



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Patient Chart/Behavioral Health GUI (BPC)**

## **Patch 4 Addendum**

Version 1.5 Patch 4  
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## 1.0 Introduction

Review the changes, and add a copy of them to any printed documentation your site may be using for Patient Chart/Behavioral Health GUI Version 1.5, Patch 4. These changes will be integrated into future versions of the software and user manuals and will no longer be considered an addendum at the time of the next release.

This addendum only contains changes made in patches that are relevant to the user. To see a list of all changes made in a patch, please refer to the patch notes of each of these respective patches.

### 1.1 Summary of Changes for Patch 4

Patch 4 provides corrections and enhancements to version 1.5, Patch 3 of the Patient Chart/Behavioral Health GUI application. Patch 4 contains modifications to the following:

#### **Patch 4**

- CD Staging Tab was disabled.
- A modification was made to display Sensitive in place of the Social Security Number whenever a Sensitive Patient is selected.
- The special Tab entry process included in a previous patch has been disabled. The tab key is now utilized for navigation only; to enter a tab in a Word processing field, use CTRL-TAB.
- Disabled the Clear button on chooser screens where a response must be included. Clear will still be available on other chooser screens.
- Added the ability to enter, edit, delete, graph, or print measurements within the Intake, Regular, and ASA visit types.
- A modification to Group Entry that will allow deletion of the individual encounter records when deleting the group definition.
- Revised Group Entry to allow individual patient's entry to be edited from within the Group Entry module.
- Modification to Group Entry to screen out deceased patients when duplicating a group. Groups that contain a deceased patient's record will still display that record when group is viewed.
- Modification to Group Entry to display a warning message when the user accesses the Group Data tab after having progressed to a different tab.
- Inclusion of Patient Education in Group Entry.

- Modification to patient-centric and visit-centric list views to accommodate viewing of individual records by providers who do not need to edit the record.
- Modifications in the application were made to the standard dictionary item selection form and the patient select form that address health record number (HRN) issues. The filter needed to search the Divisions multiple for the first available HRN that was active (the inactive date is not set) when the user has the BPCDIVALL security key. Previously, it was just looking at the default Division, DUZ(2) location. Similar changes had to be made to the modules when retrieving encounter records, i.e. the patient visit entry options and group entry.
- Modification to display a warning message when a deceased client is chosen in either patient-centric or view-centric data entry.
- Added the ability to view behavioral health visits that were entered into RPMS via the Electronic Health Record (EHR).
- Added the ability to modify specific fields in the BH visits created in EHR to capture BH information not available in EHR.

**Patch 3**

Patch 3 provides corrections and enhancements to version 1.5 of the Patient Chart/Behavioral Health GUI Patch 2 application. Patch 3 contains modifications to the following:

- Ability to print the Intake document separate from the Encounter Form.
- Case Admit Date disabled on Treatment Plan Form.
- Modifications to Group functionality to allow user to select specific type of No-Show POV.
- Modifications to Group to calculate time spent in group and activity time accurately when a group member no-shows.
- Enforcement of allowing only selection of active codes in various dictionaries, e.g. Location, Community, CPT, Drug Codes, etc.
- Inactive entries are removed from the MRU when selected.
- Screen out inactive charts when entering a Group; screen them and clear out when duplicating a Group.
- Screen out inactive codes when duplicating a Group: Provider (primary and secondary), POV, CPT, Location, Community, and Activity.

- Skip deactivated entries defined in the MHSS SITE PARAMETERS file (Community and Location) and notify the user about the inactive fields and instruct checking the site parameter file.
- Microsoft Installer (MSI) to facilitate installation of graphical user interface (GUI) client at multiple workstations.

**Patch 2**

Patch 2 provides corrections and enhancements to version 1.5 of the Patient Chart/Behavioral Health GUI Patch 1 application. Patch 2 contains modifications to the following:

- Enabled duplication of a medication from the Behavioral Health Medications pane for copying to the Prescription entry text box.
- Implemented Sensitive Patient Tracking.
- Changed name of Visit Admin tab to Activity tab.
- Modification to prevent inactive patients from displaying on the Select Patient menus.
- Modifications to RCIS tab to comply with changes made in the RCIS application.
- Added capability to minimize the application similar to standard Windows functionality.
- Modifications to Group Entry to facilitate division of the group time by the number of patients in the group.
- Most Recently Used (MRU) function changed to patient-centric rather than provider-centric, except on the BH Options tab.
- Addition of the screening exam codes 35, Alcohol Screening and 36, Depression Screening.

**Patch 1**

Patch 1 provides corrections and enhancements to version 1.5 of the Patient Chart/Behavioral Health GUI application. Patch 1 contains modifications to the following:

- Added a BPC security key, BPCSUI to control access to the Suicide Reporting Forms.
- Added the ability to enter and view Suicide Reporting Forms in locations outside of the BH tab.
- Changed the title of the IMM/EDUC tab to EDUC and removed access to

Immunizations. Patient Chart is not compliant with the current version of Immunization. This information is retrievable from other RPMS applications.

- Changed the caption on the Education tab from Education Documentation to Patient Education.
- Added a date range to Administrative Entry.
- Disabled Allergy Tracking. This information is retrievable from other RPMS applications.

## **2.0 Patch 4 General Information**

This section provides detailed information regarding the modifications in Patch 4.

### **2.1 CD Staging Tool**

The CD Staging Tool has been removed from the data entry screens. Historical CD Staging Tool data is retained. CD Staging Tool data in encounter records created prior to the release of Patch 4 will be displayed when the encounter record is accessed.

### **2.2 Sensitive Patient Display**

If a client is listed as Sensitive in the Sensitive Patient Tracking application, the word SENSITIVE will be displayed in Patient Chart/BH GUI rather than the client's Social Security Number (SSN).

### **2.3 Tab Key Modifications**

At the request of users, special tab key entry processes were added in a previous patch. In BH GUI v1.5, Patch 4 these have been disabled. The tab key will now be used solely for navigation. For example, on the POV tab in a visit type, using the tab key results in progressing to the next button or data entry field. Using the tab key will move the user through all the fields on that particular tab (POV, in this example) and then move on to the next tab (CC/SOAP).

To insert a space using the tab key in a Word processing field, use the CTRL-TAB combination. To navigate across the component tabs at the bottom of the screen (such as Cover, Face, etc.) or across the BH GUI component tabs (such as Patient Information, Visit, etc.), use the CTRL-T combination.

### **2.4 Clear Button on Standard Chooser Form**

#### **2.4.1 Response Required**

In those locations where a response is required, the CLEAR button has been disabled. For example, when selecting a POV, leaving the field blank is not an option. The CLEAR button is no longer available on the POV Selection screen.



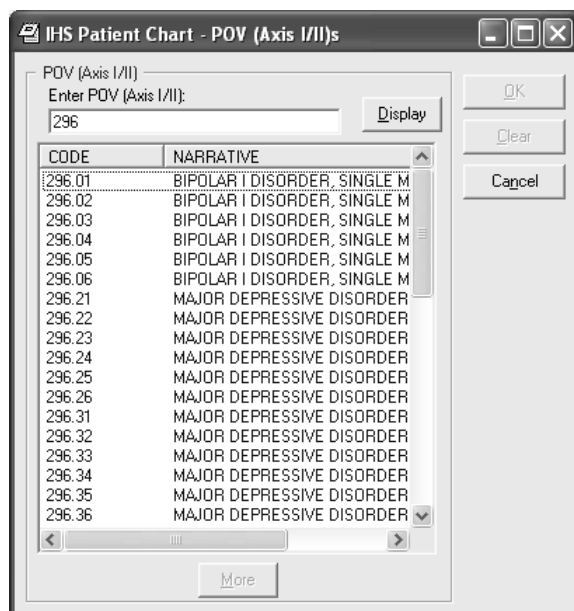


Figure 2-1: Sample POV selection menu

## 2.4.2 Response Optional

In other locations where a response is not required or when the user needs to remove data previously entered, the CLEAR button is available.

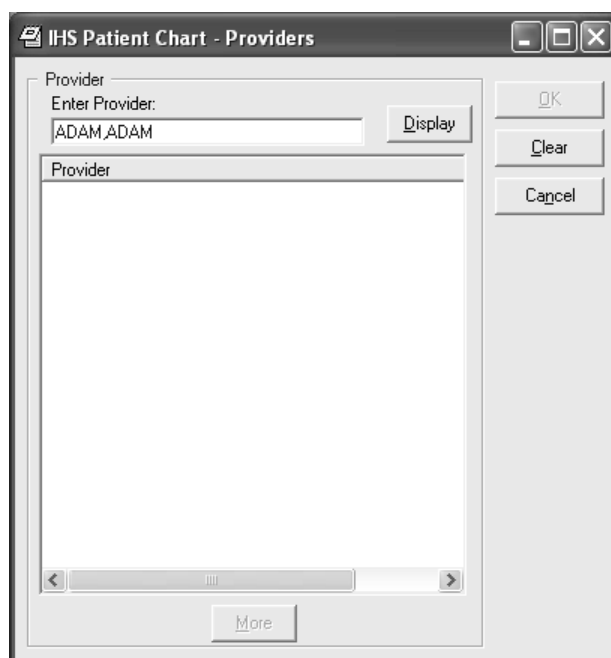


Figure 2-2: Sample primary provider selection menu

## 2.5 RPMS Measurements in the Regular, Intake, and A/SA Visit Types

Measurements such as height, weight, blood pressure, pain, etc. that are recorded in the context of a visit can be stored in RPMS. In support of Agency health initiatives, including the Chronic Care and Behavioral Health Initiatives, the capability to record the results of four standardized, widely deployed brief screening and assessment tools will be incorporated into RPMS. These are CRAFFT, AUDIT, PHQ2, and PHQ9. The tools for inclusion were identified by primary and behavioral health care subject matter experts. In preparation for the addition of the BH measurements to the RPMS measurements table, the ability to add measurements to an encounter record has been incorporated into the Intake, Regular, and A/SA visit types.

### 2.5.1 Entering Measurements

The first list view on the Measurements Tab displays measurements entered in the behavioral health applications for the client within the date range specified by the DATA VIEW. Measurements entered through PCC or the Measurements Tab in Patient Chart are not displayed here.

**Behavioral Health - Edit Regular Visit**

**BH Visit Documentation** M 05/28/1956 51 SENSITIVE 132884

**Primary Provider** BF **Encounter Date** 09/27/07

**Program** MENTAL HEALTH **Encounter Location** DEMO INDIAN HOSPITAL

**Clinic** MENTAL HEALTH **Appointment or Walk-In** APPOINTMENT

**Type of Contact** OUTPATIENT **Community of Service** TAHLEQUAH

**Arrival Time** 1200

PDV CC/SOAP Rx Notes Activity **Meas** Wellness

**Measurements**

Data View

Starting Date: 10/25/2006 Ending Date: 10/25/2007 Display Graph

Date/Time	Measurement	Description	Value
09/27/07	WT	WEIGHT	188
09/27/07	HT	HEIGHT	74
09/27/07	BP	BLOOD PRESSURE	150/120
09/27/07	PU	PULSE	70
09/27/07	RS	RESPIRATIONS	22
09/25/07	PA	PAIN	6
09/25/07	BP	BLOOD PRESSURE	120/95

Measurement	Description	Value
WT	WEIGHT	188
HT	HEIGHT	74
BP	BLOOD PRESSURE	150/120

Measurement Type:  Value:

Save Close

Figure 2-3: Sample measurements data entry menu

To add a measurement to the encounter record:

- Select either a Regular, Intake, or A/SA visit type and complete all required fields.
- Select the Measurements tab within the visit type.
- Click the ADD button and then the down arrow on the Measurements Type field.
- Enter the two-letter code or use the Most Recently Used (MRU) function to select the type of measurement. To see a list of available measurements, type ? and click DISPLAY.

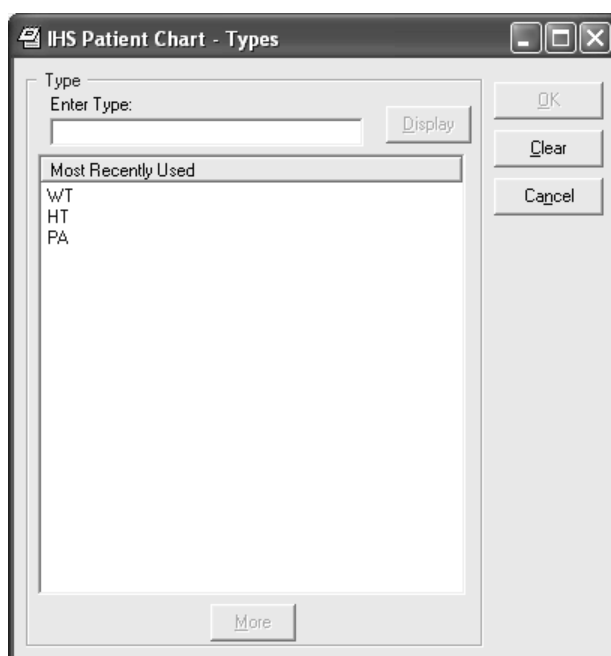


Figure 2-4: Measurements type selection menu

- After selecting the type of measurement, type in the value or type ? for Help. If a ? has been entered, a text box with the acceptable values for that measure will be displayed.

The screenshot shows the 'Data View' window with a date range from 10/25/2006 to 10/25/2007. A table lists measurements: WT (188), HT (74), BP (150/120), PU (70), RS (22), PA (6), and BP (120/95). An 'Information' dialog box is open, displaying an error message: 'Enter a value between 0 and 10.' Below the message is an 'OK' button. At the bottom of the window, there is a section for 'Measurement Type' with a dropdown menu set to 'PA' and a 'Value' field containing a question mark. Buttons for 'Add', 'Edit', and 'Delete' are visible on the right side of the measurement list.

Date/Time	Measurement	Value
09/27/07	WT	188
09/27/07	HT	74
09/27/07	BP	150/120
09/27/07	PU	70
09/27/07	RS	22
09/25/07	PA	6
09/25/07	BP	120/95

Measurement	Description	Value
WT	WEIGHT	188
HT	HEIGHT	74
BP	BLOOD PRESSURE	150/120

Measurement Type: PA  
Value: ?

Enter a value for the measurement type chosen. Enter ? for help about a measure.

Figure 2-5: Sample measurement type help response

- When data entry for that measurement is completed, click OK to accept or CANCEL to exit without saving. The measurements are not stored in RPMS until all visit documentation has been completed and the encounter record has been saved.

Measurements will print on the Full encounter form only, not on the Suppressed encounter form.

## 2.5.2 Editing Measurements

Measurements can only be edited within the encounter record where they were first recorded.

To edit a measurement, the visit containing the measurement must be highlighted. Click on the EDIT button. Once the visit is displayed, select the Measurements tab, highlight the measurement to be edited and make any corrections or additions. Click OK to accept the changes and SAVE the encounter.

## 2.5.3 Deleting Measurements

Measurements can only be deleted from the encounter record where they were first recorded.

To remove a measurement, highlight the visit with the measurement to be deleted and click the EDIT button. Click on the Measurements Tab and go to the list view. Highlight the measurement to be deleted and click DELETE. There will be no warning message – the measurement is deleted immediately. Save the encounter record.

## 2.5.4 Graphing Measurements

Measurements can only be graphed from within an encounter record. To graph measurements:

- Select ADD and a visit type or highlight an encounter record and click EDIT.
- Select the Measurements Tab within that encounter.
- Change the Data View as needed and then click the GRAPH button.
- Highlight a measurement with two or more items and view the data in the display.

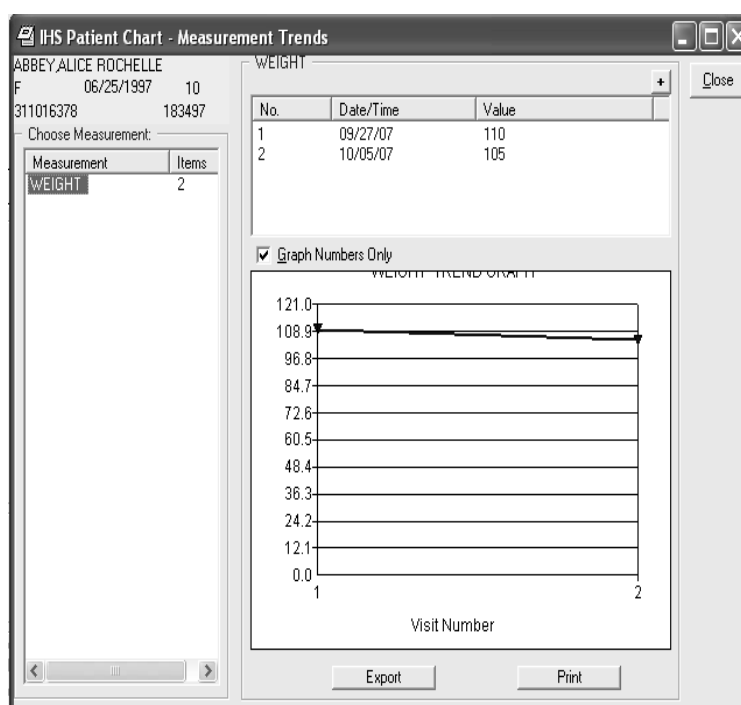


Figure 2-6: Sample measurements graph

## 2.5.5 Exporting Measurements to Excel

Measurements entered in the behavioral health applications may be exported to Excel from within an encounter record in BH GUI v1.5. To export the measurements data to Excel:

- Select ADD and a visit type or highlight an encounter record and click EDIT.
- Select the Measurements Tab within that encounter.
- Change the Data View as needed and then click the GRAPH button.
- Highlight a measurement with two or more items and view the data in the

display.

- Click the EXPORT button, view the data in Excel, and save the spreadsheet. Return to BH GUI to complete data entry as needed.

## 2.5.6 Printing Measurements

Measurements can only be printed from within an encounter record. To print the measurements:

- Select ADD and a visit type or highlight an encounter record and click EDIT.
- Select the Measurements Tab within that encounter.
- Change the Data View as needed and then click the GRAPH button.
- Highlight a measurement with two or more items and view the data in the display.
- Click the PRINT button and then select the printer. Return to BH GUI to select another measurement to print or to complete data entry as needed.

## 2.6 RPMS Measurements on the Measurements Tab in Patient Chart

The Measurements tab in Patient Chart will no longer allow the user to add or edit a measurement. Measurements such as height, weight, blood pressure, pain, etc. should be recorded in the context of a visit using PCC, EHR, or, for behavioral health providers, the Measurements tab in the Patient Chart BH component.

Exporting to Excel, printing, and graphing of measurements will still be available on the Measurements tab in Patient Chart.

## 2.7 Group Encounters

Since the release of BH GUI v1.5, the Group Entry option has changed significantly to meet user requirements. This option continues to support group encounter data entry.

To access the Group Entry option, click on the BH Options button and then on the Group Entry button.

## 2.7.1 Group Entry – Data View

The Group Entry option prompts you to select a date range when viewing previous entries. The Data View allows you to control the display of records and facilitates the display of all previous entries at facilities that have extremely large data bases.

### To use the Data View function:

1. In the Data View box, select a date range by selecting a Starting Date and Ending Date. To select a date, click on the Starting Date and Ending Date drop down arrows to display a calendar. Click on the date that you want to enter. You can use the two arrows at the top of the calendar to scroll back and forward through the calendar. You can also type a date in this field using RPMS conventions.
2. Click on the Display button.
3. To scroll through the entries displayed in the Group Entry screen, use the Next and Previous buttons.

The screenshot shows the 'Group Entry' window with the 'Data View' tab selected. It features two date pickers: 'Starting Date' (10/09/2006) and 'Ending Date' (10/09/2007), followed by a 'Display' button. Below is a table of group entries:

Date	Group Name	Activity	Program	Clinic	Provider	Contact Ty...	POV
09/28/07	Testing Group Educ...	GROUP TR...	0	MEN...	BRUNING,BJ	OUTPATIE...	SCHIZOPHR.
09/28/07	Testing Group Educ...	ADVENTUR...	0	MEN...	BRUNING,BJ	OUTPATIE...	SCHIZOPHR.
09/24/07	Testing Group Educ...	ADVENTUR...	0	MEN...	BRUNING,BJ	OUTPATIE...	SCHIZOPHR.
08/22/07	BJB Friday Test Gro...	ADVENTUR...	C	ALC...	BRUNING,BJ	FIELD	ATTENTION-
08/22/07	Hoops group	GROUP TR...	0	BEH...	BRUNING,BJ	SCHOOL	ATTENTION-
08/17/07	BJB Friday Test Gro...	ADVENTUR...	0	BEH...	BRUNING,BJ	JAIL	ATTENTION-
07/30/07	Monday DV Group	GROUP TR...	S	MED...	GRENIER,...	OUTPATIE...	PARTNER A.
07/27/07	FRIDAY DV GROUP	GROUP TR...	S	MED...	GRENIER,...	OUTPATIE...	PARTNER A.
07/27/07	Children's Case Mgt ...	LIFE SKILLS...	M	MEN...	GRENIER,...	SCHOOL	ACADEMIC P
07/25/07	Children's Case Mgt ...	LIFE SKILLS...	M	MEN...	BRUNING,BJ	SCHOOL	ACADEMIC P
07/24/07	Testing Limits 2+	ADVENTUR...	C	ALC...	BRUNING,BJ	FIELD	ATTENTION-
07/24/07	Testing Limits 2+	FAMILY TR...	C	ALC...	BRUNING,BJ	RESIDEN...	ATTENTION-
07/23/07	Monday Grp Test 4	GROUP TR...	M	MEN...	LOUGHRA...	OUTPATIE...	HEALTH/HO

At the bottom, there are buttons for 'Add', 'Edit', 'View', 'Duplicate', 'Delete', 'Print', and 'Close'. Above these are 'Next' and 'Previous' buttons.

Figure 2-7: BH GUI group data entry list view with data view

**Reminder:** If your facility completes data entry for a significant number of groups each year, you may find it easier and faster to use a smaller Data View, such as a month or a quarter.

## 2.7.2 Group Entry Options

When you select the Group Entry option, you will be presented with the Group Entry screen that lists all groups by date, group name, activity, program, clinic, provider, contact type, and POV. To sort the list by one of the options, click on the column header for which you would like the list sorted.

**Add:** Click on the Add button to add a new group entry.

**Edit: (New Functionality)** Click on the Edit button to return to a previously saved group and edit individual participant's records.

**View:** Click the View button to view the group entry. You will not be able to edit any of the fields.

**Duplicate:** Click the Duplicate button to create a duplicate group entry to the one selected. This allows you to easily create a new group entry while only changing certain fields.

**Delete: (Modified Functionality)** Click the Delete button to delete the group entry including all of the individual participant's records. You will be prompted to confirm your selection.

**Print:** Click the Print button to print the individual participant's group encounter records.

**Close:** Click the Close button to close the group entry screen and return to the BH Options screen.

## 2.7.3 Deceased Patients in Duplicated Group Entries

Prior to this patch, group entries that were duplicated could inadvertently contain patients who were deceased. This occurred when a patient had attended a group, but died prior to the date of the group that was duplicated using the original group data. To prevent inclusion of deceased patients in duplicated groups, the application will now search RPMS Patient Registration files for a Date of Death before displaying the client's name, case number, and other identifying data in the duplicated group.

This change will not affect the user's ability to see the patient's group notes from previous group encounters.

## 2.7.4 Patient Education in Group Entry

The Group Education tab facilitates recording of any education provided during the group encounter session. The user should ensure that all the elements listed in the IHS Patient Education Protocols have been met before including the education in the documentation. For a list of the standard education topics and related codes, please go to the IHS Health Education Program website.



Figure 2-8: Group education data entry menu

### 2.7.4.1 Add

To add Patient Education in the Group Entry format:

1. On the Group Education tab, click Add. All data entry will be completed in the fields below the list view.
2. Go to Education Topic and use the pull down arrow to access the data entry field.
3. Select the two-letter mnemonic for the topic, such as BH for behavioral health, and then select the specific area addressed such as stress management, disease process, etc.
4. After entering the topic, the only other required field is Time, which must be recorded in minutes. Level of Understanding is always defaulted to Group – No Assessment when patient education is entered in the Group Entry option.
5. All other fields function the same as those for individual patient education.
6. Click OK to accept the data or Cancel to escape without recording the patient education.

**Reminder:** The Patient Education comment applies to all individuals in the group. Patient Education information is not available on the Patient Data tab in group entry. Additional patient education information can not be entered for individuals in the group.

#### 2.7.4.2 Edit/Delete

Once the group entry has been saved, Patient Education information can not be edited or deleted.

#### 2.7.5 Modifying the Group Data Tab

This section applies to modifying data on the Group Data tab at the time of initial group documentation. (To edit the individual patient records after the group has been saved, see the instructions in section 2.7.6).

Group data entry has been modified to allow the user access to the information on the Group Data tab after navigating to another tab within the group (Group Education, Patients, or Patient Data). The following message will be displayed when clicking on the Group Data tab after having opened any other tab:

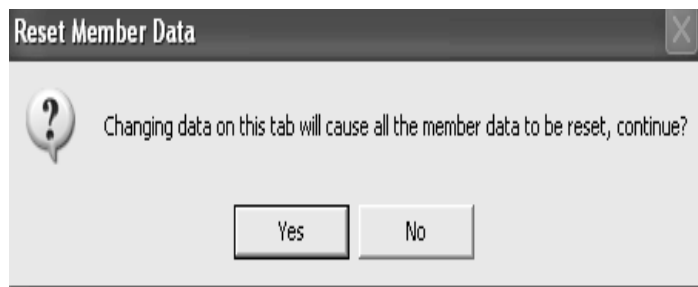


Figure 2-9: Group data tab warning message

If the user clicks on Yes and then changes any of the fields on the Group Data tab, for example the SOAP note (Standard Group Note), any previously entered information on the Patient Data tab will be overwritten.

#### 2.7.6 Editing Individual Encounter Records from within Group Entry

Once the group encounter record has been saved, it is now possible to edit the individual patient's record from within Group Data Entry.

To edit the individual encounter record:

1. On the Group Entry List View, highlight the group that contains the record to be edited and click on the Edit button.
2. When the group displays, click on the Patient Data tab.

3. Double click on the patient whose record needs to be edited and complete the editing as needed.
4. Click OK to save the changes or Cancel to leave the record unchanged.
5. The changes are not permanently reflected until the group encounter is saved.

### 2.7.7 Deleting the Group Definition and Individual Encounter Records

Group Entry has been modified to allow deletion of the individual records from within the group list view.

To delete a group entry and the individual encounter records associated with it:

1. Return to the Group Entry list view and select the group to be deleted.
2. Click on the Delete button.
3. Select the appropriate response when the confirmation message is displayed.

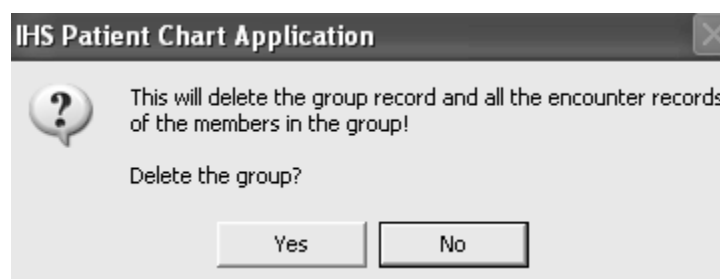


Figure 2-10: Group deletion warning message

4. Once the group definition is deleted and no longer appears on the list view, all related individual encounter records have also been deleted.

## 2.8 View Only Function related to Encounter Records

At the request of the Behavioral Health providers, view only functionality has been added to the menu options in both patient-centric and visit-centric data entry menus. Providers who need to review the content of an encounter record but do not need to edit the information should use this option.

To access a record in view only mode:

- Double click on the entry;
- Highlight the entry and click once on the VIEW button; or
- Highlight the entry and press Enter.

**Reminder:** Double clicking on an entry will now display the encounter record in VIEW mode rather than in EDIT mode.

When the encounter record is displayed, the tabs, buttons, pull downs, and data entry fields may be viewed, but changes will not be permitted. The SAVE button will be grayed out and the only option is to CLOSE the encounter record.

## 2.9 Viewing and Editing Behavioral Health Electronic Health Record (BH EHR) Visits in BH GUI

### 2.9.1 Overview

The IHS requires a means for Behavioral Health providers working at facilities using the RPMS Electronic Health Record (EHR) to utilize EHR and yet have key data from the encounter populate the Behavioral Health System (namespace AMH) database. Exports from this database are important both for health statistics and workload reporting. Behavioral Health providers most interested in using the RPMS EHR are the prescribing providers such as psychiatrists and psychiatric nurse practitioners. Experience has shown that other providers at EHR sites (psychologists, social workers, etc.) are interested in using the EHR to take advantage of other functionality such as consults, templates for clinical notes, etc.

A streamlined approach involving initial entry into EHR, with subsequent “back end” transfer of data from PCC to AMH has been developed. The primary objectives are:

- To support the entry of behavioral health (BH) patient encounters in the RPMS Electronic Health Record (EHR) that populate both the PCC and AMH databases.
- To integrate psychiatric information (particularly psychiatric medication management history) with primary care information.

### 2.9.2 Site Parameters

#### **EHR to BH Link**

A BHS v3.0 site parameter was created to give sites the ability to “opt out” of the new behavioral health (BH) Electronic Health Record (EHR) visit functionality. This functionality allows BH providers to enter a visit into the EHR that passes first to PCC and then to the behavioral health database (AMH). These visits display in the EHR as well as the BH applications, BHS v3.0 and BH GUI/Patient Chart v1.5.

The name of the site parameter is “Turn Off EHR to BH Link” and it is accessed via the BHS v3.0 Manager Utilities module SITE menu option. The default setting on this new site parameter is “NO” and no action is required if sites will be deploying the BH EHR functionality. If sites will not be deploying the BH EHR visit functionality, then the site parameter should be changed to “YES.”

### EHR Default Community

In order to pass EHR behavioral health encounter records into the BHS v3.0 files, a Default Community of Service field was created on the BHS v3.0 site parameters' menu. If the facility has opted to pass behavioral health encounter records created in EHR to BHS v3.0, the application will populate the Community of Service field with the value entered in the site parameter "EHR Default Community" or, if that field is blank, with the default Mental Health community value. If the default Mental Health community value is blank, the field will be populated with the default Social Services community value; if that field is also blank, the field will be populated with the default Chemical Dependency value; and if that field is blank, the default Other Community value will be used. If none of the default community fields contains a value, no behavioral health record will be created.

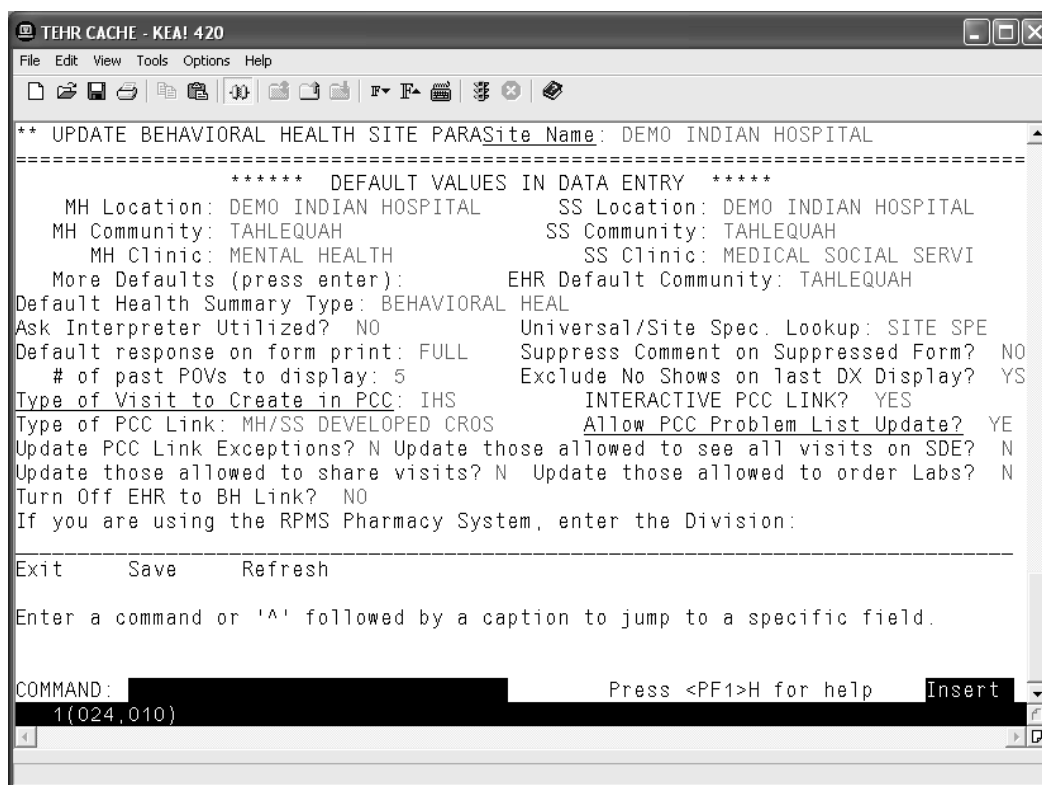


Figure 2-11: BHS v3.0 site parameters

### 2.9.3 Functionality and Business Rules

All BH patient encounters, whether entered in the EHR, BH GUI or BHS, will populate the AMH database.

All BH patient encounters and associated notes, whether entered via the EHR, BH GUI or BHS, will display in BH GUI and BHS.

Only those BH encounters and associated Text Integration Utility (TIU) clinical notes entered in the EHR will display in the EHR. Users will have to access BH GUI and BHS to see BH encounters entered via those applications.

Access to EHR BH TIU notes is controlled by TIU business rules determined at the facility level. Similarly, TIU behavioral health note titles are created at the facility level.

Editing and deleting of EHR BH visits will be governed by new business rules and functional requirements to support integrity of data across RPMS applications and patient safety, adherence to established RPMS BH business processes, and in accordance to HIM guidelines and professional standards.

BH providers can choose to enter BH patient encounters in the EHR, BHS, or BH GUI. Prescribing BH providers are encouraged to entered BH patient encounter information in the EHR to facilitate integration of this information with primary care.

Only individual BH patient encounter information can be entered into the EHR. BH users will have to access BH GUI or BHS to enter group encounters, document treatment plans, case status, and administrative entries.

The Suicide Reporting Form remains available and accessible to BH providers via the EHR, BH GUI, or BHS. All Suicide Reporting Form entries populate the RPMS BHS (AMH namespace) database.

#### 2.9.4 Editing a BH EHR Encounter Record Using BH GUI, v1.5

BH GUI v1.5 users are restricted from editing the BH EHR visit except to enter additional BHS data. This includes fields that are not stored in PCC such as Axis IV, Axis V, Placement Disposition, etc. This will permit the capture of these items for BHS local and national reports. Patch 4 includes the ability to edit the BH EHR from either patient-centric or visit -centric data entry options.

**Note:** To identify the BH EHR encounters on either the patient-centric or visit-centric list views, look for the Activity Code 99, Individual BH EHR Visit.

The specific fields that can be edited in BH GUI v1.5 (or BHS) are:

- Community of Service and Activity Type – required fields that will display defaults but may be edited as needed.
- Appt/Walk In – shown as Unspecified for all EHR visits prior to editing. This may be changed to either Walk In or Appointment, or left as Unspecified when appropriate.
- Placement Disposition – add if the patient was referred elsewhere for care. To enter and save placement information, select one of the nineteen placement types:

Alcohol/Drug Detox

Alcohol/Drug Rehab  
Day Program  
Group Home  
Hospice  
IHS Hospital  
Inpatient Medical  
Inpatient Psych  
Intensive Outpatient  
Long Term Care  
Medical Rehabilitation  
Other  
Outpatient  
Partial Hospital  
Residential  
Respite Care  
Shelter  
SNF (Skilled Nursing Facility)  
Therapeutic Foster Care

- The remaining optional fields on the data entry screen function exactly as the corresponding fields in BH GUI v1.5 data entry. Instructions for those fields can be found in the BH GUI v1.5 User Manual or in the BH GUI v1.5 Training Manual.
- After all editing is completed the changes should be saved.

### 2.9.5 Deleting a BH EHR Visits

BH EHR visits in EHR can only be deleted in that application. If a provider attempts to delete a BH EHR encounter using BH GUI v1.5, the following message will be displayed:

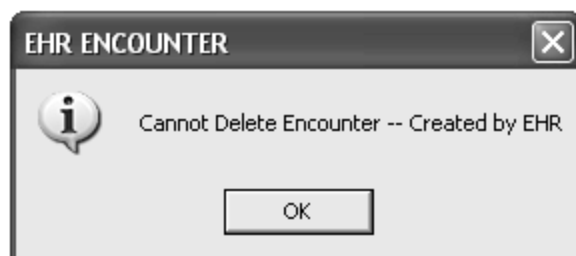


Figure 2-12: BH EHR visit deletion warning message

### 2.9.6 Using BHS Manager Utilities Menu to Edit “Other EHR” Problem Code

In the RPMS behavioral health applications, the Purpose of Visit (POV) is recorded as either a BH Problem Code or DSM-IV TR code. For the purpose of reports, these codes are grouped within larger problem code groupings, and then again in overarching categories. For example, DSM-IV TR code 311 Depressive Disorder NOS is also stored as problem code *grouping* 14 Depressive Disorders and problem *category* Psychosocial Problems.

In the RPMS EHR the POV is recorded using ICD-9 codes, not DSM-IV TR codes. Many ICD and DSM numeric codes are identical. There may be instances when a provider selects an ICD code that does not have a matching DSM code. When this occurs it will be dynamically added to the MHSS PROBLEM/DSM IV table. Once the ICD-9 code is in the MHSS PROBLEM/DSM IV table then it is accessible to users in BHS or BH GUI as well.

These ICD-9 codes that have been added to the MHSS PROBLEM/DSM IV table will not have been automatically assigned to the appropriate BH problem code group. To ensure that these ICD-9 codes are captured in BHS reports that have the option to include problem code groupings, a site can manually assign the code to the appropriate group. The assignment of this code to a group only needs to be done one time.

In order to add an ICD-9 code to a Problem Code Grouping:

- Select the Manager Utilities Menu.
- Select EEPC Edit Other EHR Clinical Problem Code Crosswalk.
- As each ICD code and narrative is displayed, the user is given an opportunity to assign it to an existing Problem Code Grouping.
- A warning prompt displays and the user must type in [YES] to accept the entry. If the entry is incorrect, press [Enter] to accept the default [NO].
- After responding to the first ICD code/narrative, the application will continue to present all ICD codes that have been entered since the last time this



function was utilized.

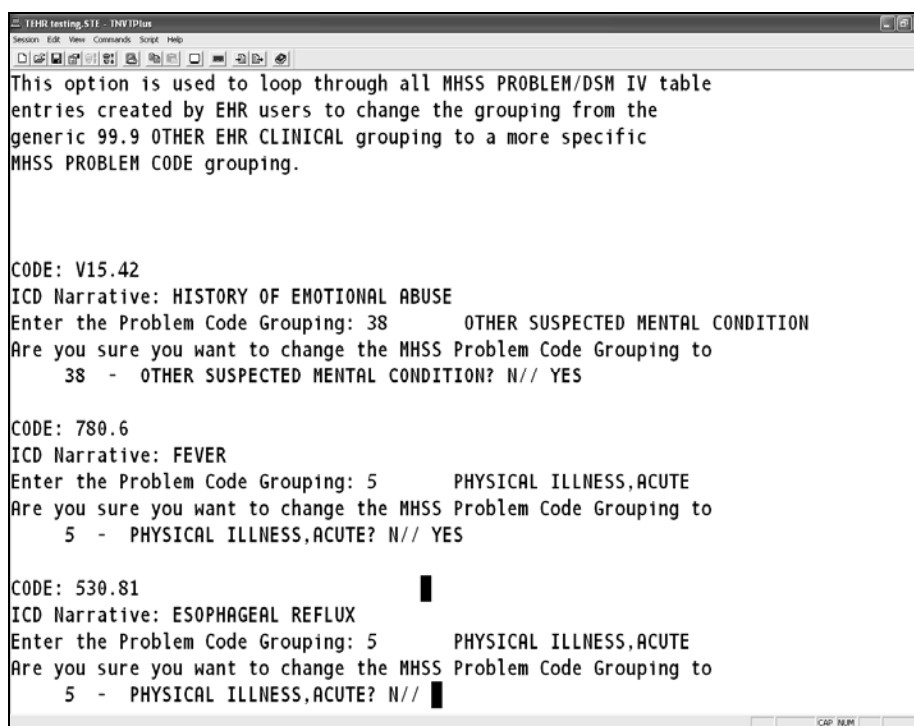


Figure 2-13: Sample problem code grouping edit

### 3.0 Appendix A: Activity Codes and Definitions

BHS activity codes are presented here by category for ease in reviewing and locating particular codes. The category labels are for organizational purposes only and cannot be used alone to record activities. However, aggregate reports can be organized by these activity categories.

All the activity codes shown with a three letter acronym are assumed to involve services to a specific patient. During the data entry process, if you enter one of these activity codes, you must also enter the patient's name so that the data you enter can be added to the patient's visit file.

#### **Patient Services – Patient Always Present (P)**

Direct services provided to a specific person (client/patient) to diagnose and prognosticate (describe, predict, and explain) the recipient's mental health status relative to a disabling condition or problem, and where indicated to treat and/or rehabilitate the recipient to restore, maintain, or increase adaptive functioning.

##### **01 – Twelve Step Work – Group (TSG)**

Twelve Step work facilitation in a group setting; grounded in the concept of the Twelve Step model of recovery and that the problem – alcoholism, drug dependence, overeating, etc. – is a disease of the mind, body, and spirit.

##### **02 – Twelve Step Work – Individual (TSI)**

Twelve Step work facilitation in an individual setting grounded in the concept of the Twelve Step model of recovery and that the problem – alcoholism, drug dependence, overeating, etc. – is a disease of the mind, body, and spirit.

##### **03 – Twelve Step Group (TSG)**

Participation in a Twelve Step recovery group including but not limited to AA, NA, Alateen, Al-Anon, CoDA (Co-dependents Anonymous), and OA (Overeaters Anonymous).

##### **11 – Screening (SCN)**

Services provided to determine in a preliminary way the nature and extent of the recipient's problem in order to link him/her to the most appropriate and available resource.

##### **12 – Assessment/Evaluation (EVL)**

Formal assessment activities intended to define or delineate the client/patient's diagnosis and problem. These services are used to document the nature and status of the recipient's condition and serve as a basis for formulating a plan for subsequent services.

**13 – Individual Treatment/Counseling/Education (IND)**

Prescribed services with specific goals based on diagnosis and designed to arrest, reverse, or ameliorate the client/patient's disease or problem. The recipient in this case is an individual.

**15 – Information and/or Referral (REF)**

Information services are those designed to impart information on the availability of clinical resources and how to access them. Referral services are those that direct or guide a client/patient to appropriate services provided outside of your organization.

**16 – Medication/Medication Monitoring (MED)**

Prescription, administration, assessment of drug effectiveness, and monitoring of potential side effects of psychotropic medications.

**17 – Psychological Testing (TST)**

Examination and assessment of client/patient's status through the use of standardized psychological, educational, or other evaluative test. Care must be exercised to assure that the interpretations of results from such testing are consistent with the socio-cultural milieu of the client/patient.

**18 – Forensic Activities (FOR)**

Scientific and clinical expertise applied to legal issues in legal contexts embracing civil, criminal, and correctional or legislative matters.

**19 – Discharge Planning (DSG)**

Collaborative service planning with other community caregivers to develop a goal-oriented follow-up plan for a specific client/patient.

**20 – Family Facilitation (FAC)**

Collection and exchange of information with significant others in the client/patient's life as part of the clinical intervention.

**21 – Follow-through/Follow-up (FOL)**

Periodic evaluative review of a specific client/patient's progress after discharge.

**22 – Case Management (CAS)**

Focus is on a coordinated approach to the delivery of health, substance abuse, mental health, and social services, linking clients with appropriate services to address specific needs and achieve stated goals. May also be called Care Management and/or Service Coordination.

**23 – Other Patient Services not identified here (OTH)**

Any other patient services not identified in this list of codes.

**47 – Couples Treatment (CT)**

Therapeutic discussions and problem-solving sessions facilitated by a therapist, sometimes with the couple or sometimes with individuals.

**48 – Crisis Intervention (CIP)**

Short-term intervention of therapy/counseling and/or other behavioral health care designed to address the presenting symptoms of an emergency and to ameliorate the client's distress.

**85 – Art Therapy (ART)**

The application of a variety of art modalities (drawing, painting, clay and other mediums), by a professional Art Therapist, for the treatment and assessment of behavioral health disorders; based on the belief that the creative process involved in the making of art is healing and life-enhancing.

**86 – Recreation Activities (REC)**

Recreation and leisure activities with the purpose of improving and maintaining clients'/patients' general health and well-being.

**88 – Acupuncture (ACU)**

The use of the Chinese practice of Acupuncture in the treatment of addiction disorders (including withdrawal symptoms and recovery) and other behavioral health disorders.

**89 – Methadone Maintenance (MET)**

Methadone used as a substitute narcotic in the treatment of heroin addiction; administered by a federally licensed, methadone maintenance agency under the supervision of a physician. Services include methadone dosing, medical care, counseling and support, and disease prevention and health promotion.

**90 – Family Treatment (FAM)**

Family-centered therapy with an emphasis on the client/patient's functioning within family systems and the recognition that addiction and behavioral health disorders have relational consequences; often brief and solution focused.

**91 – Group Treatment (GRP)**

This form of therapy involves groups of patients/clients who have similar problems which are especially amenable to the benefits of peer interaction and support, and who meet regularly with a group therapist or facilitator.

**92 – Adventure Based Counseling (ABC)**

The use of adventure-based practice to effect a change in behaviors (both increasing function and positive action and decreasing dysfunction and negative action) as it relates to health and/or mental health.

**93 – Relapse Prevention (REL)**

Relapse prevention approaches seek to teach patients concrete strategies for avoiding drug use episodes. These include the following:

- Cataloging situations likely to lead to alcohol/drug use (high-risk situations)
- Strategies for avoiding high-risk situations
- Strategies for coping with high-risk situations when encountered
- Strategies for coping with alcohol/drug cravings
- Strategies for coping with lapses to drug use to prevent full-blown relapses

**94 – Life Skills Training (LST)**

Psychosocial and interpersonal skills training designed to help a patient or patients make informed decisions, communicate effectively, and develop coping and self-management skills.

**95 – Cultural Activities – Pt. Present (CUL)**

Participation in educational, social, or recreational activities for the purpose of supporting a client/patient's involvement, connection and contribution to his/her cultural background.

**96 – Academic Services (ACA)**

Provision of alternative schooling under the guidelines of the state education program.

**97 – Health Promotion (HPR)**

Any activities that facilitate lifestyle change through a combination of efforts to enhance awareness, change behavior, and create environments that support good health practices.

**99 – Individual BH EHR Visit (EHR)**

Behavioral Health visits entered into RPMS via the Electronic Health Record (EHR); prescribed services with specific goals based on diagnosis and designed to arrest, reverse, or ameliorate the client/patient's disease or problem. The recipient in this case is an individual.

**Support Services – Patient Not Present (S)**

Indirect services (e.g., information gathering, service planning, and collaborative efforts) undertaken to support the effective and efficient delivery or acquisition of services for specific clients/patients. These services, by definition, do not involve direct recipient contact. Includes:

**24 – Material/Basic Support (SUP)**

Support services required to meet the basic needs of the client/patient for food, shelter, and safety.

**25 – Information and/or Referral (INF)**

Information services are those designed to impart information on the availability of clinical resources and how to access them. Referral services are those that direct or guide a client/patient to appropriate services provided outside of your organization.

**26 – Medication/Medication Monitoring (MEA)**

Prescription, assessment of drug effectiveness, and monitoring of potential side effects of psychotropic medications. Patient is not present at the time of service delivery.

**27 – Forensic Activities (FOA)**

Scientific and clinical expertise applied to legal issues in legal contexts embracing civil, criminal, and correctional or legislative matters. Patient is not present at time of service delivery.

**28 – Discharge Planning (DSA)**

Collaborative service planning with other community caregivers to develop a goal-oriented follow-up plan for a specific client/patient.

**29 – Family Facilitation (FAA)**

Collection and exchange of information with significant others in the client/patient's life as part of the clinical intervention.

**30 – Follow-up/Follow-through (FUA)**

Periodic evaluative review of a specific client/patient's progress after discharge.

**31 – Case Management (CAA)**

Focus is on a coordinated approach to the delivery of health, substance abuse, mental health, and social services, linking clients/patients with appropriate services to address specific needs and achieve stated goals. May also be called Care Management and/or Service Coordination. Patient is not present at the time of service delivery.

**33 – Technical Assistance**

Task-specific assistance to achieve an identified end.

**34 – Other Support Services**

Any other ancillary, adjunctive, or collateral services not identified here.

**44 – Screening**

Activities associated with patient/client screening when the patient is not present.

**45 – Assessment/Evaluation**

Assessment or evaluation activities when patient is not present at time of service delivery.

**49 – Crisis Intervention (CIA)**

Patient is not present. Short-term intervention of therapy/counseling and/or other behavioral health care designed to address the presenting symptoms of an emergency and to ameliorate the client's distress.

**Community Services (C)**

Assistance to community organizations, planning groups, and citizens' efforts to develop solutions for community problems.

**35 – Collaboration**

Collaborative effort with other agency or agencies to address a community request.

**36 – Community Development**

Planning and development efforts focused on identifying community issues and methods of addressing these needs.

**37 – Preventive Services**

Activity, class, project, public service announcement, or other activity whose primary purpose is to prevent the use/abuse of alcohol or other substances and/or improve lifestyles, health, image, etc.

**38 – Patient Transport**

Transportation of a client to or from an activity or placement, such as a medical appointment, program activity, or from home.

**39 – Other Community Services**

Any other form of community services not identified here.

**40 – Referral**

Referral of a client to another agency, counselor, or resource for services not available or provided by the referring agency/program. Referral is limited to providing the client with information and may extend to calling and setting up appointments for the client.

**87 – Outreach**

Activities designed to locate and educate potential clients and motivate them to enter and accept treatment.

**Education/Training (E)**

Participation in any formal program leading to a degree or certificate or any structured educational process designed to impart job-related knowledge, attitudes, and skills. Includes:

- 41 – Education/Training Provided
- 42 – Education/Training Received
- 43 – Other Education/Training

**Administration (A)**

Activities for the benefit of the organization and/or activities that do not fit into any of the above categories. Includes:

**32 – Clinical Supervision Provided**

Clinical supervision is a process based upon a clinically-focused professional relationship between the practitioner engaged in professional practice and a clinical supervisor.

**50 – Medical Rounds (General)**

On the inpatient unit, participation in rounds designed to address active medical/psychological issues with all members of the treatment team and to develop management plans for the day.

**51 – Committee Work**

Participation in the activities of a body of persons delegated to consider, investigate, take action on, or report on some matter.

**52 – Surveys/Research**

Participation in activities aimed at identification and interpretation of facts, revision of accepted theories in the light of new facts, or practical application of such new or revised theories.

**53 – Program Management**

The practice of leading, managing, and coordinating a complex set of cross-functional activities to define, develop, and deliver client services and to achieve agency/program objectives.

**54 – Quality Improvement**

Participation in activities focused on improving the quality and appropriateness of medical or behavioral health care and other services. Includes a formal set of activities to review, assess, and monitor care to ensure that identified problems are addressed.

**55 – Supervision**

Participation in activities to ensure that personnel perform their duties effectively. This code does not include clinical supervision.

**56 – Records/Documentation**

Review of clinical information in the medical record/chart or documentation of services provided to or on behalf of the client. This does not include the time spent in service delivery.



**57 – Child Protective Team Activities**

Participation in a multi-disciplinary child protective team to evaluate alleged maltreatments of child abuse and neglect, assess risk and protective factors, and provide recommendations for interventions to protect children and enhance their caregiver's capacity to provide a safer environment when possible.

**58 – Special Projects**

A specifically-assigned task or activity which is completed over a period of time and intended to achieve a particular aim.

**59 – Other Administrative**

Any other administrative activities not identified in this section.

**60 – Case Staffing (General)**

A regular or ad-hoc forum for the exchange of clinical experience, ideas, and recommendations.

**66 – Clinical Supervision Received**

Clinical supervision is a process based upon a clinically-focused professional relationship between the practitioner engaged in professional practice and a clinical supervisor.

**Consultation (L)**

Problem-oriented effort designed to impart knowledge, increase understanding and insight, and/or modify attitudes to facilitate problem resolution. Includes:

**61 – Provider Consultation (PRO)**

Focus is a specific patient and the consultation is with another service provider. The purpose of the consultation is of a diagnostic or therapeutic nature. Patient is never present.

**62 – Patient Consultation (Chart Review Only) (CHT)**

Focus is a specific patient and the consultation is a review of the medical record only. The purpose of the consultation is of a diagnostic or therapeutic nature. Patient is never present.

**63 – Program Consultation**

Focus is a programmatic effort to address specific needs.

**64 – Staff Consultation**

Focus is a provider or group of providers addressing a type or class of problems.

**65 – Community Consultation**

Focus is a community effort to address problems. Distinguished from community development in that the consultant is not assumed to be a direct part of the resultant effort.

**Travel (T)****71 – Travel Related to Patient Care**

Staff travel to patient's home or other locations – related to provision of care. Patient is not in the vehicle.

**72 – Travel Not Related to Patient Care**

Staff travel to meetings, community events, etc.

**Placements (PL)****75 – Placement (Patient Present) (OHP)**

Selection of an appropriate level of service, based on assessment of a patient's individual needs and preferences.

**76 – Placement (Patient Not Present) (OHA)**

Selection of an appropriate level of service, based on assessment of a patient's individual needs and preferences. This activity may include follow-up contacts, additional research, or completion of placement/referral paperwork when the patient is not present.

**Cultural Issues (O)****81 – Traditional Specialist Consult (Patient Present) (TRD)**

Seeking recommendation or service from a recognized Indian spiritual leader or traditional practitioner with the patient present. Such specialists may be called in either as advisors or as direct providers, when agreed upon between client and counselor.

**82 – Traditional Specialist Consult (Patient Not Present) (TRA)**

Seeking evaluation, recommendations, or service from a recognized Indian spiritual healer or traditional practitioner (patient not present). Such specialists may be called in either as advisors or as direct providers, when agreed upon between client and counselor.

**83 – Tribal Functions**

Services offered during or in the context of a traditional tribal event, function, or affair – secular or religious. Community members gather to help and support individuals and families in need.

**84 – Cultural Education to Non-Tribal Agency/Personnel**

The education of non-Indian service providers concerning tribal culture, values, and practices. This service attempts to reduce the barriers members face in seeking services.

## 4.0 Appendix B: Activity Codes that Pass to PCC

Activity Code	Description	Pass to PCC
01	Twelve Step Work – Group (TSG)	Yes
02	Twelve Step Work – Individual (TSI)	Yes
03	Twelve Step Group (TWG)	No
11	Screening – Patient Present (SCN)	Yes
12	Assessment/Evaluation – Patient Present (EVL)	Yes
13	Individual Treatment/Counsel/Education – Pt. Present (IND)	Yes
15	Information and Referral – Patient Present (REF)	Yes
16	Medication/Medication Monitoring – Pt. Present (MED)	Yes
17	Psychological Testing – Patient Present (TST)	Yes
18	Forensic Activities – Patient Present (FOR)	Yes
19	Discharge Planning – Patient Present (DSG)	Yes
20	Family Facilitation – Patient Present (FAC)	Yes
21	Follow Through/Follow Up – Patient Present (FOL)	Yes
22	Case Management – Patient Present (CAS)	Yes
23	Other Patient Services Not Identified – Patient Present (OTH)	Yes
24	Material/Basic Support – Patient Not Present (SUP)	No
25	Information and/or Referral – Patient Not Present (INF)	No
26	Medication/Medication Monitoring – Pt. Not Present (MEA)	Yes
27	Forensic Activities – Patient Not Present (FOA)	No
28	Discharge Planning – Patient Not Present (DSA)	No
29	Family Facilitation – Patient Not Present (FAA)	No
30	Follow Through/Follow Up – Patient Not Present (FUA)	No
31	Case Management – Patient Not Present (CAA)	Yes
32	Clinical Supervision Provided	No
33	Technical Assistance – Patient Not Present	No
34	Other Support Services – Patient Not Present	No
35	Collaboration	No
36	Community Development	No
37	Preventive Services	No
38	Patient Transport	No
39	Community Services	No
40	Referral	No
41	Education/Training Provided	No
42	Education/Training Received	No
43	Other Education/Training	No
44	Screening – Patient Not Present	No
45	Assessment/Evaluation – Patient Not Present	No
47	Couples Treatment – Patient Present (CT)	Yes
48	Crisis Intervention – Patient Present (CIP)	Yes

<b>Activity Code</b>	<b>Description</b>	<b>Pass to PCC</b>
49	Crisis Intervention – Patient Not Present (CIA)	No
50	Medical Rounds (General)	No
51	Committee Work	No
52	Surveys/Research	No
53	Program Management	No
54	Quality Improvement	No
55	Supervision	No
56	Records/Documentation	No
57	Child Protective Team Activities	No
58	Special Projects	No
59	Other Administrative	No
60	Case Staffing (General)	No
61	Provider Consultation (PRO)	Yes
62	Patient Consultation (Chart Review) (CHT)	Yes
63	Program Consultation	No
64	Staff Consultation	No
65	Community Consultation	No
66	Clinical Supervision Received	No
71	Travel Related to Patient Care	No
72	Travel Not Related to Patient Care	No
75	Placement – Patient Present (OHP)	Yes
76	Placement – Patient Not Present (OHA)	No
81	Traditional Specialist Consult – Patient Present (TRD)	Yes
82	Traditional Specialist Consult – Patient Not Present (TRA)	No
83	Tribal Functions	No
84	Cultural Education to Non-Tribal Agency/Personnel	No
85	Art Therapy (ART)	Yes
86	Recreation Activities (REC)	No
87	Outreach	No
88	Acupuncture (ACU)	Yes
89	Methadone Maintenance (MET)	Yes
90	Family Treatment (FAM)	Yes
91	Group Treatment (GRP)	Yes
92	Adventure Based Counseling (ABC)	Yes
93	Relapse Prevention (REL)	Yes
94	Life Skills Training (LST)	Yes
95	Cultural Activities (CUL)	No
96	Academic Services (ACA)	No
97	Health Promotion (HPR)	Yes
99	Individual BH EHR Visits (EHR)	Yes

## 5.0 Appendix C: POV Codes

Purpose of Visit (POV) Codes are presented here by category for ease in reviewing and locating particular codes. The category labels are for organizational purposes only and cannot be used alone to record activities; however, aggregate reports can be organized by these broad POV categories. The POV codes include DSM-IV-TR codes as well as BHS problem codes.

The following tables show the ICD-9-CM Code (shown in the parentheses) that is passed to the Patient Care Component (PCC) when that BHS problem code is entered as a POV. Codes marked with the asterisk (\*) will have the phrase “See (**Provider’s Name**) for details of this problem” appended to the narrative that is passed to the PCC. Codes marked with a bullet (•) will have the phrase “Diagnostic Impression” prefaced to the information passed to the PCC. See the Setting Site Parameters section of this manual for other options that may be used to pass POV information to the PCC.

In the Definitions section of the POV Codes, note that the Psychosocial Problems category includes the full range of DSM-IV-TR diagnostic codes. The v-Codes shown are ICD-9-CM v-Codes. DSM-IV-TR v-Codes or ICD-9-CM v-Codes cannot be directly entered into the system for POVs. Instead a BHS problem code or DSM IV-TR code must be entered. The corresponding ICD-9-CM v-Code will pass to PCC.

In the following tables, the problem code is presented first, followed by the narrative and ICD-9-CM Code. Most problem codes have corresponding ICD-9-CM codes, but some do not.

### 5.1 Medical/Social Problems Category

- 1 Health/Homemaker Needs (v60.4)
- 1.1 Health Promotion/Disease Prevention (v65.49)
- 2 Cross-Cultural Conflict (v62.4) \*
- 3 Unspecified Mental Disorder (v40.9) \*
- 4 Physical Disability/Rehabilitation (v57.9)
- 5 Physical Illness, Acute (v15.89)
- 6.1 Physical Illness, Chronic (v15.89)
- 6.2 Physical Illness, Terminal (v15.89)
- 7 Non-Compliance w/Treatment Regimen (v15.81)
- 8 Failed Appointment, No Show (v15.81)
- 8.1 Patient Cancelled, Rescheduled
- 8.11 Patient Cancelled, Not Rescheduled (v15.81)
- 8.2 Provider Cancelled, Rescheduled
- 8.21 Provider Cancelled, Not Rescheduled
- 8.3 Did Not Wait to Be Seen (v15.81)
- 8.4 Malingering (v65.2)

## 5.2 Psychosocial Problems Category

**Note:** When you use these problem codes, the ICD-9-CM code shown in parentheses is passed to the PCC (using the IHS Standard Crosswalk in Option 3) prefaced by the phrase “Diagnostic Impression.”

### Organic Mental Disorders

- 9.1 Pre-Senile Dementia, Uncomplicated (290.10)
- 9.2 Senile Dementia, Uncomplicated (290.0)
- 10 Alcohol Withdrawal Delirium (291.0) •
- 11 Drug Withdrawal Syndrome (292.0) •
- 12 Other Organic Mental Disorder/NOS (294.9) •
- 12.1 Substance-Induced Delirium, Dementia, Amnestic and other Cognitive Disorders (294.9) •

### Other Psychoses

- 13 Schizophrenic Disorder (295.90) •
- 14 Major Depressive Disorder (311) •
- 14.2 Alcohol or Drug Induced Mood Disorder (296.90) •
- 15 Bipolar Disorder (296.80) •
- 16 Delusional Disorder (297.1) •
- 17 Psychotic Disorder NOS (298.9) •
- 17.1 Alcohol or Drug Induced Psychotic Disorder (298.9) •

### Neurotic, Personality and Other Non-psychotic Disorders

- 18 Anxiety Disorder (300.00) •
- 18.1 Alcohol or Drug Induced Anxiety Disorder (300.00) •
- 19 Personality Disorder (301.9) •
- 20 Psychosexual Disorder (302.9) •
- 20.1 Alcohol or Drug Induced Psychosexual Disorder (302.9) •
- 21 Communication Disorder NOS (307.9) •
- 21.1 Medication-Induced Disorder (995.2) •
- 22 Sleep Disorder (307.47) •
- 22.1 Alcohol or Drug Induced Sleep Disorder (307.47) •
- 22.2 Insomnia due to Mental Disorder (327.02)
- 22.3 Hypersomnia due to Mental Disorder (327.15)
- 22.4 Behavioral Insomnia Childhood (v69.50)
- 23 Eating Disorder (307.50) •
- 24 Adjustment Disorder (309.9) •
- 25 Disruptive Behavior Disorder (312.9) •
- 26 Impulse Control Disorder (312.30) •

**Alcohol and Drug Abuse**

- 27 Alcohol Dependence (303.90) •
- 28 Drug Dependence (304.90) •
- 29 Alcohol Abuse (305.00) •
- 30 Drug Abuse (305.90) •

**Disorders First Evident in Infancy, Childhood, or Adolescence**

- 31 Disorder of Infancy, Childhood/Adol. (313.9) •
- 32 Pervasive Developmental Disorder (299.80) •
- 35 Unspecified Mental Retardation (319) •

**Other**

- 36 Psychological Factor Affecting a Medical Condition (316) •
- 37 Factitious Disorder (300.19) •
- 37.1 Somatoform Disorders (300.82) •
- 38 Other Suspected Mental Condition (v71.09)
- 38.1 Diagnosis Deferred, Axis I or Axis II (799.9)

**Suicide**

- 39 Suicide Ideation (v62.84)
- 40 Suicide Attempt/Gesture (300.9)
- 41 Suicide Completed (798.1) \*

**5.3 Abuse Category****Child Abuse (Focus of Attention is on Victim)**

- 42 Child Abuse (Suspected), Unspecified (995.50) \*
- 42.1 Child Abuse (Suspected), Physical (995.54) \*
- 42.11 Shaken Baby Syndrome (995.55) \*
- 42.2 Child Abuse (Suspected), Emotional (995.51) \*
- 42.3 Child Abuse (Suspected), Sexual (995.53) \*
- 42.4 Other Abuse & Neglect (multiple forms of abuse/neglect) (995.59) \*

**Partner Abuse (Focus of Attention is on Victim)**

- 43 Partner Abuse (Suspected), Unspecified (995.80) \*
- 43.1 Partner Abuse (Suspected), Physical (995.81) \*
- 43.2 Partner Abuse (Suspected), Emotional (995.82) \*
- 43.3 Partner Abuse (Suspected), Sexual (995.83) \*
- 43.4 Other Partner Abuse & Neglect (multiple forms of abuse/neglect) (995.85) \*

**Adult Abuse (Focus of Attention is on Victim)**

- 44 Adult Abuse (Suspected), Unspecified (995.80) \*

- 44.1 Adult Abuse (Suspected), Physical (995.81) \*
- 44.2 Adult Abuse (Suspected), Emotional (995.82) \*
- 44.3 Adult Abuse (Suspected), Sexual (995.83) \*
- 44.4 Other Partner Abuse & Neglect (multiple forms of abuse/neglect) (995.85) \*

#### **Child/Partner/Adult Abuse (Focus is on Perpetrator)**

- 45.1 Abusive Behavior (Alleged), Physical/Emotional; Adult Victim; focus on perpetrator who is also a partner. (v61.12) \*
- 45.11 Abusive Behavior (Alleged), Physical/Emotional; Adult Victim; focus on perpetrator who is not the victim's partner (v62.83) \*
- 45.12 Abusive Behavior (Alleged), Physical/Emotional; Child Victim; focus is on perpetrator who is victim's parent (v61.22) \*
- 45.13 Abusive Behavior (Alleged), Physical/Emotional; Child Victim; Focus is on perpetrator who is not victim's parent (v62.83) \*
- 45.3 Abusive Behavior (Alleged), Sexual; Adult Victim; focus is on perpetrator who is also a partner (v61.12) \*
- 45.31 Abusive Behavior (Alleged), Sexual; Adult Victim; focus is on perpetrator who is not the victim's partner (v62.83) \*
- 45.32 Abusive Behavior (Alleged), Sexual; Child Victim; focus is on perpetrator who is victim's parent (v61.22) \*
- 45.33 Abusive Behavior (Alleged), Sexual; Child Victim; focus is on perpetrator who is not victim's parent (v62.83) \*

#### **Rape**

- 46 Rape (Alleged/Suspected) (995.83)
- 46.2 Incest Survivor (Alleged) (v15.41) \*

### **5.4 Neglect Category**

- 47 Child Neglect (Suspected), Nutritional (995.52)
- 47.1 Child Neglect (Suspected), Other than Nutritional (995.51)
- 48 Adult Neglect (Suspected), Unspecified (995.80)
- 48.1 Adult Neglect (Suspected), Nutritional (995.84)
- 49 Partner Neglect (Suspected), Unspecified (995.80)
- 49.1 Partner Neglect (Suspected), Nutritional (995.84)
- 49.9 Exploitation (Adult) (995.80)

### **5.5 Family Life Problems Category**

- 50 Traumatic Bereavement (v62.82)
- 51 Alcohol Related Birth Defect (v13.7) \*
- 51.1 Fetal Alcohol Syndrome (760.71)
- 52 Child Or Adolescent Antisocial Behavior (v71.02)
- 53 Adult/Child Relationship (v61.20)



- 54 Uncomplicated Grief Reaction (v62.82)
- 54.1 Death, Patient Expired
- 54.2 Dying, End of Life Care (v66.7)
- 55 Illness in Family (v61.49)
- 56 Marital Problem (v61.10)
- 57 Sibling Conflict (v61.8)
- 58 Separation/Divorce (v61.0)
- 59 Family Conflict (v61.8)
- 60 Interpersonal Relationships (v62.81)
- 61 Adult Antisocial Behavior (v71.01)
- 62 Other Family Life Problem (v61.8)

## 5.6 Pregnancy/Childbirth Problems Category

- 63 Pregnancy Conflict (v61.8) \*
- 64 Adoption Referral (v68.89) \*
- 64.1 Adoption Counseling (v61.29) \*
- 65 Family Planning (v25.09)
- 66 Pregnancy Concerns (v61.8) \*
- 67 Teenage Pregnancy (v61.8) \*
- 68 High Risk Pregnancy (v23.9)
- 69 Other Childbearing Problems (v61.8) \*

## 5.7 Socioeconomic Problems Category

- 78 Alternate Health Resources (v68.89)
- 79 Financial Needs/Assistance (v60.2)
- 79.1 Inadequate Personal Resources (v60.2)
- 79.2 Inadequate Access to Resources (v60.2)
- 80 Housing (v60.1)
- 81 Nutrition (v65.3)
- 82 Employment (v62.2)
- 82.1 Unemployment (v62.0)
- 83 Transportation (v60.8)
- 84 Occupational Maladjustment (v62.2)
- 85 Other Socioeconomic Problems (v60.8)

## 5.8 Sociolegal Problems Category

- 86 Forensic: Criminal (v62.5)
- 87 Forensic: Civil (v62.5)
- 88 Other Sociolegal Problems (v62.5)

## 5.9 Educational/Life Problems Category

- 89 Academic Problem (v62.3)
- 89.1 Alternative Education Services
- 90 School Behavior Problem (v62.3)
- 91 School Dropout (v62.3)
- 92 Vocational Rehabilitation Services (v57.22)
- 93 Peer Conflict (v62.81)
- 94 Phase of Life Problems (v62.89)
- 94.1 Religious or Spiritual Problem (v62.89)
- 94.2 Borderline Intellectual Functioning (v62.89)

## 5.10 Administrative Problems Category

- 95 Continuing Education
- 96 Training Needs
- 97 Administration
- 98 Employee Assistance Program
- 99 Other Administrative Problems

## 5.11 Out of Home Care Category

- 70 Day/Night Care (v60.8)
- 71 Domiciliary Care (v60.8)
- 72 Foster Care (v60.4)
- 72.1 Foster Care – Counseling (v61.29)
- 73 Halfway House (v66.9)
- 74 Hospice Care (v66.9)
- 75 Nursing Care (v66.9)
- 76 Respite Care (v66.9)
- 77 Institutional Care (v66.9)

## 5.12 Other Patient Related Problems Category

- 38.2 Med Refill – Issue of Repeat Prescription (v68.1)
- 99.9 Other EHR Clinical

## 5.13 Screenings Category

- 14.1 Screening for Depression (v79.0)
- 29.1 Screening for Alcoholism (v79.1)
- 29.2 Screening for Drug Abuse (v79.8)

## 6.0 Appendix D: POV Code Definitions

The v-codes shown are corresponding ICD-9-CM v-codes. DSM-IV-TR v-codes or ICD-9-CM v-codes cannot be directly entered into the system for POVs. Instead, a BHS problem code or DSM IV-TR code must be entered. The corresponding ICD-9-CM v-code will pass to PCC. Most problem codes have corresponding ICD-9-CM codes, but some do not.

**Note:**

\* v-Codes marked with an asterisk will have this additional narrative: "SEE PROVIDER FOR DETAILS OF THIS PROBLEM."

- ICD-9-CM Codes marked with a bullet will have: "DIAGNOSTIC IMPRESSION," prefixed to the narrative

### 6.1 Medical/Social Problems Category

- 1 – (v60.4)** Health/Homemaker Needs – Problems associated with monitoring the patient and providing care in the home.
- 1.1 – (v65.49)** Health Promotion/Disease Prevention – Problems with self-care or health maintenance associated with a disease, illness or condition which may be remedied or prevented with the provision of health promotion and disease prevention services.
- 2 – \*(v62.4)** Cross-Cultural Conflict – Problems which arise from cultural beliefs or experience. Concerns expressed in traditional or cultural terms/ways.
- 3 – \*(v40.9)** Unspecified Mental Disorder (Non-Psychotic) – Problems which for the time being cannot be completely specified in clear diagnostic terms.
- 4 – (v57.9)** Physical Disability/Rehabilitation - Problems of physical restoration and social and emotional adjustment to physical disability.
- 5 – (v15.89)** Physical Illness, Acute - Social and emotional adjustment problems associated with acute illness.
- 6.1 – (v15.89)** Physical Illness, Chronic – Social and emotional problems associated with long-term illness and the care associated with this state.
- 6.2 – (v15.89)** Physical Illness, Terminal – Social and emotional problems associated with terminal illness and the care associated with this state.

- 7 – (v15.81)** Noncompliance with Treatment Regimen – Noncompliance that is apparently not due to mental disorder.
- 8 – (v15.81)** Failed Appointment/No Show
- 8.1** Patient Cancelled, Rescheduled
- 8.11 – (v15.81)** Patient Cancelled, Not Rescheduled
- 8.2** Provider Cancelled, Rescheduled
- 8.21** Provider Cancelled, Not Rescheduled
- 8.3 – (v15.81)** Did Not Wait to Be Seen
- 8.4– (v65.2)** Malingering – the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding military duty, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs.

## 6.2 Psychosocial Problems Category

The Psychosocial Problems category includes the full range of DSM-IV-TR diagnostic codes.

### 6.2.1 Organic Mental Disorders

- 9.1-** 290.10 Presenile Dementia, Uncomplicated
- 294.10 Dementia of the Alzheimer's Type, with early onset, without Behavioral Disturbance
- 294.11 Dementia of the Alzheimer's Type, with early onset, with Behavioral Disturbance
- 9.2-** 290.0 Senile Dementia, Uncomplicated
- 294.10 Dementia of the Alzheimer's Type, with late onset, without Behavioral Disturbance
- 294.10 Dementia due to ... (general medical condition) without Behavioral Disturbance
- 294.11 Dementia of the Alzheimer's Type, with late onset, with Behavioral Disturbance
- 294.11 Dementia due to ...(general medical condition) with Behavioral Disturbance

#### **Alcoholic Withdrawal Delirium**

- 10-** 291.0• Alcohol Intoxication Delirium
- 291.0• Alcohol Withdrawal Delirium

291.81 Alcohol Withdrawal  
 291.9 Alcohol-Related Disorder NOS

### Drug Withdrawal Syndrome

292.0 Amphetamine Withdrawal  
 292.0 Cocaine Withdrawal  
 292.0 Nicotine withdrawal  
 292.0 Opioid Withdrawal  
 11- 292.0• Other (or Unknown) Substance Withdrawal  
 292.0 Sedative, Hypnotic or Anxiolytic Withdrawal  
 292.89 Amphetamine Intoxication  
 292.89 Cannabis Intoxication  
 292.89 Cocaine Intoxication  
 292.89 Hallucinogen Intoxication  
 292.89 Inhalant Intoxication  
 292.89 Opioid Intoxication  
 292.89 Other (or Unknown) Substance-Induced Intoxication  
 292.89 Phencyclidine Intoxication  
 292.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Intoxication  
 292.89 Hallucinogen Persisting Perception Disorder  
 292.9 Caffeine-Related Disorder NOS

### Other Organic Mental Disorder NOS

294.8 Amnestic Disorder NOS  
 294.8 Dementia NOS  
 293.0 Delirium Due to...(Indicate Med. Condition)  
 293.89 Anxiety or Catatonic Disorder Due to ...(Indicate Med. Condition)  
 293.9 Mental Disorder NOS Due to...(Indicate Med. Condition)  
 294.0 Amnestic Disorder Due to...(Indicate Med. Condition)  
 12- 294.9• Cognitive Disorder NOS  
 780.09 Delirium NOS  
 290.40 Vascular Dementia, Uncomplicated  
 290.41 Vascular Dementia, W/Delirium  
 290.42 Vascular Dementia, W/Delusions  
 290.43 Vascular Dementia, W/Depressed Mood  
 12.1- 294.9• Substance-Induced Delirium, Dementia, Amnestic and other Cognitive Disorders  
 291.1 Alcohol-Induced Persisting Amnestic Disorder  
 291.2 Alcohol-Induced Persisting Dementia  
 292.81 Amphetamine Intoxication Delirium  
 292.81 Cannabis Intoxication Delirium  
 292.81 Cocaine Intoxication Delirium  
 292.81 Hallucinogen Intoxication Delirium

292.81	Inhalant Intoxication Delirium
292.81	Opioid Intoxication Delirium
292.81	Other (or Unknown) Substance-Induced Delirium
292.81	Phencyclidine Intoxication Delirium
292.81	Sedative, Hypnotic, or Anxiolytic Intoxication Delirium
292.81	Sedative, Hypnotic, or Anxiolytic Withdrawal Delirium
292.82	Inhalant-Induced Persisting Dementia
292.82	Other (or Unknown) Substance-Induced Persisting Dementia
292.82	Sedative, Hypnotic, or Anxiolytic-Induced Persisting Dementia
292.83	Other (or Unknown) Substance-Induced Persisting Amnestic Disorder
292.83	Sedative, Hypnotic, or Anxiolytic-Induced Persisting Amnestic Disorder

## 6.2.2 Other Psychoses

### Schizophrenic Disorder

295.10	Schizophrenia, Disorganized Type, Unspecified
295.11	Schizophrenia, Disorganized Type, Subchronic
295.12	Schizophrenia, Disorganized Type, Chronic
295.13	Schizophrenia, Disorganized Type, Subchronic W/Acute Exacerbation
295.14	Schizophrenia, Disorganized Type, Chronic W/Acute Exacerbation
295.15	Schizophrenia, Disorganized Type, In Remission
295.20	Schizophrenia, Catatonic Type
295.21	Schizophrenia, Catatonic Type, Subchronic
295.22	Schizophrenia, Catatonic Type, Chronic
295.23	Schizophrenia, Catatonic Type, Subchronic, W/Acute Exacerbation
295.24	Schizophrenia, Catatonic Type, Chronic, W/Acute Exacerbation
295.25	Schizophrenia, Catatonic Type, In Remission
295.30	Schizophrenia, Paranoid Type, Unspecified
295.31	Schizophrenia, Paranoid Type, Subchronic
295.32	Schizophrenia, Paranoid Type, Chronic
295.33	Schizophrenia, Paranoid Type, Subchronic, W/Acute Exacerbation
295.34	Schizophrenia, Paranoid Type, Chronic, W/Acute Exacerbation
295.35	Schizophrenia, Paranoid Type, In Remission
295.60	Schizophrenia, Residual Type, Unspecified
295.61	Schizophrenia, Residual Type, Subchronic
295.62	Schizophrenia, Residual Type, Chronic

	295.63	Schizophrenia, Residual Type, Subchronic, W/Acute Exacerbation
	295.64	Schizophrenia, Residual Type, Chronic, W/Acute Exacerbation
	295.65	Schizophrenia, Residual Type, In Remission
<b>13-</b>	295.90•	Schizophrenia, Undifferentiated Type, Unspecified
	295.91	Schizophrenia, Undifferentiated Type, Subchronic
	295.92	Schizophrenia, Undifferentiated Type, Chronic
	295.93	Schizophrenia, Undifferentiated Type, Subchronic, w/Acute Exacerbation
	295.94	Schizophrenia, Undifferentiated Type, Chronic, W/Acute Exacerbation
	295.95	Schizophrenia, Undifferentiated Type, In Remission

**Major Depressive Disorder**

	300.4	Dysthymic Disorder
<b>14-</b>	311•	Depressive Disorder NOS
	296.20	Major Depressive Disorder, Single Episode, Unspecified
	296.21	Major Depressive Disorder, Single Episode, Mild
	296.22	Major Depressive Disorder, Single Episode, Moderate
	296.23	Major Depressive Disorder, Single Episode, Severe, Without Psychotic Features
	296.24	Major Depressive Disorder, Single Episode, Severe with Psychotic Features
	296.25	Major Depressive Disorder, Single Episode, In Partial Remission
	296.26	Major Depressive Disorder, Single Episode, In Full Remission
	296.30	Major Depressive Disorder, Recurrent, Unspecified
	296.31	Major Depressive Disorder, Recurrent, Mild
	296.32	Major Depressive Disorder, Recurrent, Moderate
	296.33	Major Depressive Disorder, Recurrent, Severe, Without Psychotic Features
	296.34	Major Depressive Disorder, Recurrent, Severe With Psychotic Features
	296.35	Major Depressive Disorder, Recurrent, In Partial Remission
	296.36	Major Depressive Disorder, Recurrent, In Full Remission
	293.83	Mood Disorder Due to...(Indicate Med. Condition)
	291.89	Alcohol-Induced Mood Disorder
<b>14.2-</b>	296.90•	Alcohol or Drug Induced Mood Disorder NOS
	292.84	Amphetamine-Induced Mood Disorder
	292.84	Cocaine-Induced Mood Disorder
	292.84	Hallucinogen-Induced Mood Disorder
	292.84	Inhalant-Induced Mood Disorder
	292.84	Opioid-Induced Mood Disorder

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292.84	Other (or Unknown) Substance-Induced Mood Disorder
292.84	Phencyclidine-Induced Mood Disorder
292.84	Sedative-, Hypnotic- or Anxiolytic-Induced Mood Disorder

**Bipolar Disorder**

296.00	Bipolar I Disorder, Single Manic Episode, Unspecified
296.01	Bipolar I Disorder, Single Manic Episode, Mild
296.02	Bipolar I Disorder, Single Manic Episode, Moderate
296.03	Bipolar I Disorder, Single Manic Episode, Severe, Without Psychotic Features
296.04	Bipolar I Disorder, Single Manic Episode, Severe, with Psychotic Features
296.05	Bipolar I Disorder, Single Manic Episode, In Partial Remission
296.06	Bipolar I Disorder, Single Manic Episode, In Full Remission
296.40	Bipolar I Disorder, Most Recent Episode Manic, Unspecified
	Bipolar I Disorder, Most Recent Episode Hypomanic
296.41	Bipolar I Disorder, Most Recent Episode Manic, Mild
296.42	Bipolar I Disorder, Most Recent Episode Manic, Moderate
296.43	Bipolar I Disorder, Most Recent Episode Manic, Severe without Psychotic Features
296.44	Bipolar I Disorder, Most Recent Episode manic, Severe with Psychotic Features
296.45	Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission
296.46	Bipolar I Disorder, Most Recent Episode Manic, In Full Remission
296.50	Bipolar I Disorder, Most Recent Episode Depressed, Unspecified
296.51	Bipolar I Disorder, Most Recent Episode Depressed, Mild
296.52	Bipolar I Disorder, Most Recent Episode Depressed, Moderate
296.53	Bipolar I Disorder, Most Recent Episode Depressed, Severe, Without Psychotic Features
296.54	Bipolar I Disorder, Most Recent Episode Depressed, Severe, With Psychotic Features
296.55	Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission
296.56	Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission
296.60	Bipolar I Disorder, Most Recent Episode Mixed, Unspecified
296.61	Bipolar I Disorder, Most Recent Episode Mixed, Mild
296.62	Bipolar I Disorder, Most Recent Episode Mixed, Moderate



	296.63	Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features
	296.64	Bipolar I Disorder, Most Recent Episode Mixed, Severe, With Psychotic Features
	296.65	Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission
	296.66	Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission
	296.7	Bipolar I Disorder, Most Recent Episode Unspecified,
<b>15-</b>	296.80•	Bipolar Disorder NOS
	296.89	Bipolar II Disorder
	296.90	Mood Disorder NOS
	301.13	Cyclothymic Disorder

**Delusional Disorder**

<b>16-</b>	297.1•	Delusional Disorder
	297.3	Shared Psychotic Disorder

**Psychotic Disorder NOS**

	295.40	Schizophreniform Disorder, Unspecified
	295.41	Schizophreniform Disorder, Subchronic
	295.42	Schizophreniform Disorder, Chronic
	295.43	Schizophreniform Disorder, Subchronic, W/Acute Exacerbation
	295.44	Schizophreniform Disorder, Chronic, With Acute Exacerbation
	295.45	Schizophreniform Disorder, In Remission
	295.70	Schizoaffective Disorder, Unspecified
	295.71	Schizoaffective Disorder, Subchronic
	295.72	Schizoaffective Disorder, Chronic
	295.73	Schizoaffective Disorder, Subchronic, W/Acute Exacerbation
	295.74	Schizoaffective Disorder, Chronic, With Acute Exacerbation
	295.75	Schizoaffective Disorder, In Remission
	298.8	Brief Psychotic Disorder
<b>17-</b>	298.9•	Psychotic Disorder NOS
	293.81	Psychotic Disorder Due to...(Indicate Med.Cond.), W/Delusions
	293.82	Psychotic Disorder Due to...(Indicate Med.Cond.), W/Hallucinations
<b>17.1-</b>	298.9•	Alcohol or Drug Induced Psychotic Disorder
	291.3	Alcohol-Induced Psychotic Disorder, With Hallucinations
	292.11	Amphetamine-Induced Psychotic Disorder, with Delusions

292.11	Cannabis-Induced Psychotic Disorder with Delusions
292.11	Cocaine-Induced Psychotic Disorder with Delusions
292.11	Hallucinogen-Induced Psychotic Disorder with Delusions
292.11	Inhalant-Induced Psychotic Disorder with Delusions
292.11	Opioid-Induced Psychotic Disorder with Delusions
292.11	Other (or Unknown) Substance-Induced Psychotic Disorder with Delusions
292.11	Phencyclidine-Induced Psychotic Disorder with Delusions
292.11	Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder with Delusions
292.12	Amphetamine-Induced Psychotic Disorder with Hallucinations
292.12	Cannabis-Induced Psychotic Disorder with Hallucinations
292.12	Cocaine-Induced Psychotic Disorder with Hallucinations
292.12	Hallucinogen-Induced Psychotic Disorder with Hallucinations
292.12	Inhalant-Induced Psychotic Disorder with Hallucinations
292.12	Opioid-Induced Psychotic Disorder with Hallucinations
292.12	Other (or Unknown) Substance-Induced Psychotic Disorder with Hallucinations
292.12	Phencyclidine-Induced Psychotic Disorder with Hallucinations
292.12	Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder with Hallucinations

### 6.2.3 Neurotic, Personality and Other Nonpsychotic Disorders

#### Anxiety Disorder

<b>18-</b>	<b>300.00•</b>	Anxiety Disorder NOS
	300.01	Panic Disorder, Without Agoraphobia
	300.02	Generalized Anxiety Disorder
	300.12	Dissociative Amnesia
	300.13	Dissociative Fugue
	300.14	Dissociative Identity Disorder
	300.15	Dissociative Disorder NOS
	300.21	Panic Disorder, With Agoraphobia
	300.22	Agoraphobia Without history of Panic Disorder
	300.23	Social Phobia
	300.29	Specific Phobia
	300.3	Obsessive-Compulsive Disorder
	300.6	Depersonalization Disorder
	300.9	Unspecified Mental Disorder (Nonpsychotic)
	308.3	Acute Stress Reaction
	309.81	Post-Traumatic Stress Disorder
	293.84	Anxiety Disorder Due to...(Indicate Med. Condition)
<b>18.1-</b>	<b>300.00•</b>	Alcohol or Drug Induced Anxiety Disorder

291.5	Alcohol-Induced Psychotic Disorder, With Delusions
291.89	Alcohol-Induced Anxiety Disorder
292.89	Amphetamine-Induced Anxiety Disorder
292.89	Caffeine-Induced Anxiety Disorder
292.89	Cannabis-Induced Anxiety Disorder
292.89	Cocaine-Induced Anxiety Disorder
292.89	Hallucinogen-Induced Anxiety Disorder
292.89	Inhalant-Induced Anxiety Disorder
292.89	Other (or Unknown) Substance-Induced Anxiety Disorder
292.89	Phencyclidine-Induced Anxiety Disorder
292.89	Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder

### Personality Disorder

301.0	Paranoid Personality Disorder
301.20	Schizoid Personality Disorder
301.22	Schizotypal Personality Disorder
301.4	Obsessive-Compulsive Personality Disorder
301.50	Histrionic Personality Disorder
301.6	Dependent Personality Disorder
301.7	Antisocial Personality Disorder
301.81	Narcissistic Personality Disorder
301.82	Avoidant Personality Disorder
301.83	Borderline Personality Disorder
<b>19-</b> 301.9•	Personality Disorder NOS
310.1	Personality Change Due to...(Indicate Med. Condition)

### Psychosexual Disorder

302.2	Pedophilia
302.3	Transvestic Fetishism
302.4	Exhibitionism
302.6	Gender Identity Disorder in Children
302.6	Gender Identity Disorder NOS
302.70	Sexual Dysfunction NOS
302.71	Hypoactive Sexual Desire Disorder
302.72	Female Sexual Arousal Disorder
302.72	Male Erectile Disorder
302.73	Female Orgasmic Disorder
302.74	Male Orgasmic Disorder
302.75	Premature Ejaculation
302.76	Dyspareunia (Not Due to a General Medical Condition)
302.79	Sexual Aversion Disorder
302.81	Fetishism
302.82	Voyeurism
302.83	Sexual Masochism
302.84	Sexual Sadism

	302.85	Gender Identity Disorder in Adolescents or Adults
	302.89	Frotteurism
	302.9	Paraphilia NOS
<b>20-</b>	302.9•	Sexual Disorder NOS
	306.51	Vaginismus (Not Due to a General Medical Condition)
	607.84	Male Erectile Disorder Due to;;;(Indicate General Medical Condition)
	608.89	Male Dyspareunia Due to...(Indicate General Medical Condition)
	608.89	Male Hypoactive Sexual Desire Disorder Due to...(Indicate General Medical Condition)
	608.89	Other Male Sexual Dysfunction Due to...(Indicate General Medical Condition)
	625.0	Female Dyspareunia Due to...(Indicate General Medical Condition)
	625.8	Female Hypoactive Sexual Desire Disorder Due to ... (indicate General Medical Condition)
	625.8	Other Female Sexual Dysfunction Due to...(Indicate General Medical Condition)
<b>20.1-</b>	302.9•	Alcohol or Drug Induced Psychosexual Disorder
	291.89	Alcohol-Induced Sexual Dysfunction
	292.89	Amphetamine-Induced Sexual Dysfunction
	292.89	Cocaine-Induced Sexual Dysfunction
	292.89	Opioid-Induced Sexual Dysfunction
	292.89	Other (or Unknown) Substance-Induced Sexual Dysfunction
	292.89	Sedative-, Hypnotic-, or Anxiolytic-Induced Sexual Dysfunction

**Communication Disorder NOS**

	307.0	Stuttering
	307.20	Tic Disorder NOS
	307.21	Transient Tic Disorder
	307.22	Chronic Motor or Vocal Tic Disorder
	307.23	Tourette's Disorder
	307.3	Stereotypic Movement Disorder
<b>21-</b>	307.9•	Communication Disorder NOS

**Medication Induced Disorder**

	332.1	Neuroleptic-Induced Parkinsonism
	333.1	Medication-Induced Postural Tremor
	333.7	Neuroleptic-Induced Acute Dystonia
	333.82	Neuroleptic-Induced Tardive Dyskinesia
	333.90	Medication-Induced Movement Disorder NOS

	333.92	Neuroleptic Malignant Syndrome
	333.99	Neuroleptic-Induced Acute Akathisia
<b>21.1-</b>	995.2•	Adverse Effects of Medication, NOS

**Sleep Disorder**

	307.42	Primary Insomnia; Insomnia Related to.(Indicate Axis I or Axis II)
	307.44	Primary Hypersomnia
	307.45	Circadian Rhythm Sleep Disorder
	307.46	Sleep Terror Disorder
	307.46	Sleepwalking Disorder
<b>22-</b>	307.47•	Dyssomnia NOS
	307.47	Parasomnia NOS
	307.47	Nightmare Disorder
	347.00	Narcolepsy without Cataplexy
	347.01	Narcolepsy with Cataplexy
	347.10	Narcolepsy condition without Cataplexy
	347.11	Narcolepsy condition with Cataplexy
	780.52	Sleep Disorder Due to...(Indicate General Medical Condition), Insomnia Type
	780.54	Sleep Disorder Due to...(indicate General Medical Condition), Hypersomnia Type
	780.59	Sleep Disorder Due to...(indicate General Medical Condition), Mixed Type)
	780.59	Sleep Disorder Due to...(indicate General Medical Condition), Parasomnia type
<b>22.1-</b>	307.47•	Alcohol or Drug Induced Sleep Disorder
	291.82	Alcohol-Induced Sleep Disorder
	292.85	Amphetamine-Induced Sleep Disorder
	292.85	Caffeine-Induced Sleep Disorder
	292.85	Cocaine-Induced Sleep Disorder
	292.85	Opioid-Induced Sleep Disorder
	292.85	Other (or Unknown) Substance-Induced Sleep Disorder
	292.85	Sedative-, Hypnotic-, or Anxiolytic-Induced Sleep Disorder
<b>22.2-</b>	327.02	Insomnia due to Mental Disorder
<b>22.3-</b>	327.15	Hypersomnia due to Mental Disorder
<b>22.4-</b>	v69.50	Behavioral Insomnia Childhood

**Eating Disorder**

	307.1	Anorexia Nervosa
<b>23-</b>	307.50•	Eating Disorder NOS
	307.51	Bulimia Nervosa

307.52	Pica
307.53	Rumination Disorder
307.59	Feeding Disorder of Infancy or Early Childhood

**Adjustment Disorder**

	309.0	Adjustment Disorder With Depressed Mood
	309.21	Separation Anxiety Disorder
	309.24	Adjustment Disorder With Anxiety
	309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood
	309.3	Adjustment Disorder With Disturbance of Conduct
	309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct
24-	309.9•	Adjustment Disorder, Unspecified

**Disruptive Behavior Disorder NOS**

	312.81	Conduct Disorder, Childhood Onset Type
	312.82	Conduct Disorder, Adolescent Onset Type
	312.89	Conduct Disorder, Unspecified Onset
25-	312.9•	Disruptive Behavior Disorder NOS

**Impulse Control Disorder**

26-	312.30•	Impulse Control Disorder NOS
	312.31	Pathological Gambling
	312.32	Kleptomania
	312.33	Pyromania
	312.34	Intermittent Explosive Disorder
	312.39	Trichotillomania

**6.2.4 Alcohol and Drug Abuse****Alcohol Dependence**

27-	303.90•	Alcohol Dependence, Unspecified
	303.91	Alcohol Dependence, Continuous
	303.92	Alcohol Dependence, Episodic
	303.93	Alcohol Dependence, In Remission

**Drug Dependence**

	304.00	Opioid Dependence, Unspecified
	304.01	Opioid Dependence, Continuous
	304.02	Opioid Dependence, Episodic
	304.03	Opioid Dependence, In Remission
	304.10	Sedative, Hypnotic, or Anxiolytic Dependence, Unspecified
	304.11	Sedative, Hypnotic, or Anxiolytic Dependence, Continuous
	304.12	Sedative, Hypnotic, or Anxiolytic Dependence, Episodic

	304.13	Sedative, Hypnotic, or Anxiolytic Dependence, In Remission
	304.20	Cocaine Dependence, Unspecified
	304.21	Cocaine Dependence, Continuous
	304.22	Cocaine Dependence, Episodic
	304.23	Cocaine Dependence, In Remission
	304.30	Cannabis Dependence, Unspecified
	304.31	Cannabis Dependence, Continuous
	304.32	Cannabis Dependence, Episodic
	304.33	Cannabis Dependence, In Remission
	304.40	Amphetamine Dependence, Unspecified
	304.41	Amphetamine Dependence, Continuous
	304.42	Amphetamine Dependence, Episodic
	304.43	Amphetamine Dependence, In Remission
	304.50	Hallucinogen Dependence, Unspecified
	304.51	Hallucinogen Dependence, Continuous
	304.52	Hallucinogen Dependence, Episodic
	304.53	Hallucinogen Dependence, In Remission
	304.60	Inhalant Dependence, Unspecified
	304.61	Inhalant Dependence, Continuous
	304.62	Inhalant Dependence, Episodic
	304.63	Inhalant Dependence, In Remission
	304.60	Phencyclidine Dependence
	304.61	Phencyclidine Dependence, Continuous
	304.62	Phencyclidine Dependence, Episodic
	304.63	Phencyclidine Dependence, In Remission
	304.80	Polysubstance Dependence, Unspecified
	304.81	Polysubstance Dependence, Continuous
	304.82	Polysubstance Dependence, Episodic
	304.83	Polysubstance Dependence, In Remission
<b>28-</b>	304.90•	Other (or Unknown) Substance, or Phencyclidine Dependence, Unspecified
	304.91	Other (or Unknown) Substance, or Phencyclidine Dependence, Continuous
	304.92	Other (or Unknown) Substance, or Phencyclidine Dependence, Episodic
	304.93	Other (or Unknown) Substance, or Phencyclidine Dependence, In Remission
	305.10	Nicotine Dependence
	292.9	Amphetamine-Related Disorder NOS
	292.9	Cannabis-Related Disorder NOS
	292.9	Cocaine-Related Disorder NOS
	292.9	Hallucinogen-Related Disorder NOS
	292.9	Inhalant-Related Disorder NOS
	292.9	Nicotine-Related Disorder NOS
	292.9	Opioid-Related Disorder NOS

292.9	Other (or Unknown) Substance-Related Disorder NOS
292.9	Phencyclidine-Related Disorder NOS
292.9	Sedative-, Hypnotic-, or Anxiolytic-Related Disorder NOS

**Alcohol Abuse**

303.00	Alcohol Intoxication, Unspecified
303.01	Alcohol Intoxication, Continuous
303.02	Alcohol Intoxication, Episodic
303.03	Alcohol Intoxication, In Remission
<b>29-</b> 305.00•	Alcohol Abuse, Unspecified
305.01	Alcohol Abuse, Continuous
305.02	Alcohol Abuse, Episodic,
305.03	Alcohol Abuse, In Remission

**Drug Abuse**

305.20	Cannabis Abuse, Unspecified
305.21	Cannabis Abuse, Continuous
305.22	Cannabis Abuse, Episodic
305.23	Cannabis Abuse, In Remission
305.30	Hallucinogen Abuse, Unspecified
305.31	Hallucinogen Abuse, Continuous
305.32	Hallucinogen Abuse, Episodic
305.33	Hallucinogen Abuse, In Remission
305.40	Sedative, Hypnotic, or Anxiolytic Abuse, Unspecified
305.41	Sedative, Hypnotic, or Anxiolytic Abuse, Continuous
305.42	Sedative, Hypnotic, or Anxiolytic Abuse, Episodic
305.43	Sedative, Hypnotic, or Anxiolytic Abuse, In Remission
305.50	Opioid Abuse, Unspecified
305.51	Opioid Abuse, Continuous
305.52	Opioid Abuse, Episodic
305.53	Opioid Abuse, In Remission
305.60	Cocaine Abuse, Unspecified
305.61	Cocaine Abuse, Continuous
305.62	Cocaine Abuse, Episodic
305.63	Cocaine Abuse, In Remission
305.70	Amphetamine Abuse, Unspecified
305.71	Amphetamine Abuse, Continuous
305.72	Amphetamine Abuse, Episodic
305.73	Amphetamine Abuse, In Remission
<b>30-</b> 305.90•	Other (or Unknown) Substance Abuse
305.90	Inhalant Abuse
305.90	Phencyclidine Abuse
305.91	Other (or Unknown) Substance Abuse, Continuous
305.91	Inhalant Abuse, Continuous
305.91	Phencyclidine Abuse, Continuous
305.92	Other (or Unknown) Substance Abuse, Episodic



305.92	Inhalant Abuse, Episodic
305.92	Phencyclidine Abuse, Episodic
305.93	Other (or Unknown) Substance Abuse, In Remission
305.93	Inhalant Abuse, In Remission
305.93	Phencyclidine Abuse, In Remission
305.90	Caffeine Intoxication
305.91	Caffeine Intoxication, Continuous
305.92	Caffeine Intoxication, Episodic
305.93	Caffeine Intoxication, In Remission

## 6.2.5 Disorders First Evident in Infancy, Childhood, or Adolescence

### Disorder of Infancy, Childhood and Adolescence

	313.23	Selective Mutism
	313.81	Oppositional Defiant Disorder
	313.82	Identity Problem
	313.89	Reactive Attachment Disorder of Infancy or Early Childhood
<b>31-</b>	313.9•	Disorders of Infancy, Childhood, or Adolescence NOS
	314.00	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
	314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type
	314.01	Attention-Deficit Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type
	314.9	Attention-Deficit/Hyperactivity Disorder NOS

### Pervasive Developmental Disorder

	299.00	Autistic Disorder, Active
	299.01	Autistic Disorder, Residual
	299.10	Childhood Disintegrative Disorder, Active
	299.11	Childhood Disintegrative Disorder, Residual
<b>32-</b>	299.80•	Pervasive Developmental Disorder NOS, Active
	299.80	Asperger's Disorder
	299.80	Rett's Disorder, Active
	299.81	Pervasive Developmental Disorder NOS, Residual
		Asperger's, Rett's Disorder, Residual
	307.6	Enuresis (Not Due to a General Medical Condition)
	307.7	Encopresis, Without Constipation and Overflow Incontinence
	315.00	Reading Disorder
	315.1	Mathematics Disorder
	315.2	Disorders of Written Expression
	315.31	Expressive Language Disorder
	315.32	Mixed Receptive-Expressive Language Disorder
	315.39	Phonological Disorder
	315.4	Developmental Coordination Disorder

315.9	Learning Disorder NOS
787.6	Encopresis, With Constipation and Overflow Incontinence

### **Unspecified Mental Retardation**

<b>35-</b>	<b>319•</b>	Mental Retardation, Severity Unspecified
	317	Mild Mental Retardation
	318.0	Moderate Mental Retardation
	318.1	Severe Mental Retardation
	318.2	Profound Mental Retardation

## **6.2.6 Other**

### **Psychological Factor Affecting a Medical Condition**

<b>36-</b>	<b>316•</b>	(Specified Psych. Factor) Affecting...(Indicate Med.Cond.)
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### **Factitious Disorder**

	300.16	Factitious Disorder W/ Psychological Signs and Symptoms
<b>37-</b>	<b>300.19•</b>	Factitious Disorder NOS
	300.19	Factitious Disorder with Combined Psychological/Physical Signs and Symptoms
	300.19	Factitious Disorder with Predominantly Physical Signs and Symptoms

### **Somatoform Disorder**

	300.7	Body Dysmorphic Disorder
	300.7	Hypochondriasis
	300.81	Somatization Disorder
<b>37.1-</b>	<b>300.82•</b>	Somatoform Disorder NOS
	300.82	Undifferentiated Somatoform Disorder
	300.11	Conversion Disorder
	307.80	Pain Disorder Associated With Psychological Features
	307.89	Pain Disorder Associated With Both Psych. and Med. Condition

### **Other Suspected Mental Condition**

	780.93	Age Related Cognitive Decline
<b>38-</b>	<b>(v71.09)</b>	Other Suspected Mental Condition

### **Diagnosis Deferred**

<b>38.1-</b>	<b>799.9</b>	Diagnosis or Condition Deferred on Axis I
	799.9	Diagnosis Deferred on Axis II

**Suicide**

- 39-** v62.84 Suicide (Ideation) - Thinking about, including talking about, taking one's life.
- 40-** 300.9 Suicide (Attempt/Gesture) - Any effort directed at harming one's self.
- 41-** 798.1• Suicide (Completed) - Intentional self inflicted death requires follow-up to complete suicide registry information.

**6.3 Abuse Category****Child Abuse (Focus of Attention is on Victim)**

- 42\*-** 995.50 Child Abuse (Suspected), Unspecified - Willful abuse of children requiring protective actions.
- 42.1\*-** 995.54 Physical Abuse of Child (Victim)
- 42.11\*-** 995.55 Shaken Baby Syndrome
- 42.2\*-** 995.51 Child Abuse (Emotional) (Suspected)
- 42.3\*-** 995.53 Sexual Abuse of Child (Victim)
- 42.4\*-** 995.59 Other child abuse & neglect (multiple forms of abuse/neglect)

**Partner Abuse (Focus of Attention is on Victim)**

- 43\*-** 995.80 Partner Abuse (Suspected), Unspecified
- 43.1\*-** 995.81 Partner Abuse (Suspected), Physical
- 43.2\*-** 995.82 Partner Abuse (Suspected), Emotional
- 43.3\*-** 995.83 Partner Abuse (Suspected), Sexual
- 43.4\*-** 995.85 Other partner abuse & neglect (multiple forms of abuse/neglect)

**Adult Abuse (Focus of Attention is on Victim)**

- 44\*-** 995.80 Adult Abuse, (Suspected), Unspecified
- 44.1\*-** 995.81 Adult Abuse, (Suspected), Physical
- 44.2\*-** 995.82 Adult Abuse, (Suspected), Emotional
- 44.3\*-** 995.83 Adult Abuse, (Suspected), Sexual
- 44.4\*-** 995.85 Other partner abuse & neglect (multiple forms of abuse/neglect)

**Child/Partner/Adult Abuse (Focus is on Perpetrator)**

- 45.1\*-** v61.12 Abusive Behavior (Alleged), Physical/Emotional; adult victim; focus on perpetrator who is also a partner
- 45.11\*-** v62.83 Abusive Behavior (Alleged); adult victim; focus on perpetrator who is not the victim's partner
- 45.12\*-** v61.22 Abusive Behavior (Alleged), Physical/Emotional; child victim; focus on perpetrator who is victim's parent

<b>45.13*-</b> v62.83	Abusive Behavior (Alleged), Physical/Emotional; child victim; focus is on perpetrator who isn't victim's parent
<b>45.3*-</b> v61.12	Abusive Behavior (Alleged), Sexual; adult victim; focus is on perpetrator who is also a partner
<b>45.31*-</b> v62.83	Abusive Behavior (Alleged); Sexual; adult victim; focus is on perpetrator who is not the victim's partner
<b>45.32*-</b> v61.22	Abusive Behavior (Alleged); Sexual; child victim; focus on perpetrator who is victim's parent
<b>45.33*-</b> v62.83	Abusive Behavior (Alleged); Sexual; child victim; focus is on perpetrator who is not victim's parent

**Rape**

<b>46-</b> 995.83	Rape (Alleged/Suspected)
<b>46.2*-</b> v15.41	Incest Survivor - Current or historical information which is relevant to present situation/problem/issue.

**6.4 Neglect Category**

<b>47-</b> 995.52	Neglect of Child (Victim); Nutritional
<b>47.1-</b> 995.51	Child Neglect (Suspected), Other than Nutritional
<b>48-</b> 995.80	Adult Neglect (Suspected) Unspecified
<b>48.1-</b> 995.84	Adult Neglect (Suspected), Nutritional
<b>49-</b> 995.80	Partner Neglect (Suspected) Unspecified
<b>49.1-</b> 995.84	Partner Neglect (Suspected), Nutritional
<b>49.9-</b> 995.80	Exploitation (Adult)

**6.5 Family Life Problems Category**

<b>50-</b> v62.82	Traumatic Bereavement
<b>51*-</b> v13.7	Alcohol Related Birth Defect (ARBD)
<b>51.1*-</b> 760.71	Fetal Alcohol Syndrome (FAS)
<b>52-</b> v71.02	Child or Adolescent Antisocial Behavior
<b>53-</b> v61.20	Adult/Child Relationship
<b>54-</b> v62.82	Uncomplicated Grief Reaction
<b>54.1-</b>	Death, Patient Expired
<b>54.2-</b> v66.7	Dying, End of Life Care
<b>55-</b> v61.49	Illness in Family
<b>56-</b> v61.10	Marital Problem
<b>57-</b> v61.8	Sibling Conflict
<b>58-</b> v61.0	Separation/Divorce
<b>59-</b> v61.8	Family Conflict
<b>60-</b> v62.81	Interpersonal Relationships
<b>61-</b> v71.01	Adult Antisocial Behavior
<b>62-</b> v61.8	Other Family Life Problems

## 6.6 Pregnancy/Childbirth Problems Category

<b>63*-</b>	v61.8	Pregnancy Conflict
<b>64*-</b>	v68.89	Adoption (Referral)
<b>64.1*-</b>	v61.29	Adoption (Counseling)
<b>65-</b>	v25.09	Family Planning
<b>66*-</b>	v61.8	Pregnancy Concerns
<b>67*-</b>	v61.8	Teenage Pregnancy
<b>68-</b>	v23.9	High Risk Pregnancy
<b>69*-</b>	v61.8	Other Childbearing Problems.

## 6.7 Socioeconomic Problems Category

<b>78-</b>	v68.89	Alternate Health Resources
<b>79-</b>	v60.2	Financial Needs/Assistance
<b>79.1-</b>	v60.2	Inadequate Personal Resources
<b>79.2-</b>	v60.2	Inadequate Access to Resources
<b>80-</b>	v60.1	Housing
<b>81-</b>	v65.3	Nutrition
<b>82-</b>	v62.2	Employment
<b>82.1-</b>	v62.0	Unemployment
<b>83-</b>	v60.8	Transportation
<b>84-</b>	v62.2	Occupational Maladjustment
<b>85-</b>	v60.8	Other Socioeconomic Problems

## 6.8 Sociolegal Problems Category

<b>86-</b>	v62.5	Forensic: Criminal
<b>87-</b>	v62.5	Forensic: Civil
<b>88-</b>	v62.5	Other Sociolegal Problems

## 6.9 Educational/Life Problems Category

<b>89-</b>	v62.3	Academic Problem
<b>89.1-</b>		Alternative Education Services
<b>90-</b>	v62.3	School Behavior Problem
<b>91-</b>	v62.3	School Dropout
<b>92-</b>	v57.22	Vocational Rehabilitation Services
<b>93-</b>	v62.81	Peer Conflict
<b>94-</b>	v62.89	Phase of Life Problems
<b>94.1-</b>	v62.89	Religious or Spiritual Problem
<b>94.2-</b>	v62.89	Borderline Intellectual Functioning

## 6.10 Administrative Problems Category

<b>95-</b>		Continuing Education
<b>96-</b>		Training Needs
<b>97-</b>		Administration
<b>98-</b>		Employee Assistance Program
<b>99-</b>		Other Administrative Problems

## 6.11 Out of Home Care Category

<b>70-</b>	v60.8	Day/night Care
<b>71-</b>	v60.8	Domiciliary Care
<b>72-</b>	v60.4	Foster Care
<b>72.1-</b>	v61.29	Foster Care (Counseling)
<b>73-</b>	v66.9	Halfway House
<b>74-</b>	v66.9	Hospice Care
<b>75-</b>	v66.9	Nursing Care
<b>76-</b>	v66.9	Respite Care
<b>77-</b>	v66.9	Institutional Care

## 6.12 Other Patient Related Problems Category

<b>38.2-</b>	v68.1	Med Refill – Issue of Repeat Prescription
<b>99.9</b>		Other EHR Clinical

## 6.13 Screenings Category

<b>14.1-</b>	<b>(v79.0)</b>	Screening for Depression
<b>29.1-</b>	<b>(v79.1)</b>	Screening for Alcoholism
<b>29.2-</b>	<b>(v79.8)</b>	Screening for Drug Abuse

## 7.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT User Support (IHS) by:

**Phone:** (505) 248-4371 or  
(888) 830-7280

**Fax:** (505) 248-4297

**Web:** <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

**Email:** [support@ihs.gov](mailto:support@ihs.gov)