

D. COUNTY CODES

AN	Androscoggin	PT	Penobscot
AK	Aroostook	PS	Piscataquis
CD	Cumberland	SC	Sagadahoc
FN	Franklin	ST	Somerset
HK	Hancock	WO	Waldo
KC	Kennebec	WN	Washington
KX	Knox	YK	York
LN	Lincoln	OS	Out of State
OD	Oxford	OC	Out of Country

G. PRIMARY SERVICE CODES

SUBSTANCE ABUSE/AFFECTED CLIENTS

REHABILITATION / RESIDENTIAL

03 Hospital (Other than Detoxification)

04 Short Term (30 Days or Less)

05 Extended Care

06 Halfway House

15 Adolescent Res. Rehab. Transitional

44 Consumer Run Residence

AMBULATORY

08 Non-Intensive Outpatient

11 Intensive Outpatient

12 Detoxification

13 Evaluation

18 Adolescent Outpatient

38 Adolescent Intensive Outpatient

40 Opioid Replacement Therapy

7-9. SUBSTANCE CODES

0000 None

Alcohol

0100 Alcohol

Marijuana

0200 Marijuana

Cocaine/Crack

0301 Cocaine

0302 Crack

Heroin/Morphine

0400 Heroin/Morphine

Methadone

0500 Methadone

Buprenorphine

0550 Buprenorphine

Other Opiates and Synthetics

0601 Codeine

0602 D-Propoxyphene

0603 Oxycodone (Percodan)

0604 Oxycontin

0605 Meperidine HCL

0606 Hydromorphone

0607 Other Narcotic Analgesics

0608 Pentazocine

PCP

0700 PCP or PCP Combination

Other Hallucinogens

0801 LSD

0802 Other Hallucinogens

Methamphetamine/Speed

0900 Methamphetamine/Speed

Other Amphetamines

1001 Amphetamine

1002 Methylphenidate (Ritalin)

1003 Methylendioxyamphetamine (MDMA, Ecstasy)

Other Stimulants

1100 Other Stimulants

1809 Bath Salts

Benzodiazepines

1201 Alprazolam (Xanax)

1202 Chlordiazepoxide (Librium)

1203 Clorazpate (Tranzene)

1204 Diazepam (Valium)

(Continued in next column)

1205 Flurazepam (Dalmaine)

1206 Lorazepam (Ativan)

1207 Triazolam (Halcoin)

1208 Other Benzodiazepine

Other Tranquilizers

1301 Meprobarnate (Miltown)

1302 Other Tranquilizers

Barbiturates

1401 Phenobarbital

1402 Secobarbital/Amobarbital (Tuinal)

1403 Secobarbital (Seconal)

Other Sedatives and Hypnotics

1501 Ethchlorvynol (Placidyl)

1502 Glutethimide (Doriden)

1503 Methaqualone

1504 Other Non-Barbiturate Sedatives

1505 Other Sedatives

1506 Flunitrazepam (Rohypnol)

1507 GHB/GBL

1508 Ketamine (Special K)

1509 Clonazepam (Klonopin, Rivotril)

Inhalants

1601 Aerosols

1602 Nitrites

1603 Other Inhalants

1604 Solvents

1605 Anesthetics

Over the Counter

1700 Over the counter, General

1701 Diphenhydramine (Benadryl)

Other

1801 Diphenylhydantoin Sodium (Phenytoin, Dilantin)

1802 Other Drugs

11-13. FREQUENCY OF USE

00 None (Cannot be used on #10)

02 No use past month

03 Once in last 30 days

04 2-3 days per/month

05 Once per/week

06 2-3 days per/week

07 4-6 days per/week

08 Daily

14. TOBACCO PRODUCTS ONLY (FOR USE WITH #14 ONLY)

00 None

09 Not Currently Smoking (Discharge Only)

10 About ½ Pack/Can/Pouch a Day or Less

11 About 1 Pack/Can/Pouch a Day

12 About 1½ Pack/Can/Pouch a Day

13 About 2 Packs/Cans/Pouches a Day

14 More than 2 Packs/Cans/Pouches a Day

28. STATUS AT DISCHARGE

01 Client termination without Clinic agreement (i.e. Client leaves without explanation)

02 Treatment is complete

03 Further treatment is not appropriate for Client at this facility

04 Non-compliance with rules & regulations

05 Client refused service/treatment

06 Unable to follow program requirements

30 Client left program due to lack of childcare

07 Client discharged for medical and/or psychological TX

08 Client moved out of catchment area

09 Client cannot get to facility for further service/treatment

10 Client cannot come for service/treatment during facility hours

11 Client incarcerated

12 Client deceased *(Continued in next column)*

13 Parents/Legal Guardian withdrew client

14 Termination due to program cut/reduction

15 Treatment completed for affected Other / Co-Dependent

16 Treatment not completed for affected other/co-dependent

17 Evaluation only

21 Evaluation incomplete

22 Clients inability to pay/Loss of Health Insurance

23 Transferred to Another Substance Abuse Treatment Program or Facility

30-32. EXPECTED SOURCES OF PAYMENT

00 None (Cannot be used on #27 Primary)

01 OSA

02 Human Services (other than child, adult protective)

03 Corrections

04 Human Services (child, adult protective)

05 Self-pay

06 MaineCare (Medicaid)

07 Medicare

08 Blue Cross/Blue Shield

09 Health Maintenance Organization (HMO)

10 Other private health insurance

11 Town assistance

12 Workers' Compensation

13 Veterans' Administration

99 Other

33. UNITS OF SERVICE CODES

REHABILITATION / RESIDENTIAL

03 Hospital (Other than Detoxification)

04 Short Term Res. Rehab.

05 Extended Care

06 Halfway House

11 Consumer Run Residence

21 Res. Rehab. Adolescent Transitional

AMBULATORY

08 Individual

09 Family

10 Group

13 Intensive Outpatient

15 Evaluation

16 Opioid Replacement Therapy