: If ever, when is the last time you used a needle to get any drug injected under your skin, into a muscle, or into a vein for nonmedical reasons?

- Never     More than a year ago  
 Within the past 3 months     Deferred  
 Within the past year

### 37. In the past 3 months, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- Never -> (skip to 38)     More than a few times  
 A few times     Deferred -> (skip to 38)  
 b. In the past 7 days, have you been hit, kicked, slapped, or otherwise physically hurt?  
 Yes     No

### 38. In the past 3 months, how often have you hit, kicked, slapped, or otherwise physically hurt someone?

- Never     More than a few times  
 A few times     Deferred

### 39. In the past 3 months, how often have you tried to hurt yourself or cause yourself pain on purpose (such as cut, burned, or bruised self)?

- Never     A few times     More than a few times

### 40. In your lifetime, have you ever attempted suicide?

- Yes     No

### 41. In the past 3 months, how often have you had thoughts of suicide?

- Never     A few times     More than a few times

### 42. How many times have you been arrested or had a petition filed for any offense including DWI.... (enter zero, if none)

- a. in the past month    
 b. in the past year    
 c. in your lifetime

### 43. Do you have a Court Counselor or are you under the supervision of the justice system (adult or juvenile)?

- Yes     No

### 44. For Adolescent Substance Use Disorder individual: In the 3 months prior to your current admission, how many weeks were you enrolled in substance use disorder treatment (not including detox)? (enter zero, if none)

### 45. 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

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**46. How many active, stable relationship(s) with adult(s) who serve as positive role models do you have? (i.e., member of clergy, neighbor, family member, coach)**  
 None  1 or 2  3 or more

**47. How supportive do you think your family and/or friends will be of your treatment and recovery efforts?**  
 Not supportive  
 Somewhat supportive  
 Very supportive  
 No family/friends

**48. What is your level of readiness (Stage of Change) for addressing your recovery/resiliency?**  
 Not ready for action (Pre-contemplation)  
 Considering action sometime in the next few months (Contemplation)  
 Seriously considering action this week (Preparation)  
 Already taking action (Action)  
 Maintaining new behaviors (Maintenance)

**49. How well have you been doing in the following areas of your life in the past year?**

	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"/>

**50. Did you receive a list or options, verbal or written, of places to receive services?**  
 Yes, I received a list or options  
 No, I came here on my own  
 No, nobody gave me a list or options

**51. Was your first service in a time frame that met your needs?**  
 Yes  No

**52. Do you have a need for any of the following? (mark all that apply)**  
 Wheelchair/Mobility equipment or services  
 Equipment or services due to a physical disability  
 Equipment or services due to being deaf/hard of hearing  
 Sign language interpreter  
 Foreign language interpreter  
 Equipment or services due to being visually impaired  
 Child care  
 Other  
 None of the above/NA

**53. Did you have difficulty entering 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)

**54. What help in any of the following areas is important to you? (mark all that apply)**

- Educational improvement
- Finding or keeping a job
- Housing (basic shelter or rent subsidy)
- Transportation
- Food supply
- Child care
- Medical care
- Dental care
- Legal issues
- Volunteer opportunities
- None of the above

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

- Extremely Severe
- Severe
- Moderate
- Mild
- Not present

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

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

**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
- Child Assertive Community Treatment Team (ACTT) - H0040 HA
- Intensive In-Home Services (IIH) - H2022
- Multisystemic Therapy Services (MST) - H2033
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) - H2035
- Individual 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

- 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

## 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)
- Intellectual Disabilities (F70, F71, F72, F73, F79, F88)
- Motor and Tic Disorders (F82, F95.0, F95.1, F95.2, F95.9, F98.4)
- Autism Spectrum Disorder (F84.0)
- Attention-Deficit/Hyperactivity Disorder (F90.0, F90.1, F90.2, F90.9)
- Other Neurodevelopmental Disorders (F81.9, F88, F89)

## 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, 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)
- Impulse Control Disorders (F63.1, F63.2, F63.81)
- Other Disruptive Behavior Disorders (F91.8, F91.9)

## 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)
- Cluster C Personality Disorders (F60.5, F60.6, F60.7)
- 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

- Somatic Symptom and Related Disorders (F44.4, F45.1, F45.21, F45.22, F45.8, F45.9, F48.8, F54, F68.8)
- Elimination Disorders (F98.0, F98.1, N39.498, R15.9, R32)
- Sexual Dysfunction Disorders (F52.0, F52.1, F52.21, F52.31, F52.32, F52.4, F52.6, F52.8, R37)
- Sleep-Wake Disorders (F51.3, F51.8, G25.81, G47.00, G47.10, G47.30, G47.31, G47.33, G47.34, G47.35, G47.36, G47.411, G47.419, G47.52, G47.8, R06.3)
- Paraphilic Disorders (F65.0, F65.1, F65.2, F65.3, F65.4, F65.51, F65.52, F65.81, F65.89, F65.9, F66)
- Other Conditions That May Be a Focus of Clinical Attention
- Other Mental Disorders and Conditions (any codes not listed above)