



# Mississippi Department of Mental Health (DMH)

## Data Set Code Values

Last Revision Date: 01/01/2026

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## Version Control

| Date             | Version | Author(s)      | Brief Description of Change  |
|------------------|---------|----------------|--|
| <b>4/4/2020</b>  | 1.0     | Shelby Maloney | Initial Draft  |
| <b>2/14/2020</b> | 1.1     | James Brockman | Added Shared Vocabulary Codes  |
| <b>3/5/2020</b>  | 1.2     | James Brockman | Added Citizenship  |
| <b>3/13/2020</b> | 1.3     | James Brockman | Added Functional Assessment Scores   |
| <b>3/16/2020</b> | 1.4     | James Brockman | Added TEDS Clarification to ASAM Level of Care and Mental Health Treatment Setting   |
| <b>4/21/2020</b> | 1.5     | Shelby Maloney | Removed Adjudication Actions<br>Added Version Control  |
| <b>4/22/2020</b> | 1.6     | Shelby Maloney | Added two new services   |
| <b>4/28/2020</b> | 1.7     | James Brockman | Updated 5600.6 and removed 5600.9<br>Added 12000.155, 13600.BHLD, 13600.SUB2MG, 13600.TRRCY  |
| <b>5/29/2020</b> | 1.8     | Shelby Maloney | Added new Referral Sources   |
| <b>6/10/2020</b> | 1.9     | James Brockman | Updated Citizenship Codes  |
| <b>6/16/2020</b> | 1.10    | Shelby Maloney | Updated Citizenship Codes  |
| <b>7/9/2020</b>  | 1.11    | Shelby Maloney | Added six new ASAM LOC codes   |
| <b>8/13/2020</b> | 1.12    | Kim Wood       | Added 5600.9, 5600.10, 5600.11, 12000.156, 12000.157, 13600.BHLD4 and 13600.CMPES.<br>Updated the description for 1200.153 and 13600.BHLD  |
| <b>8/27/2020</b> | 1.13    | Kim Wood       | Added 12000.158-12000.169, Removed 12000.14, 12000.77, 12000.78 12000.73   |
| <b>9/10/2020</b> | 1.14    | Kim Wood       | Added 13600.PPM, 13600.PPM1, 13600.PPM2, 13600.PPM3, 13600.PPR, 13600.PP1, 1300.PP2, 13600.PP3, 13600.PPRT, 13600.PP1T, 13600.PP2T, 13600.PP3T, 13600.PPMV, 13600.PPMV1, 13600.PPMV2, 13600.PPMV3 and 12000.170-12000.187; also added 2100.5 to Legal Status |

| Date       | Version     | Author(s)   | Brief Description of Change  |
|------------|-------------|-------------|--|
| 9/29/2020  | 1.15 & 1.16 | Kim Wood    | <p>Removed 5600.9, 12000.72, 12000.74, 12000.170, 13600.T2015, 13600.909, 13600.GENBUPR, 13600.GENBUPRNAL, 13600.GENBTAB, 13600.GENORNAL, 13600.153, 13600.MEDRES1CH, 13600.MEDRES2CH, 13600.MEDRES3CH, 13600.METH120, 13600.METH30, 13600.METH60, 13600.PRBDN1, 13600.PRBDN3, 13600.PRBDN2, 13600.919, 13600.918, 13600.908, 13600.TELEMED, 13600.TRRES1, 13600.TRRES3, 13600.TRRES2, 13600.VOCREH, 13600.VOCREH1, 13600.VOCREH3, 13600.VOCREH2, 13600.ZUBSOLV, 13600.SUB2MG, 13600.WM-3.2 and, 13600.WM-3.7, 13600.434, 13600.SUBFILM, 13600.H0032, 13600.H2021, 13600.S1915C, 13600.S1915I, 13600.MEDRES, 13600.MEDWMN; Added 13600.GBSTB, 13600.GBNFS, 13600.GBNTB, 13600.GON50, 13600.MERD1, 13600.MERD2, 13600.MERD3, 13600.MT120, 13600.MT30, 13600.MT60, 13600.PRD1, 13600.PRD3, 13600.PRD2, 13600.TELMD, 13600.TRES1, 13600.TRES3, 13600.TRES2, 13600.VOCRH, 13600.VOCR1, 13600.VOCR3, 13600.VOCR2, 13600.SUBSV, 13600.SUB2M, 13600.WM3.2, 13600.WM3.7, 13600.H0002, 13600.H2023-W07, 13600.H2023-X05, 13600.H2025-W07, 13600.H2025-X05, 13600.S5100-X05, 13600.S5100-W07, 13600.S5135-W06, 13600.S5135-X05, 1360.T2015-W07, 13600.T2015-X05, 13600.EVALIDD, 13600.H2017, 13600.H2015 and 13600.H0018, 13600.MERPD, 13600.IHCI, 13600.MMII, 13600.SUB8M. Removed 'C/Y' from 12000.48 and 13600.S9480.</p> |
| 11/03/2020 |             | Kim Wood    | <p>Removed 2900.57. Added Related Substance Type Code and Related Substance Type Name to the Detailed Substance Type data set for informational purposes.</p>  |
| 11/11/2020 | 1.17        | Bobby Keane | <p>Added 12000.191, 12000.192, 13600.INCTV and 13600.SRVAD.</p>  |

| Date       | Version     | Author(s)      | Brief Description of Change   |
|------------|-------------|----------------|---|
| 11/23/2020 | 1.18        | FEI            | Added Detailed Substance Association for 12800.33.  |
| 11/24/2020 | 1.19 & 1.20 | Kim Wood       | Added 12000.193 and 13600.MRCIN.  |
| 12/28/2020 | 1.21        | Bobby Keane    | Added 12000.72, 12000.73, 12000.74, 12000.170, 12000.171, 12000.194, 12000.195, 12000.196, 12000.197, 12000.198, 13600.H0023, 13600.H0025, 13600.S5100, 13600.S5135, 13600.T2015, 13600.IOPB2, 13600.IOPB3, 13600.IOPM2, 13600.IOPM3 and 13600.IOPT1. |
| 01/21/2021 | 1.22        | Kim Wood       | Corrected 13600.H0023 to 13600.H2023 and 13600.H0025 to 13600.H2025.  |
| 02/23/2021 | 1.0.23      | Kim Wood       | Added 12000.199, 12000.200, 13600.MEDIC and 13600.PHYSC. Added "(Boswell Regional Center, Region 2, Region 8 and Region 9 only)" to 11600.6, 12000.151 & 13600.CDCTR.   |
| 3/18/2021  | 1.0.24      | Shelby Maloney | Added codes for Special Initiative, Problem Area, and Occupation Code   |
| 5/11/2021  | 1.0.25      | Kim Wood       | Removed 12000.54, 13600.2011 and 13600.ICORT. Added 12000.201, 12000.202, 12000.203 and 13600.H2011.  |
| 5/19/2021  |             | Kim Wood       | Removed 3410.1-3410.7, 3410.11-3410.12, 3410.14-3410.16. Added 3411.9-3411.11. (Document update only)   |
| 6/18/2021  | 1.0.26      | Kim Wood       | Removed 12000.203.  |
| 7/15/2021  |             | Kim Wood       | Changed Special Initiatives to Special Initiatives Type.  |
| 8/11/2021  | 1.0.27      | Kim Wood       | Removed 3410.1-3410.7, 3410.11-3410.12, 3410.14-3410.16. Added 3411.9-3411.11.  |
| 9/2/2021   | 1.0.28      | Kim Wood       | Added 12000.206-12000.213 and 13600.PALS, 13600.CSSPE, 13600.COMED, 13600.TROUT, 13600.FPEER, 13600.CCE, 13600.PEERB, 13600.CHOIC   |
| 1/20/2022  | 1.0.29      | Bobby Keane    | Added 12000.214 and 13600.NAVGT. Slight document reformat to adjust heading columns for consistency.  |
| 2/2/2022   | 1.0.30      | Kim Wood       | Updated description for 12000.25, 12000.26, 12000.33, 12000.41, 12000.49, 12000.51, 12000.53, 12000.89, 12000.90-92, 12000.102,   |

| Date             | Version                            | Author(s)          | Brief Description of Change   |
|------------------|------------------------------------|--------------------|---|
|                  |                                    |                    | 12000.105, 12000.110, 12000.148, and 12000.152.<br>Expired 12000.55, 12000.150, 12000.210.<br>Removed 12000.206.<br>Added 12000.214, 12000.215, and 12000.216.<br>Removed Service Procedure and Service Procedure Source tables. Submitted by WITS only.  |
| <b>2/3/2022</b>  | 1.0.31                             | Kim Wood           | Added 12000.217-220   |
| <b>2/3/2022</b>  | 1.0.32                             | Kim Wood           | Correct name for 12000.217 and 12000.218.   |
| <b>2/14/2022</b> | 1.0.33                             | Kim Wood           | Removed "Face to Face" wording from 12000.53.   |
| <b>3/11/2022</b> | 1.0.34                             | Kim Wood           | Added clarifying notation to ASAM Level of Care and Mental Health Treatment Setting value sets.<br>Added clarifying notation to 2700.0 & 2700.22.<br>Added 11700.16, 3000.10-16 and 6700.35-53.<br>Changed description of Primary Residential per diem services to High-Intensity Residential per diem, Transitional Residential to Low-Intensity Residential, and Transitional Residential C/Y to Medium-Intensity Residential. (12000.17, 12000.86-88, 12000.95-98, 12000.172-175 and 12000.180-183).<br>Unexpired 12000.150.                           |
| <b>6/10/2022</b> | Completed within Release 2020.04.3 | James Brockman/FEI | Added "Medicaid Identifier" to Provider Client Identifier, plus new groups for: <ul style="list-style-type: none"> <li>• Denying Provider</li> <li>• Denial Reason</li> <li>• Awaiting Treatment Location</li> <li>• ASAM Dimension</li> <li>• ASAM Risk Rating</li> <li>• ASAM Risk Sub Rating</li> <li>• Episode Discharge Referral</li> <li>• Episode Discharge Referred Service</li> <li>• Episode Discharge Disposition</li> <li>• Episode Discharge Disposition Reason</li> <li>• Episode Discharge Arrest Type</li> </ul> Minor formatting cleanup |
| <b>8/02/2022</b> | 1.0.35                             | Kim Wood           | Added 15400.2-15400.8; 12000.221-12000.232 and expired 14100.3 (7/31/2022)  |
| <b>8/3/2022</b>  | 1.0.36                             | Kim Wood           | Added 2100.3 to Episode Discharge Referred Service.   |
| <b>8/5/2022</b>  | 1.0.37                             | Kim Wood           | Unexpired 14100.3.  |
| <b>9/4/2022</b>  | 1.0.38                             | Kim Wood           | Added 15200.11-19, 15300.12-13  |

| Date       | Version         | Author(s)      | Brief Description of Change   |
|------------|-----------------|----------------|---|
| 9/29/2022  | 1.0.39          | Freda Nichols  | Added 14100.6   |
| 10/7/2022  | 1.0.40          | Freda Nichols  | Added 15200.20 and 15500.3  |
| 12/29/2022 | 1.0.42          | Freda Nichols  | Added Service 12000.233 – 12000.235   |
| 3/14/2023  | 1.0.43          | Freda Nichols  | Added Service-No Admission Reason 15900.1-15900.2<br>Added Service 12000.236 – 12000-238, 13600.MIMEH, 13600.MIMPA and 13600.MIPA.<br>Modified description 5600.3 and 15400.4   |
| 6/22/2023  | 1.0.44          | Freda Nichols  | Expired Service 12000.50  |
| 8/23/2023  | 1.0.45          | Blair Chapusha | Added session count measurement to the service section.   |
| 9/25/2023  | 1.0.46          | Ciji Dixon     | Added IDD Service Units to the service table.   |
| 9/29/2023  | 1.0.47          | Ciji Dixon     | Updated 12000.73 [Day Services - Adult - IDD (Non-Medicaid)] and 12000.74 [Prevocational Services – IDD (Non-Medicaid)] from 1 hour to 15 minutes.  |
| 12/01/2023 | 1.0.48          | Ciji Dixon     | Updated 12000.85 (Added “1915c” to the service description to reflect non-Medicaid waiver service.)<br><br>Added service code 12000.239 for “In-Home Respite Services – 1915i” to reflect IDD Medicaid waiver.  |
| 09/11/2024 | 1.0.52 & 1.0.53 | Ciji Dixon     | Expired service code 12000.147 (Urine Drug Screens Onsite) and added service code 12000.240 (Urine Drug Screens) due to service procedure code change from H0003 to 80305.  |
| 06/03/2025 | 1.0.54          | Ciji Dixon     | Changed the description for service code 12000.36 (Intake/Biopsycho-Social Assessment) to Intake/Biopsycho-Social Assessment by Non-MD.   |
| 1/1/2026   | 1.0.55          | Freda Nichols  | Added Code 2100.1 (Not Applicable) to Employment Status. Added Detailed Substance Codes 12800.70 (Fentanyl) and 12800.71 (Xylazine). Added code 2100.4 (Unknown) to Discharge Reason. Added code 2100.1 (Not Applicable) to SMI/SED Status. Added 2100.1 (Not Applicable) to Self Help Frequency. |

## 1. Admission Type

| Code   | Description        |
|--------|--------------------|
| 1200.1 | Initial admission  |
| 1200.2 | Transfer admission |

## 2. ASAM Dimension

| Code    | Description |
|---------|-------------|
| 14700.1 | Dimension 1 |
| 14700.2 | Dimension 2 |
| 14700.3 | Dimension 3 |
| 14700.4 | Dimension 4 |
| 14700.5 | Dimension 5 |
| 14700.6 | Dimension 6 |

## 3. ASAM Level of Care (Substance Use Admissions Only)

Note: An additional Property for these types appears in this table. The “Do Not Report to TEDS?” property indicates whether this Level of Care is reported to TEDS. If FALSE, a client admitted at this Level of Care must be admitted at a Provider Site with a Site Identifier of type “I-BHS Number”.

| Code     | Description   | Do Not Report to TEDS Property |
|----------|---|--------------------------------|
| 11700.10 | 0.5 - Early Intervention  | FALSE                          |
| 11700.1  | 1 - Outpatient Service  | FALSE                          |
| 11700.11 | 1-WM - Ambulatory Withdrawal Management without Extended On-Site Monitoring | FALSE                          |
| 11700.2  | 2-WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring    | FALSE                          |
| 11700.3  | 2.1 - Intensive Outpatient  | FALSE                          |
| 11700.4  | 2.5 - Partial Hospitalization   | FALSE                          |
| 11700.5  | 3.1 - Clinically Managed Low-Intensity Residential                          | FALSE                          |
| 11700.12 | 3.2-WM - Clinically Managed Residential Withdrawal Management               | FALSE                          |
| 11700.13 | 3.3 - Clinically Managed Population Specific High-Intensity Residential     | FALSE                          |
| 11700.9  | 3.5 - Clinically Managed High-Intensity Residential (Adults)                | FALSE                          |
| 11700.16 | 3.5 - Clinically Managed Medium-Intensity Residential (Adolescents)         | FALSE                          |
| 11700.6  | 3.7 - Medically Monitored Intensive Inpatient                               | FALSE                          |
| 11700.7  | 3.7-WM - Medically Monitored Inpatient Withdrawal Management                | FALSE                          |
| 11700.14 | 4 - Medically Managed Intensive Inpatient                                   | FALSE                          |
| 11700.8  | 4-WM - Medically Managed Intensive Inpatient Withdrawal Management          | FALSE                          |
| 11700.15 | Opioid Treatment Program  | FALSE                          |

#### 4. ASAM Risk Rating

| Code     | Description    |
|----------|----------------|
| 14800.00 | 00             |
| 14800.01 | 01             |
| 14800.02 | 02             |
| 14800.03 | 03             |
| 14800.04 | 04             |
| 2100.1   | Not Applicable |

#### 5. ASAM Risk Sub Rating

| Code     | Description |
|----------|-------------|
| 14850.01 | A           |
| 14850.02 | B           |

#### 6. Awaiting Treatment Location

| Code    | Description |
|---------|-------------|
| 14600.1 | Home        |
| 14600.2 | Jail        |
| 14600.3 | Hospital    |
| 14600.4 | Homeless    |
| 2100.3  | Other       |

#### 7. Citizenship

| Code    | Description                   |
|---------|-------------------------------|
| 14400.7 | United States Citizenship     |
| 14400.8 | Non-United States Citizenship |

#### 8. Code Set Identifier

| Code   | Description |
|--------|-------------|
| 9500.3 | ICD-10      |

#### 9. County

| Code   | Description |
|--------|-------------|
| 1700.1 | Adams       |
| 1700.2 | Alcorn      |
| 1700.3 | Amite       |
| 1700.4 | Attala      |
| 1700.5 | Benton      |
| 1700.6 | Bolivar     |
| 1700.7 | Calhoun     |
| 1700.8 | Carroll     |

| Code    | Description     |
|---------|-----------------|
| 1700.9  | Chickasaw       |
| 1700.10 | Choctaw         |
| 1700.11 | Claiborne       |
| 1700.12 | Clarke          |
| 1700.13 | Clay            |
| 1700.14 | Coahoma         |
| 1700.15 | Copiah          |
| 1700.16 | Covington       |
| 1700.17 | DeSoto          |
| 1700.18 | Forrest         |
| 1700.19 | Franklin        |
| 1700.20 | George          |
| 1700.21 | Greene          |
| 1700.22 | Grenada         |
| 1700.23 | Hancock         |
| 1700.24 | Harrison        |
| 1700.25 | Hinds           |
| 1700.26 | Holmes          |
| 1700.27 | Humphreys       |
| 1700.28 | Issaquena       |
| 1700.29 | Itawamba        |
| 1700.30 | Jackson         |
| 1700.31 | Jasper          |
| 1700.32 | Jefferson       |
| 1700.33 | Jefferson Davis |
| 1700.34 | Jones           |
| 1700.35 | Kemper          |
| 1700.36 | Lafayette       |
| 1700.37 | Lamar           |
| 1700.38 | Lauderdale      |
| 1700.39 | Lawrence        |
| 1700.40 | Leake           |
| 1700.41 | Lee             |
| 1700.42 | Leflore         |
| 1700.43 | Lincoln         |
| 1700.44 | Lowndes         |
| 1700.45 | Madison         |
| 1700.46 | Marion          |
| 1700.47 | Marshall        |
| 1700.48 | Monroe          |
| 1700.49 | Montgomery      |
| 1700.50 | Neshoba         |
| 1700.51 | Newton          |
| 1700.52 | Noxubee         |
| 1700.53 | Oktibbeha       |

| Code     | Description  |
|----------|--------------|
| 1700.54  | Panola       |
| 1700.55  | Pearl River  |
| 1700.56  | Perry        |
| 1700.57  | Pike         |
| 1700.58  | Pontotoc     |
| 1700.59  | Prentiss     |
| 1700.60  | Quitman      |
| 1700.61  | Rankin       |
| 1700.62  | Scott        |
| 1700.63  | Sharkey      |
| 1700.64  | Simpson      |
| 1700.65  | Smith        |
| 1700.66  | Stone        |
| 1700.67  | Sunflower    |
| 1700.68  | Tallahatchie |
| 1700.69  | Tate         |
| 1700.70  | Tippah       |
| 1700.71  | Tishomingo   |
| 1700.72  | Tunica       |
| 1700.73  | Union        |
| 1700.74  | Walthall     |
| 1700.75  | Warren       |
| 1700.76  | Washington   |
| 1700.77  | Wayne        |
| 1700.78  | Webster      |
| 1700.79  | Wilkinson    |
| 1700.80  | Winston      |
| 1700.81  | Yalobusha    |
| 1700.82  | Yazoo        |
| 1700.101 | Out of State |

## 10. Denial Reason

| Code    | Description                                  |
|---------|--|
| 14500.1 | Too Aggressive/Too Violent                   |
| 14500.2 | Unstable Medical Condition                   |
| 14500.3 | Sexually Inappropriate                       |
| 14500.4 | Requires Higher Level of Care                |
| 14500.5 | Alcohol and Drug Treatment Needs are Primary |
| 14500.6 | Lateral Transfer to CSU                      |
| 14500.7 | Limited Staffing Coverage                    |
| 14500.8 | No bed available                             |
| 2100.3  | Other  |

## 11. Denying Provider

| Code     | Description  |
|----------|--|
| 15700.1  | Region 1 CMHC  |
| 15700.2  | Region 2 CMHC Communicare                                    |
| 15700.3  | Region 3 CMHC Lifecore Health Group                          |
| 15700.4  | Region 4 CMHC MH IDD Commission                              |
| 15700.5  | Region 6 CMHC Life Help                                      |
| 15700.6  | Region 7 Community Counseling Services                       |
| 15700.7  | Region 8 Mental Health Services                              |
| 15700.8  | Region 9 Hinds Behavioral Health Services                    |
| 15700.9  | Region 10 Weems Community Health Center                      |
| 15700.10 | Region 11 A Clear Path of Southwest MS Mental Health Complex |
| 15700.11 | Region 12 Pine Belt Mental Healthcare Resources              |
| 15700.12 | Region 14 CMHC Singing River Services                        |
| 15700.13 | Region 15 CMHC Warren-Yazoo MHS                              |
| 15700.14 | Private Provider   |
| 15700.15 | East Mississippi State Hospital                              |
| 15700.16 | North Mississippi State Hospital                             |
| 15700.17 | South Mississippi State Hospital                             |
| 15700.18 | Mississippi State Hospital                                   |
| 2100.3   | Other  |

## 12. Detailed Substance Type

| Code    | Description  | Related Substance Type | Related Substance Type Name |
|---------|--|------------------------|-----------------------------|
| 12800.1 | Alcohol  | 12700.2                | Alcohol                     |
| 12800.2 | Crack  | 12700.3                | Cocaine/Crack               |
| 12800.3 | Other cocaine  | 12700.3                | Cocaine/Crack               |
| 12800.4 | Marijuana/Hashish, THC, and any other cannabis sativa preparations | 12700.4                | Marijuana/Hashish           |
| 12800.5 | Heroin   | 12700.5                | Heroin                      |

| Code     | Description  | Related Substance Type | Related Substance Type Name  |
|----------|--|------------------------|------------------------------|
| 12800.6  | Non-prescription methadone   | 12700.6                | Non-prescription methadone   |
| 12800.7  | Codeine  | 12700.7                | Other opiates and synthetics |
| 12800.8  | Propoxyphene (Darvon)  | 12700.7                | Other opiates and synthetics |
| 12800.9  | Oxycodone (Oxycontin)  | 12700.7                | Other opiates and synthetics |
| 12800.10 | Meperidine (Demerol)   | 12700.7                | Other opiates and synthetics |
| 12800.11 | Hydromorphone (Dilaudid)   | 12700.7                | Other opiates and synthetics |
| 12800.12 | Butorphanol (Stadol), morphine (MS Contin), opium, and other narcotic analgesics, opiates, or synthetics | 12700.7                | Other opiates and synthetics |
| 12800.13 | Pentazocine (Talwin)   | 12700.7                | Other opiates and synthetics |
| 12800.14 | Hydrocodone (Vicodin)  | 12700.7                | Other opiates and synthetics |
| 12800.15 | Tramadol (Ultram)  | 12700.7                | Other opiates and synthetics |
| 12800.16 | Buprenorphine (Subutex, Suboxone)  | 12700.7                | Other opiates and synthetics |
| 12800.17 | PCP or PCP combination   | 12700.8                | PCP-Phencyclidine            |
| 12800.18 | LSD  | 12700.9                | Hallucinogens                |
| 12800.19 | DMT, mescaline, peyote, psilocybin, STP, and other hallucinogens   | 12700.9                | Hallucinogens                |
| 12800.20 | Methamphetamine/speed  | 12700.10               | Methamphetamine/speed        |
| 12800.21 | Amphetamine  | 12700.11               | Other amphetamines           |
| 12800.22 | MDMA, Ecstasy  | 12700.11               | Other amphetamines           |
| 12800.23 | Bath salts, phenmetrazine, and other amines and related drugs  | 12700.11               | Other amphetamines           |
| 12800.24 | Other stimulants   | 12700.12               | Other stimulants             |
| 12800.25 | Methylphenidate (Ritalin)  | 12700.12               | Other stimulants             |
| 12800.26 | Alprazolam (Xanax)   | 12700.13               | Benzodiazepines              |
| 12800.27 | Chlordiazepoxide (Librium)   | 12700.13               | Benzodiazepines              |
| 12800.28 | Clorazepate (Tranxene)   | 12700.13               | Benzodiazepines              |
| 12800.29 | Diazepam (Valium)  | 12700.13               | Benzodiazepines              |
| 12800.30 | Flurazepam (Dalmene)   | 12700.13               | Benzodiazepines              |
| 12800.31 | Lorazepam (Ativan)   | 12700.13               | Benzodiazepines              |
| 12800.32 | Triazolam (Halcion)  | 12700.13               | Benzodiazepines              |
| 12800.33 | Other Benzodiazepine   | 12700.13               | Benzodiazepines              |
| 12800.34 | Flunitrazepam (Rohypnol)   | 12700.13               | Benzodiazepines              |
| 12800.35 | Clonazepam (Klonopin, Rivotril)  | 12700.13               | Benzodiazepines              |

| Code     | Description  | Related Substance Type | Related Substance Type Name  |
|----------|--|------------------------|------------------------------|
| 12800.36 | Halazepam, oxazepam (Serax), prazepam, temazepam (Restoril), and other benzodiazepines   | 12700.13               | Benzodiazepines              |
| 12800.37 | Meprobamate (Miltown)  | 12700.14               | Other tranquilizers          |
| 12800.38 | Other non-benzodiazepine tranquilizers   | 12700.14               | Other tranquilizers          |
| 12800.39 | Phenobarbital  | 12700.15               | Barbiturates                 |
| 12800.40 | Secobarbital/Amobarbital (Tuinal)  | 12700.15               | Barbiturates                 |
| 12800.41 | Secobarbital (Seconal)   | 12700.15               | Barbiturates                 |
| 12800.42 | Amobarbital, pentobarbital (Nembutal), and other barbiturate sedatives   | 12700.15               | Barbiturates                 |
| 12800.43 | Ethchlorvynol (Placidyl)   | 12700.16               | Other sedatives or hypnotics |
| 12800.44 | Glutethimide (Doriden)   | 12700.16               | Other sedatives or hypnotics |
| 12800.45 | Methaqualone (Quaalude)  | 12700.16               | Other sedatives or hypnotics |
| 12800.46 | Chloral hydrate and other non-barbiturate sedatives/hypnotics  | 12700.16               | Other sedatives or hypnotics |
| 12800.47 | Aerosols   | 12700.17               | Inhalants                    |
| 12800.48 | Nitrites   | 12700.17               | Inhalants                    |
| 12800.49 | Gasoline, glue, and other inappropriately inhaled products   | 12700.17               | Inhalants                    |
| 12800.50 | Solvents (paint thinner and other solvents)  | 12700.17               | Inhalants                    |
| 12800.51 | Anesthetics (chloroform, ether, nitrous oxide, and other anesthetics)  | 12700.17               | Inhalants                    |
| 12800.53 | Diphenhydramine  | 12700.18               | Over-the-counter medications |
| 12800.54 | Other antihistamines, aspirin, Dextromethorphan (DXM) and other cough syrups, ephedrine, sleep aids, and any other legally obtained, non-prescription medication | 12700.18               | Over-the-counter medications |
| 12800.55 | Diphenylhydantoin/Phenytoin (Dilantin)   | 12700.19               | Other drugs                  |
| 12800.56 | Synthetic Cannabinoid (Spice), Carisoprodol (Soma) & Other Drugs   | 12700.19               | Other drugs                  |
| 12800.57 | GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)   | 12700.19               | Other drugs                  |
| 12800.58 | Ketamine (Special K)   | 12700.19               | Other drugs                  |
| 12800.59 | Other sedatives  | 12700.16               | Other sedatives or hypnotics |
| 12800.60 | Not applicable   | 12700.1                | None                         |
| 12800.61 | Unknown  | 2100.4                 | Unknown                      |

| Code     | Description | Related Substance Type | Related Substance Type Name  |
|----------|-------------|------------------------|------------------------------|
| 12800.70 | Fentanyl    | 12700.7                | Other opiates and synthetics |
| 12800.71 | Xylazine    | 12700.16               | Other sedatives or hypnotics |

### 13. Discharge Reason

| Code    | Description  |
|---------|--|
| 5600.1  | Program Decision to Discharge Client for Non-Compliance with Program Rules |
| 5600.2  | Died   |
| 5600.3  | Incarcerated or released by or to Courts                                   |
| 5600.4  | Client Left Before Completing Treatment                                    |
| 5600.5  | Referred Outside Agency for Continued Services                             |
| 5600.6  | Transfer to Program Within Agency for Continued Services                   |
| 5600.7  | Completed Treatment. No Substance Use                                      |
| 5600.8  | Completed Treatment. Some Substance Use                                    |
| 5600.10 | Evaluation Only  |
| 5600.11 | Client Moved from Region   |
| 2100.4  | Unknown  |

### 14. DUI Offender

| Code    | Description                 |
|---------|-----------------------------|
| 13200.1 | First time offend           |
| 13200.2 | 2 or more DUI, Assessed     |
| 13200.3 | 2 or more DUI, Not assessed |
| 2100.1  | Not applicable              |

### 15. Education Grade Level

| Code    | Description  |
|---------|--|
| 2700.0  | None, never attended school (including pre-school/head start programs) |
| 2700.1  | First Grade  |
| 2700.2  | Second Grade   |
| 2700.3  | Third Grade  |
| 2700.4  | Fourth Grade   |
| 2700.5  | Fifth Grade  |
| 2700.6  | Sixth Grade  |
| 2700.7  | Seventh Grade  |
| 2700.8  | Eighth Grade   |
| 2700.9  | Ninth Grade  |
| 2700.10 | Tenth Grade  |
| 2700.11 | Eleventh Grade   |

| Code    | Description   |
|---------|---|
| 2700.12 | Twelfth Grade, High School Graduate or GED  |
| 2700.13 | One Year of College   |
| 2700.14 | Two Years of College or Associates Degree   |
| 2700.15 | Three Years of College  |
| 2700.16 | Bachelor's Degree   |
| 2700.17 | Some Post Graduate Study  |
| 2700.18 | Master's Degree   |
| 2700.19 | Graduate or Professional School - Doctoral Study, Med School, Law School, etc.    |
| 2700.20 | Technical trade school  |
| 2700.21 | Kindergarten  |
| 2700.22 | Special Education Class (report this value instead of the grade level classified) |
| 2100.4  | Unknown   |

## 16. Employment Status

| Code    | Description   |
|---------|---|
| 2900.10 | Full time   |
| 2900.20 | Part time   |
| 2900.30 | Unemployed  |
| 2900.50 | Not in labor force - Homemaker                            |
| 2900.51 | Not in labor force - Student                              |
| 2900.52 | Not in labor force - Retired                              |
| 2900.53 | Not in labor force - Disabled                             |
| 2900.54 | Not in labor force - Resident of institution              |
| 2900.55 | Not in labor force - Other                                |
| 2900.56 | Not in labor force - Sheltered/Non-competitive employment |
| 2100.4  | Unknown   |
| 2100.1  | Not Applicable (Valid for Clients under 16 Years of Age)  |

## 17. Episode Discharge Arrest Type

| Code    | Description             |
|---------|-------------------------|
| 15500.1 | Misdemeanor             |
| 15500.2 | Felony                  |
| 15500.3 | No arrests at discharge |

## 18. Episode Discharge Disposition

| Code     | Description                                  |
|----------|--|
| 15300.1  | Community Mental Health Center               |
| 15300.2  | Home/Family/Friend                           |
| 15300.3  | Private Provider                             |
| 15300.4  | Group Home/Supervised Apartment              |
| 15300.5  | Licensed PCH/Assisted Living                 |
| 15300.6  | Nursing Home                                 |
| 15300.7  | CHOICE                                       |
| 15300.8  | DMH Facility                                 |
| 15300.9  | Other - Alcohol & Drug Treatment             |
| 15300.10 | Other - Returned to Jail Per Court's Request |
| 15300.11 | Other - Homeless Shelter                     |
| 15300.12 | Client Deceased                              |
| 15300.13 | Client Left Before Completing Treatment      |

## 19. Episode Discharge Disposition Reason

| Code    | Description  |
|---------|--|
| 15400.1 | Treatment completed  |
| 15400.2 | Program Decision to Discharge Client for Non-Compliance with Program Rules |
| 15400.3 | Client Deceased  |
| 15400.4 | Incarcerated or released by or to Courts                                   |
| 15400.5 | Client Left Before Completing Treatment                                    |
| 15400.6 | Referred Outside Agency for Continued Services                             |
| 15400.7 | Evaluation Only  |
| 15400.8 | Client moved from region   |

## 20. Episode Discharge Referral

| Code     | Description  |
|----------|--|
| 15800.1  | Region 1 CMHC  |
| 15800.2  | Region 2 CMHC Communicare                                    |
| 15800.3  | Region 3 CMHC Lifecore Health Group                          |
| 15800.4  | Region 4 CMHC MH IDD Commission                              |
| 15800.5  | Region 6 CMHC Life Help                                      |
| 15800.6  | Region 7 Community Counseling Services                       |
| 15800.7  | Region 8 Mental Health Services                              |
| 15800.8  | Region 9 Hinds Behavioral Health Services                    |
| 15800.9  | Region 10 Weems Community Health Center                      |
| 15800.10 | Region 11 A Clear Path of Southwest MS Mental Health Complex |
| 15800.11 | Region 12 Pine Belt Mental Healthcare Resources              |
| 15800.12 | Region 14 CMHC Singing River Services                        |
| 15800.13 | Region 15 CMHC Warren-Yazoo MHS                              |
| 15800.14 | Private Provider   |
| 15800.15 | East Mississippi State Hospital                              |
| 15800.16 | North Mississippi State Hospital                             |

| Code     | Description                      |
|----------|----------------------------------|
| 15800.17 | South Mississippi State Hospital |
| 15800.18 | Mississippi State Hospital       |
| 2100.3   | Other                            |

## 21. Episode Discharge Referred Service

| Code     | Description                                  |
|----------|--|
| 15200.1  | ICORT  |
| 15200.2  | PACT   |
| 15200.3  | Community Support Services                   |
| 15200.4  | Intensive Case Management                    |
| 15200.5  | AOT  |
| 15200.6  | MYPAC  |
| 15200.7  | Navigate                                     |
| 15200.8  | Supported Employment                         |
| 15200.9  | Peer Support                                 |
| 15200.10 | Self Help Groups                             |
| 15200.11 | Medication Evaluation                        |
| 15200.12 | Outpatient Services                          |
| 15200.13 | Wraparound                                   |
| 15200.14 | Group Home Placement                         |
| 15200.15 | State Nursing Home Placement                 |
| 15200.16 | Substance Use Outpatient Treatment           |
| 15200.17 | Substance Use Intensive Outpatient Treatment |
| 15200.18 | Medication Assisted Treatment                |
| 15200.19 | Substance Use Residential                    |
| 15200.20 | Psychiatric Treatment                        |
| 2100.3   | Other  |

## 22. Ethnicity

| Code   | Description  |
|--------|--|
| 6900.1 | Puerto Rican                                       |
| 6900.2 | Mexican  |
| 6900.3 | Cuban  |
| 6900.4 | Other specific Hispanic or Latino                  |
| 6900.5 | Not of Hispanic or Latino origin                   |
| 6900.6 | Hispanic or Latino - Specific origin not specified |
| 2100.4 | Unknown  |

## 23. Frequency Of Use

| Code   | Description                |
|--------|----------------------------|
| 3500.1 | No use in the past month   |
| 3500.2 | 1-3 days in the past month |
| 3500.3 | 1-2 days in the past week  |
| 3500.4 | 3-6 days in the past week  |

| Code   | Description    |
|--------|----------------|
| 3500.5 | Daily          |
| 2100.1 | Not applicable |
| 2100.4 | Unknown        |

## 24. Functional Assessment Reason

| Code    | Description                  |
|---------|------------------------------|
| 14200.1 | Initial Assessment           |
| 14200.2 | Ninety (90) day assessment   |
| 14200.3 | Six (6) month assessment     |
| 14200.4 | Twelve (12) month assessment |
| 14200.5 | End of Service/Discharge     |
| 2100.3  | Other                        |

## 25. Functional Assessment Type

Note: Additional properties for these types appear in this table. A blank indicates no restriction. (e.g., “Daily Living Activities-20” has a minimum score of 1.0, a maximum score of 7.0, a minimum age of 18, and no maximum age).

| Code    | Description                                      | Min Score | Max Score | Min Age | Max Age |
|---------|--|-----------|-----------|---------|---------|
| 14100.1 | Daily Living Activities-20                       | 1.00      | 7.00      | 18      |         |
| 14100.2 | Daily Living Activities-20: Alcohol-Drug         | 1.00      | 7.00      | 18      |         |
| 14100.3 | Child and Adolescent Functional Assessment Scale | 0         | 240       | 5       | 19      |
| 14100.4 | Incomplete/No Assessment                         |           |           |         |         |
| 14100.5 | Daily Living Activities-20: Children and Youth   | 1.00      | 7.00      | 6       | 18      |
| 14100.6 | Pediatric Symptom Checklist (PSC-35)             | 0         | 70        | 4       | 18      |

## 26. Health Insurance

| Code    | Description                           |
|---------|---------------------------------------|
| 2200.1  | Private insurance                     |
| 2200.2  | Blue Cross/Blue Shield                |
| 2200.3  | Medicare                              |
| 2200.4  | Medicaid                              |
| 2200.6  | Health Maintenance Organization (HMO) |
| 2200.20 | Other (e.g., TRICARE)                 |
| 2200.21 | None                                  |
| 2100.4  | Unknown                               |

## 27. Legal Status

| Code   | Description                                    |
|--------|--|
| 4900.1 | Voluntary-self                                 |
| 4900.2 | Voluntary-others (by parents, guardians, etc.) |
| 4900.3 | Involuntary-civil                              |
| 4900.4 | Involuntary-criminal                           |
| 4900.5 | Involuntary-juvenile justice                   |
| 4900.6 | Involuntary-civil-sexual                       |
| 2100.1 | Not applicable                                 |
| 2100.4 | Unknown  |
| 2100.5 | Not Collected                                  |

## 28. Living Arrangement

| Code    | Description   |
|---------|---|
| 3000.01 | Homeless  |
| 3000.02 | Dependent living  |
| 3000.09 | Independent living  |
| 3000.10 | MH- Private residence, living arrangement not specified, adults                       |
| 3000.11 | MH- Dependent Living- Residential care  |
| 3000.12 | MH- Dependent Living- Foster home/Foster Care   |
| 3000.13 | MH- Dependent Living- Crisis residence  |
| 3000.14 | MH- Dependent Living- Institutional setting   |
| 3000.15 | MH- Dependent Living- Jail or other institutions under the justice system             |
| 3000.16 | MH- Dependent Living- Adults in private residence who need assistance in daily living |
| 2100.4  | Unknown   |

## 29. Marital Status

| Code   | Description   |
|--------|---------------|
| 1500.1 | Never married |
| 1500.2 | Now married   |
| 1500.3 | Widowed       |
| 1500.4 | Divorced      |
| 1500.5 | Separated     |
| 2100.4 | Unknown       |

## 30. Mental Health Treatment Setting (Mental Health Admissions Only)

Note: Additional properties for these types appear in this table. The “Do Not Report to TEDS?” property indicates whether this Treatment Setting is reported to TEDS. If FALSE, a client admitted at this Treatment Setting must be admitted at a Provider Site with a Site Identifier of type “I-BHS Number”.

| Code    | Description                                 | Do Not Report To TEDS Property |
|---------|---|--------------------------------|
| 11600.1 | Psychiatric ( <u>State Hospitals only</u> ) | FALSE                          |
| 11600.2 | Crisis Residential                          | FALSE                          |
| 11600.3 | IDD Outpatient                              | TRUE                           |

| Code    | Description   | Do Not Report To TEDS Property |
|---------|---|--------------------------------|
| 11600.4 | MH Outpatient   | FALSE                          |
| 11600.5 | IDD Residential   | TRUE                           |
| 11600.6 | Crisis Diversion/Community Transition (Boswell Regional Center, Region 2, Region 8 and Region 9 only) | FALSE                          |
| 11600.7 | CY Outpatient   | FALSE                          |
| 11600.8 | CY Residential  | FALSE                          |

### 31. Occupation

| Code    | Description          |
|---------|----------------------|
| 3412.1  | None                 |
| 3412.2  | Healthcare Worker    |
| 3412.3  | First Responder      |
| 3412.4  | Frontline Worker     |
| 3412.5  | Sales                |
| 3412.6  | Farm Owners/Laborers |
| 3412.7  | Service/Household    |
| 3412.8  | Executive/Managerial |
| 3412.9  | Professional         |
| 3412.10 | Educator/Teacher     |
| 3412.11 | Counselor/Therapist  |
| 3412.12 | Office Support       |

### 32. Payment Source

| Code   | Description  |
|--------|--|
| 1900.1 | Self-pay   |
| 1900.2 | Blue Cross/Blue Shield                                   |
| 1900.3 | Medicare   |
| 1900.4 | Medicaid   |
| 1900.5 | Other government payments                                |
| 1900.6 | Worker's compensation                                    |
| 1900.7 | Other health insurance companies                         |
| 1900.8 | No charge (free, charity, special research, or teaching) |
| 2100.3 | Other  |
| 2100.4 | Unknown  |

### 33. Primary Income Source

| Code   | Description        |
|--------|--------------------|
| 1800.1 | Wages/Salary       |
| 1800.2 | Public assistance  |
| 1800.3 | Retirement/Pension |

| Code   | Description |
|--------|-------------|
| 1800.4 | Disability  |
| 1800.6 | None        |
| 2100.3 | Other       |
| 2100.4 | Unknown     |

### 34. Problem Area

| Code    | Description               |
|---------|---------------------------|
| 3411.1  | Alcohol                   |
| 3411.2  | Drugs                     |
| 3411.3  | Both Alcohol & Drugs      |
| 3411.4  | Co-dependence             |
| 3411.5  | No diagnosis              |
| 3411.6  | Alcohol/Drug and Gambling |
| 3411.7  | Gambling                  |
| 3411.8  | COVID19                   |
| 3411.9  | Mental Health             |
| 3411.10 | IDD                       |
| 3411.11 | Co-Occurring MH and SU    |

### 35. Program Area

| Code    | Description            |
|---------|------------------------|
| 11400.1 | Mental health          |
| 11400.2 | Substance use disorder |

### 36. Provider Client Identifier Type

| Code   | Description            |
|--------|------------------------|
| 8400.1 | Social security number |
| 8400.2 | Medicaid Number        |

### 37. Provider Client Physical Address Type

| Code   | Description     |
|--------|-----------------|
| 8600.1 | Work address    |
| 8600.2 | Home address    |
| 8600.3 | Mailing address |
| 8600.4 | Previous        |

### 38. Race

| Code   | Description               |
|--------|---------------------------|
| 6800.1 | White                     |
| 6800.2 | Black or African-American |
| 6800.3 | American Indian           |
| 6800.5 | Alaska Native             |
| 6800.7 | Asian                     |

| Code   | Description                               |
|--------|---|
| 6800.8 | Native Hawaiian or other Pacific Islander |
| 6800.9 | Multi-Racial                              |
| 2100.3 | Other                                     |
| 2100.4 | Unknown                                   |

### 39. Recovery Group Attendance Frequency

| Code    | Description  |
|---------|--|
| 13100.1 | No attendance  |
| 13100.2 | Less than once a week - 1 to 3 times in the past 30 days     |
| 13100.3 | About once a week - 4 to 7 times in the past 30 days         |
| 13100.4 | 2 to 3 times per week - 8 to 15 times in the past 30 days    |
| 13100.5 | At least 4 times a week - 16 to 30 times in the past 30 days |
| 13100.6 | Some attendance - number of times and frequency is unknown   |
| 2100.1  | Not Applicable   |
| 2100.4  | Unknown  |

### 40. Referral Source

| Code    | Description  |
|---------|--|
| 6700.01 | Individual (includes self-referral)                    |
| 6700.02 | Alcohol/Drug Abuse Care Provider                       |
| 6700.03 | Other Health Care Provider                             |
| 6700.04 | School (Educational)                                   |
| 6700.05 | Employer/EAP   |
| 6700.06 | Other Community Referral                               |
| 6700.07 | Court/Criminal Justice - State/Federal Court           |
| 6700.08 | Court/Criminal Justice - Other Court                   |
| 6700.09 | Court/Criminal Justice - Probation/Parole              |
| 6700.10 | Court/Criminal Justice - Other Recognized Legal Entity |
| 6700.11 | Court/Criminal Justice - Diversionary Program          |
| 6700.12 | Court/Criminal Justice - Prison                        |
| 6700.13 | Court/Criminal Justice - DUI/DWI                       |
| 6700.14 | Court/Criminal Justice - Other                         |
| 6700.15 | Court/Criminal Justice - Not Applicable                |
| 6700.16 | Court/Criminal Justice - Unknown                       |
| 6700.17 | Court/Criminal Justice - Not Collected                 |
| 6700.18 | Court/County Justice                                   |
| 6700.19 | Crisis/Respite Program                                 |
| 6700.20 | Nursing Home   |
| 6700.21 | Personal Care Home                                     |
| 6700.22 | Other IDD Facility                                     |
| 6700.23 | Home   |
| 6700.24 | Veterans Administration (VA)                           |

| Code    | Description  |
|---------|--|
| 6700.25 | DMH Psychiatric Hospital                                     |
| 6700.26 | Other MS CMHC  |
| 6700.27 | DMH IDD Facility   |
| 6700.28 | Private Psychiatric Hospital                                 |
| 6700.29 | General Hospital/Other Health Care Provider                  |
| 6700.30 | Family/Friend  |
| 6700.31 | Police/Sheriff   |
| 6700.32 | Court/Correctional Facility                                  |
| 6700.33 | Vocational Rehabilitation/job placement                      |
| 6700.34 | Group Home (non-DMH)   |
| 6700.35 | Region 1 CMHC  |
| 6700.36 | Region 2 CMHC Communicare                                    |
| 6700.37 | Region 3 CMHC Lifecore Health Group                          |
| 6700.38 | Region 4 CMHC MH IDD Commission                              |
| 6700.39 | Region 6 CMHC Life Help                                      |
| 6700.40 | Region 7 Community Counseling Services                       |
| 6700.41 | Region 8 Mental Health Services                              |
| 6700.42 | Region 9 Hinds Behavioral Health Services                    |
| 6700.43 | Region 10 Weems Community Health Center                      |
| 6700.44 | Region 11 A Clear Path of Southwest MS Mental Health Complex |
| 6700.45 | Region 12 Pine Belt Mental Healthcare Resources              |
| 6700.46 | Region 14 CMHC Singing River Services                        |
| 6700.47 | Region 15 CMHC Warren-Yazoo MHS                              |
| 6700.48 | Mississippi State Hospital                                   |
| 6700.49 | East Mississippi State Hospital                              |
| 6700.50 | North Mississippi State Hospital                             |
| 6700.51 | South Mississippi State Hospital                             |
| 6700.52 | Central Mississippi Residential Center                       |
| 6700.53 | Specialized Treatment Facility                               |
| 2100.4  | Unknown  |

#### 41. Route of Administration

| Code   | Description  |
|--------|--|
| 3400.1 | Oral   |
| 3400.2 | Smoking  |
| 3400.3 | Inhalation   |
| 3400.4 | Injection (intravenous, intramuscular, intradermal, or subcutaneous) |
| 2100.1 | Not Applicable   |
| 2100.3 | Other  |
| 2100.4 | Unknown  |

#### 42. School Attendance Status

| Code    | Description                                       |
|---------|---|
| 2100.1  | Not applicable                                    |
| 14000.1 | Attending School Regularly: 5 Days or Less Absent |

| Code    | Description   |
|---------|---|
| 14000.2 | Not Attending School Regularly: 6 Days or More Absent |
| 14000.3 | Home Schooled   |
| 14000.4 | Not Available   |

#### 43. Serious Mental Illness or Emotional Disturbance

| Code   | Description   |
|--------|---|
| 3600.1 | SMI   |
| 3600.2 | SED   |
| 3600.3 | At risk for SED   |
| 3600.4 | Not SMI/SED   |
| 2100.4 | Unknown   |
| 2100.1 | Not Applicable (Valid for Substance Use Co-occurring=NO only) |

#### 44. Service

| Code     | Description   | Service Units    |
|----------|---|------------------|
| 12000.1  | Psychiatric Services - Acute Treatment              | 1 day            |
| 12000.2  | Psychiatric Services – Intermediate                 | 1 day            |
| 12000.3  | Psychiatric Services - Continuing Treatment         | 1 day            |
| 12000.4  | Psychiatric Services - Continued Medical Treatment  | 1 day            |
| 12000.5  | Psychiatric Services - C/Y - Acute Treatment        | 1 day            |
| 12000.6  | Psychiatric Residential Treatment Facility          | 1 day            |
| 12000.7  | Crisis Residential                                  | 1 day            |
| 12000.8  | Chemical Dependency Units                           | 1 day            |
| 12000.9  | Forensics   | 1 day            |
| 12000.10 | Nursing Facility                                    | 1 day            |
| 12000.11 | Medical Surgical Hospital                           | 1 day            |
| 12000.12 | Intermediate Care Facility - (ICF/IDD) - Large      | 1 day            |
| 12000.13 | Intermediate Care Facility - (ICF/IDD) - Small      | 1 day            |
| 12000.15 | Designated Mental Health Holding Facilities         | 1 day            |
| 12000.16 | Supported Living                                    | 1 day            |
| 12000.17 | High-Intensity Residential Daily Per Diem (Bundled) | 1 day            |
| 12000.18 | Therapeutic Foster Care                             | 1 day            |
| 12000.19 | Therapeutic Group Home - C/Y                        | 1 day            |
| 12000.20 | Supervised Living                                   | 1 day            |
| 12000.21 | Supported Employment - Individual                   | 15 mins          |
| 12000.22 | Supported Employment - Group                        | 15 mins          |
| 12000.23 | Therapeutic Day Treatment - Substance Abuse         | 1 day            |
| 12000.24 | Adult Day Center Services - Alzheimer's             | 1 day            |
| 12000.25 | Acute Partial Hospitalization (under 24 hours)      | 24 hours or less |
| 12000.26 | Psychosocial Rehabilitation Services, Per 15        | 15 minutes       |

| Code     | Description  | Service Units      |
|----------|--|--------------------|
|          | Minutes  |                    |
| 12000.27 | Work Activity  | 15 minutes         |
| 12000.28 | Day Treatment (Child)  | 60 mins            |
| 12000.29 | Senior Psychosocial Rehabilitation Services - Community              | 60 mins            |
| 12000.30 | Senior Psychosocial Rehabilitation Services - Nursing                | 60 mins            |
| 12000.31 | Drop-In Center   | 1 encounter        |
| 12000.32 | Prevocational Services   | 15 mins            |
| 12000.33 | Family Therapy (W/O Patient 50 minutes)                              | 50 minutes or less |
| 12000.34 | Evaluation Only  | 60 mins            |
| 12000.35 | Medication Evaluation and Monitoring                                 | 60 mins            |
| 12000.36 | Intake/Biopsychosocial Assessment (by Non-MD)                        | 1 assessment       |
| 12000.37 | Treatment Plan Development & Review (By Non-Physician)               | 1 plan             |
| 12000.38 | Multi-family Group Therapy   | 45-60 minutes      |
| 12000.39 | Peer Support, Per 15 Minutes   | 15 minutes         |
| 12000.40 | Intensive Outpatient - Substance Abuse                               | 1 day              |
| 12000.41 | Assertive Community Treatment, face-to-face per 15 minutes (PACT)    | 15 minutes         |
| 12000.42 | Integrated Treatment for Co-Occurring disorder (MH/SA)               | 15 minutes         |
| 12000.43 | Group Therapy  | 45-60 minutes      |
| 12000.44 | Early Intervention SED   | 1 encounter        |
| 12000.45 | Family Support and Education   | 1 encounter        |
| 12000.46 | Medication Injection   | 1 injection        |
| 12000.47 | Pre-Evaluation Screening   | 15 mins            |
| 12000.48 | Intensive Outpatient Psychiatric Services                            | 1 day              |
| 12000.49 | Intensive Community Support Services                                 | 15 minutes         |
| 12000.50 | Recovery Support Services (Expired 6/30/2023 - use service 12000.39) | 15 minutes         |
| 12000.51 | Community Support Services (management of the individual) 15 min     | 15 minutes         |
| 12000.52 | Targeted Case Management   | 15 minutes         |
| 12000.53 | Mobile Crisis Services   | 1 episode          |
| 12000.56 | Intensive Crisis Intervention Service                                | CY                 |
| 12000.57 | Community Crisis Transition  | IDD                |
| 12000.58 | Alcohol and Drug Prevention  | 1 encounter        |
| 12000.59 | Prevention (Children/Youth)  | 1 encounter        |
| 12000.60 | DUI  | 1 encounter        |
| 12000.61 | Staffing - No Treatment Plan Review                                  | 1 encounter        |
| 12000.62 | No Shows/Cancellations   | --                 |
| 12000.63 | PATH Grant Service   | 1 encounter        |
| 12000.64 | Making a Plan (MAP) Team Review meeting                              | 1 encounter        |
| 12000.65 | Respite  | 60 minutes         |
| 12000.66 | Wraparound Facilitation  | 15 minutes         |
| 12000.67 | Adult Making A Plan (AMAP) Team Review meeting                       | 1 encounter        |

| Code      | Description  | Service Units      |
|-----------|--|--------------------|
| 12000.68  | Support Coordination – IDD   | 1 unit per month   |
| 12000.69  | In-Home Nursing Respite Services - IDD   | 15 minutes         |
| 12000.70  | Community Respite - IDD  | 15 minutes         |
| 12000.71  | Supervised Living - IDD  | per diem           |
| 12000.72  | Supported Living - IDD (Non-Medicaid)  | per diem           |
| 12000.73  | Day Services - Adult - IDD (Non-Medicaid)  | 15 minutes         |
| 12000.74  | Prevocational Services – IDD (Non-Medicaid)  | 15 minutes         |
| 12000.75  | Behavior Support/Intervention - IDD  | 15 minutes         |
| 12000.76  | Home & Community Supports - IDD  | 15 minutes         |
| 12000.79  | Host Homes - IDD   | per diem           |
| 12000.80  | Crisis Intervention - IDD  | per diem           |
| 12000.81  | Job Discovery - IDD  | 15 minutes         |
| 12000.82  | Transition Assistance - IDD  | per service        |
| 12000.83  | Crisis Support Services - IDD  | per diem           |
| 12000.84  | Shared Supported Living Services - IDD   | per diem           |
| 12000.85  | In-Home Respite Services – 1915c<br><i><a href="#">*Note* Refer to code 12000.239 for 1915i – Medicaid waiver service.</a></i> | 15 minutes         |
| 12000.86  | High-Intensity Residential Daily Per Diem (Parenting one child) (Bundled)  | 1 day              |
| 12000.87  | High-Intensity Residential Daily Per Diem (Parenting two children) (Bundled)   | 1 day              |
| 12000.88  | High-Intensity Residential Daily Per Diem (Parenting three children) (Bundled)   | 1 day              |
| 12000.89  | Family Therapy (W/Patient 50 minutes)  | 50 minutes         |
| 12000.90  | Psychotherapy – (w/pt 30 minutes)  | 30 minutes         |
| 12000.91  | Psychotherapy – (w/pt 45 minutes)  | 45 minutes         |
| 12000.92  | Psychotherapy – (w/pt 60 minutes)  | 60 minutes         |
| 12000.93  | Medicaid Eligible Residential per diem   | 1 day              |
| 12000.94  | Vocational Rehab Daily Per Diem  | 1 day              |
| 12000.95  | Low-Intensity Residential Daily Per Diem   | 1 day              |
| 12000.96  | Low-Intensity Residential Daily Per Diem (Parenting one child)   | 1 day              |
| 12000.97  | Low-Intensity Residential Daily Per Diem (Parenting two children)  | 1 day              |
| 12000.98  | Low-Intensity Residential Daily Per Diem (Parenting three children)  | 1 day              |
| 12000.99  | Vocational Rehab One Child Daily Per Diem  | 1 day              |
| 12000.100 | Vocational Rehab Two Children Daily Per Diem   | 1 day              |
| 12000.101 | Vocational Rehab Three Children Daily Per Diem   | 1 day              |
| 12000.102 | Nursing Assessment (RN Services up to 15 minutes)  | 15 minutes or less |
| 12000.103 | Eval & Mgmt - Current Patients (99211)   | 15 minutes         |
| 12000.104 | Eval & Mgmt - Current Patients (99212)   | 15 minutes         |
| 12000.105 | Office/Outpatient Visit (E&M per 15 min session) (99213)   | 15 minutes         |
| 12000.106 | Eval & Mgmt - Current Patients (99214)   | 15 minutes         |
| 12000.107 | Eval & Mgmt - Current Patients (99215)   | 15 minutes         |

| Code      | Description  | Service Units      |
|-----------|--|--------------------|
| 12000.108 | Psychiatric Diag Eval w/o Medical Services                     | Per episode        |
| 12000.109 | Psychiatric Diag Eval w/Medical Services                       | Per episode        |
| 12000.110 | Medication Administration (per injection)                      | Per injection      |
| 12000.111 | Vivitrol (naltrexone) injection                                | Per injection      |
| 12000.112 | Suboxone (buprenorphine-nalox) 8 mg (30 film strips)           | Per administration |
| 12000.113 | Probuphine (buprenorphine) 6-month implant (all 4 rods)        | Per administration |
| 12000.114 | Sublocade (buprenorphine) 100 mg injection                     | Per injection      |
| 12000.115 | Medically Managed Intensive Inpatient WM per diem (max 5 days) | 1 day              |
| 12000.116 | Telemedicine   | 15 minutes         |
| 12000.117 | Eval & Mgmt - New Patients (99201)                             | 15 minutes         |
| 12000.118 | Eval & Mgmt - New Patients (99202)                             | 15 minutes         |
| 12000.119 | Eval & Mgmt - New Patients (99203)                             | 15 minutes         |
| 12000.120 | Eval & Mgmt - New Patients (99204)                             | 15 minutes         |
| 12000.121 | Eval & Mgmt - New Patients (99205)                             | 15 minutes         |
| 12000.122 | Withdrawal Management - 1                                      | 1 encounter        |
| 12000.123 | Withdrawal Management - 2                                      | 1 encounter        |
| 12000.124 | Withdrawal Management - 3.2                                    | 1 encounter        |
| 12000.125 | Withdrawal Management - 3.7                                    | 1 encounter        |
| 12000.126 | Withdrawal Management - 4                                      | 1 encounter        |
| 12000.127 | Psychological Evaluation (first hour)                          | 1 hour             |
| 12000.128 | Psychological Evaluation (each additional hour)                | 1 hour             |
| 12000.129 | Generic Oral Naltrexone 50 mg (30 tablets)                     | Per administration |
| 12000.130 | Generic Buprenorphine (Subutex) 8 mg (30 tablets)              | Per administration |
| 12000.131 | Zubsolv (buprenorphine-naloxone) 5.7 mg (30 tablets)           | Per administration |
| 12000.132 | Generic Buprenorphine-naloxone 8 mg (30 film strips)           | Per administration |
| 12000.133 | Methadone 5 mg (30 ml)   | Per administration |
| 12000.134 | Methadone 5 mg (60 ml)   | Per administration |
| 12000.135 | Methadone 5 mg (120 ml)  | Per administration |
| 12000.136 | Medical Withdrawal Room and Board per diem (max 5 days)        | 1 day              |
| 12000.137 | Medicaid Eligible Residential Daily per diem (1 child)         | 1 day              |
| 12000.138 | Medicaid Eligible Residential Daily per diem (2 children)      | 1 day              |
| 12000.139 | Medicaid Eligible Residential Daily per diem (3 children)      | 1 day              |
| 12000.140 | Brief Behavioral Health Assessment (Screening) (SBIRT)         | 15 minutes         |
| 12000.141 | Psychological Evaluation (first 30 minutes)                    | 30 minutes         |
| 12000.142 | Psychological Evaluation (each additional 30 minutes)          | 30 minutes         |
| 12000.143 | Sublocade (buprenorphine) 300 mg injection                     | Per injection      |
| 12000.144 | Generic Buprenorphine-naloxone 8 mg (30 tablets)               | Per administration |

| Code      | Description   | Service Units      |
|-----------|---|--------------------|
| 12000.145 | Insertion of single non-biodegradable implant   | Per administration |
| 12000.146 | Ancillary   | 1 encounter        |
| 12000.147 | Urine Drug Screens Onsite (Expired 06/30/2024 - Use code 12000.240)   | 1 encounter        |
| 12000.148 | Prolonged Service 30 minutes (add on)   | 30 minutes         |
| 12000.149 | Prolonged Service 60 minutes  | 60 minutes         |
| 12000.150 | Targeted Case Management – IDD  | 1 unit per month   |
| 12000.151 | Crisis Diversion/Community Transition Residential (Boswell Regional Center, Region 2, Region 8 and Region 9 only) | per diem           |
| 12000.152 | Assertive Community Treatment, face to face per 15 minutes (U8, ICORT)  | 15 minutes         |
| 12000.153 | Bed Hold - Labor & Delivery (Pregnant Only)   | 1 day              |
| 12000.154 | Suboxone (buprenorphine-naloxone) 2 mg (30 film strips)*  | Per administration |
| 12000.155 | Medium-Intensity Residential Daily Per Diem CY  | 1 day              |
| 12000.156 | Withdrawal Management 4 Bed Hold  | 1 day              |
| 12000.157 | Community Maintenance – Pre Eval Screening  | 1 encounter        |
| 12000.158 | Day Services - Adult - 1915c  | 15 minutes         |
| 12000.159 | Day Services - Adult - 1915i  | 15 minutes         |
| 12000.160 | Behavior Support Evaluation - IDD   | per evaluation     |
| 12000.161 | Evaluation Only – IDD   | per evaluation     |
| 12000.162 | Prevocational Services- IDD -1915c  | 15 minutes         |
| 12000.163 | Prevocational Services- IDD -1915i  | 15 minutes         |
| 12000.164 | Supported Employment - Development- 1915c   | 15 minutes         |
| 12000.165 | Supported Employment - Development- 1915i   | 15 minutes         |
| 12000.166 | Supported Employment - Maintenance- 1915c   | 15 minutes         |
| 12000.167 | Supported Employment - Maintenance- 1915i   | 15 minutes         |
| 12000.168 | Supported Living - 1915c  | 15 minutes         |
| 12000.169 | Supported Living - 1915i  | 15 minutes         |
| 12000.170 | Supported Employment - Job Devel – IDD (Non-Medicaid)   | 15 minutes         |
| 12000.171 | Supported Employment - Job Maint – IDD (Non-Medicaid)   | 15 minutes         |
| 12000.172 | High-Intensity Residential Daily Per Diem (Pregnant) (Bundled)  | 1 day              |
| 12000.173 | High-Intensity Residential Daily Per Diem (Pregnant) (Parenting 1 Child) (Bundled)                                | 1 day              |
| 12000.174 | High-Intensity Residential Daily Per Diem (Pregnant) (Parenting 2 Children) (Bundled)                             | 1 day              |
| 12000.175 | High-Intensity Residential Daily Per Diem (Pregnant) (Parenting 3 Children) (Bundled)                             | 1 day              |
| 12000.176 | Medicaid Eligible Residential Daily Per Diem (Pregnant)   | 1 day              |
| 12000.177 | Medicaid Eligible Residential Daily Per Diem (Pregnant) (Parenting 1 Child)                                       | 1 day              |
| 12000.178 | Medicaid Eligible Residential Daily Per Diem  | 1 day              |

| Code      | Description  | Service Units      |
|-----------|--|--------------------|
|           | (Pregnant) (Parenting 2 Children)  |                    |
| 12000.179 | Medicaid Eligible Residential Daily Per Diem (Pregnant) (Parenting 3 Children)                   | 1 day              |
| 12000.180 | Low-Intensity Residential Daily Per Diem (Pregnant) (Bundled)                                    | 1 day              |
| 12000.181 | Low-Intensity Residential Daily Per Diem (Pregnant) (Parenting 1 Child) (Bundled)                | 1 day              |
| 12000.182 | Low-Intensity Residential Daily Per Diem (Pregnant) (Parenting 2 Children)(Bundled)              | 1 day              |
| 12000.183 | Low-Intensity Residential Daily Per Diem (Pregnant) (Parenting 3 Children)(Bundled)              | 1 day              |
| 12000.184 | Vocational Rehabilitation Residential Daily Per Diem (Pregnant) (Bundled)                        | 1 day              |
| 12000.185 | Vocational Rehabilitation Residential Daily Per Diem (Pregnant) (Parenting 1Child) (Bundled)     | 1 day              |
| 12000.186 | Vocational Rehabilitation Residential Daily Per Diem (Pregnant) (Parenting 2 Children) (Bundled) | 1 day              |
| 12000.187 | Vocational Rehabilitation Residential Daily Per Diem (Pregnant) (Parenting 3Children) (Bundled)  | 1 day              |
| 12000.191 | Incentives   | --                 |
| 12000.192 | Survey Administration  | 1 encounter        |
| 12000.193 | MERC Incentives  | --                 |
| 12000.194 | IOP Group Therapy Bundled Rate - 2-hour session  | 2 hours            |
| 12000.195 | IOP Group Therapy Bundled Rate - 3-hour session  | 3 hours            |
| 12000.196 | IOP Group Therapy Medicaid Supplement - 2-hour session   | 2 hours            |
| 12000.197 | IOP Group Therapy Medicaid Supplement - 3-hour session   | 3 hours            |
| 12000.198 | IOP Group Therapy Rate - 1-hour session  | 1 hour             |
| 12000.199 | Medication   | Per administration |
| 12000.200 | Physician  | 1 encounter        |
| 12000.201 | Crisis Response, Face-to-Face (Modifier HW/HE)   | 15 minutes         |
| 12000.202 | Crisis Response, Telephone Service (Modifier HW/TF)  | 15 minutes         |
| 12000.207 | Competency Education   | 1 encounter        |
| 12000.208 | Transitional Outreach  | 1 encounter        |
| 12000.209 | Forensic PEER Bridger  | 15 minutes         |
| 12000.210 | Community Support Specialist (expired)   | --                 |
| 12000.211 | CHOICE Housing   | 1 day              |
| 12000.212 | Community Crisis Enhancement   | 1 encounter        |
| 12000.213 | PEER Bridger   | 15 minutes         |
| 12000.214 | Navigate   | 1 encounter        |
| 12000.215 | Juvenile Outreach  | 1 encounter        |

| Code      | Description   | Service Units |
|-----------|---|---------------|
| 12000.216 | MYPAC   | 1 day         |
| 12000.217 | Level of Care Intake/Placement Assessment   | 15 minutes    |
| 12000.218 | Level of Care Placement Re-Assessment   | 15 minutes    |
| 12000.219 | Functional Assessment at Intake (i.e., DLA-20, CAFAS)                                     | 15 minutes    |
| 12000.220 | Functional Re-Assessment  | 15 minutes    |
| 12000.221 | Low-Intensity Residential Daily per diem – Medicaid Eligible (1 child)                    | 1 day         |
| 12000.222 | Low-Intensity Residential Daily per diem – Medicaid Eligible (2 children)                 | 1 day         |
| 12000.223 | Low-Intensity Residential Daily per diem – Medicaid Eligible (3 children)                 | 1 day         |
| 12000.224 | Low-Intensity Residential Daily per diem – Adolescent (Denied VR)                         | 1 day         |
| 12000.225 | Low-Intensity Residential Daily per diem – Medicaid Eligible (non-pregnant)               | 1 day         |
| 12000.226 | Low-Intensity Residential Daily per diem – Adolescent – Vocational Rehab (enrolled in VR) | 1 day         |
| 12000.227 | Low-Intensity Residential Daily per diem – Medicaid Eligible (Pregnant)                   | 1 day         |
| 12000.228 | Low-Intensity Residential Daily per diem – Medicaid Eligible (1 child) (Pregnant)         | 1 day         |
| 12000.229 | Low-Intensity Residential Daily per diem – Medicaid Eligible (2 children) (Pregnant)      | 1 day         |
| 12000.230 | Low-Intensity Residential Daily per diem – Medicaid Eligible (3 children) (Pregnant)      | 1 day         |
| 12000.231 | Medium-Intensity Residential Daily Per Diem (Adolescent Only)                             | 1 day         |
| 12000.232 | TB/HIV/STD Risk Assessment Interview  | 15 minutes    |
| 12000.233 | Psychotherapy with E/M (w/ pt 30 minutes)   | 30 minutes    |
| 12000.234 | Psychotherapy with E/M (w/ pt 45 minutes)   | 45 minutes    |
| 12000.235 | Psychotherapy with E/M (w/ pt 50 minutes)   | 50 minutes    |
| 12000.236 | Medium Intensity Residential Daily Per Diem for Medicaid Eligible Adolescents             | 1 day         |
| 12000.237 | Medium Intensity Residential Daily Per Diem Pregnant Adolescent                           | 1 day         |
| 12000.238 | Medium Intensity Daily Per Diem Medicaid Eligible Pregnant Adolescent                     | 1 day         |
| 12000.239 | In-Home Respite Services – 1915i  | 15 minutes    |
| 12000.240 | Urine Drug Screens (effective 07/01/2024)   | 1 Encounter   |

#### 45. Service No Admission Reason

| Code    | Description                 |
|---------|-----------------------------|
| 15900.1 | Pre-Admission Assessment    |
| 15900.2 | Mobile Crisis Response Team |

#### 46. Sex

| Code   | Description |
|--------|-------------|
| 8300.1 | Male        |
| 8300.2 | Female      |
| 2100.4 | Unknown     |

#### 47. Sexual Orientation

| Code    | Description  |
|---------|--------------|
| 11300.1 | Heterosexual |
| 11300.2 | Bisexual     |
| 11300.3 | Homosexual   |

#### 48. Smoker Status

| Code    | Description                    |
|---------|--------------------------------|
| 13900.1 | Former smoker                  |
| 13900.2 | Smoker, current status unknown |
| 13900.3 | Current some day smoker        |
| 13900.4 | Current every day smoker       |
| 13900.5 | Unknown if ever smoked         |
| 13900.6 | Never smoked                   |

#### 49. Special Initiative Type

| Code    | Description                         |
|---------|-------------------------------------|
| 3410.8  | Interested in TeleMat               |
| 3410.9  | Methadone                           |
| 3410.10 | Needs Medication Assisted Treatment |
| 3410.13 | Stress Related to COVID19           |

#### 50. State

| Code    | Description          |
|---------|----------------------|
| 1600.AK | Alaska               |
| 1600.AL | Alabama              |
| 1600.AP | Armed Forces-Pacific |
| 1600.AR | Arkansas             |
| 1600.AS | American Samoa       |
| 1600.AZ | Arizona              |
| 1600.CA | California           |

| Code    | Description                    |
|---------|--------------------------------|
| 1600.CO | Colorado                       |
| 1600.CT | Connecticut                    |
| 1600.DC | District of Columbia           |
| 1600.DE | Delaware                       |
| 1600.FL | Florida                        |
| 1600.FM | Federated States of Micronesia |
| 1600.GA | Georgia                        |
| 1600.GU | Guam                           |
| 1600.HI | Hawaii                         |
| 1600.IA | Iowa                           |
| 1600.ID | Idaho                          |
| 1600.IL | Illinois                       |
| 1600.IN | Indiana                        |
| 1600.KS | Kansas                         |
| 1600.KY | Kentucky                       |
| 1600.LA | Louisiana                      |
| 1600.MA | Massachusetts                  |
| 1600.MD | Maryland                       |
| 1600.ME | Maine                          |
| 1600.MH | Marshall Islands               |
| 1600.MI | Michigan                       |
| 1600.MN | Minnesota                      |
| 1600.MO | Missouri                       |
| 1600.MP | Northern Mariana Islands       |
| 1600.MS | Mississippi                    |
| 1600.MT | Montana                        |
| 1600.NC | North Carolina                 |
| 1600.ND | North Dakota                   |
| 1600.NE | Nebraska                       |
| 1600.NH | New Hampshire                  |
| 1600.NJ | New Jersey                     |
| 1600.NM | New Mexico                     |
| 1600.NV | Nevada                         |
| 1600.NY | New York                       |
| 1600.OH | Ohio                           |
| 1600.OK | Oklahoma                       |
| 1600.OR | Oregon                         |
| 1600.PA | Pennsylvania                   |
| 1600.PR | Puerto Rico                    |
| 1600.PW | Palau                          |
| 1600.RI | Rhode Island                   |
| 1600.SC | South Carolina                 |
| 1600.SD | South Dakota                   |
| 1600.TN | Tennessee                      |
| 1600.TX | Texas                          |
| 1600.UT | Utah                           |
| 1600.VA | Virginia                       |

| Code    | Description    |
|---------|----------------|
| 1600.VI | Virgin Islands |
| 1600.VT | Vermont        |
| 1600.WA | Washington     |
| 1600.WI | Wisconsin      |
| 1600.WV | West Virginia  |
| 1600.WY | Wyoming        |

## 51. Substance Type

| Code     | Description                  |
|----------|------------------------------|
| 12700.1  | None                         |
| 12700.2  | Alcohol                      |
| 12700.3  | Cocaine/Crack                |
| 12700.4  | Marijuana/Hashish            |
| 12700.5  | Heroin                       |
| 12700.6  | Non-prescription methadone   |
| 12700.7  | Other opiates and synthetics |
| 12700.8  | PCP-Phencyclidine            |
| 12700.9  | Hallucinogens                |
| 12700.10 | Methamphetamine/speed        |
| 12700.11 | Other amphetamines           |
| 12700.12 | Other stimulants             |
| 12700.13 | Benzodiazepines              |
| 12700.14 | Other tranquilizers          |
| 12700.15 | Barbiturates                 |
| 12700.16 | Other sedatives or hypnotics |
| 12700.17 | Inhalants                    |
| 12700.18 | Over-the-counter medications |
| 12700.19 | Other drugs                  |
| 2100.4   | Unknown                      |

## 52. Veteran Status

| Code   | Description   |
|--------|---------------|
| 1400.1 | Veteran       |
| 1400.2 | Not a veteran |
| 2100.4 | Unknown       |
| 2100.5 | Not collected |

## 53. Shared Vocabulary Codes

The following codes are used multiple fields in the Data Warehouse. In the Submission Guide, when the Vocabulary Validation note for a field indicates something like “Must be a valid Vocabulary value from the Mississippi Code System, for the No Yes Refused Value Set”, that means that the codes for that data set are not specific to that field, but are one of the common data sets below:

### 1. No Yes

| Code   | Description |
|--------|-------------|
| 7400.0 | No          |
| 7400.1 | Yes         |

### 2. No Yes NA

| Code   | Description    |
|--------|----------------|
| 7400.0 | No             |
| 7400.1 | Yes            |
| 2100.1 | Not applicable |

### 3. No Yes Unknown

| Code   | Description |
|--------|-------------|
| 7400.0 | No          |
| 7400.1 | Yes         |
| 2100.4 | Unknown     |

### 4. No Yes Unknown NA

| Code   | Description    |
|--------|----------------|
| 7400.0 | No             |
| 7400.1 | Yes            |
| 2100.4 | Unknown        |
| 2100.1 | Not applicable |

### 5. No Yes Refused

| Code   | Description       |
|--------|-------------------|
| 7400.0 | No                |
| 7400.1 | Yes               |
| 2100.6 | Refused to answer |