

S-09.0 PRINCIPAL MENTAL HEALTH DIAGNOSIS

PURPOSE:

Identifies the principal mental health diagnosis, which is the primary focus of attention or treatment for the mental health services.

FIELD DESCRIPTION:

Type:	Character
Byte(s):	7
Format:	XXXXXXXX
	Left justify, no embedded blanks or decimals, no zero filling, no space filling
Required On:	All Service Records
Source:	Local Mental Health

COMMENTS:

International Classification of Diseases 10th Edition (ICD-10) code is required. The diagnosis will reflect a mental disorder but may also be behavioral or neurodevelopmental disorder.

Enter all letters and/or numbers of the ICD-10 code. Do not enter a decimal point when entering the code.

For examples of reporting the diagnosis codes, see Technical Supplement TS-F: REPORTING TIPS, Tip Three.

VALID VALUES:

All ICD-10 codes within the mental, behavioral and neurodevelopmental disorders range (F01-99) are accepted.

9999999 = Unknown/Deferred Diagnosis

Enter 9999999 in the principal mental health diagnosis field if mental health diagnosis unknown or deferred.

EDITS:

To be edited against the ICD-10 mental, behavioral and neurodevelopmental disorders range (F01-99) code file.

The S-09.0 Principal Mental Health Diagnosis must be a valid ICD-10 mental, behavioral and neurodevelopmental disorders range (F01-99) health diagnosis.

Diagnosis codes in the S-09.0 Principal Mental Health Diagnosis field should not be the same code as S-

10.0 Secondary Mental Health Diagnosis, for example, diagnosis 1 (principal) should not equal diagnosis 2 (secondary) unless diagnosis 1 and diagnosis 2 are 9999999 (Unknown/Deferred diagnosis).

If 9999999 (Unknown/Deferred Diagnosis) is entered in the S-09.0 Principal Mental Health Diagnosis field then diagnoses within mental, behavioral and neurodevelopmental disorders range (F01-99) are not allowed in the S-10.0 Secondary Mental Health Diagnosis and S-11.0 Additional Mental or Physical Health Diagnosis fields.

0000000 (No Diagnosis) is not allowed in the principal mental health diagnosis field.

USER/USAGE INFORMATION:

This data element is needed to determine the frequency of clients with multiple mental health diagnoses and to analyze the length of treatment for clients with multiple diagnoses.

This data element is needed to describe clients by types of diagnoses, to analyze length of treatment by diagnosis, and to meet annual federal reporting requirements as stipulated by the United States Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS).

S-10.0 SECONDARY MENTAL HEALTH DIAGNOSIS

PURPOSE:

Identifies the secondary mental health diagnosis, which is the secondary focus of attention or treatment for the mental health services.

FIELD DESCRIPTION:

Type:	Character
Byte(s):	7
Format:	XXXXXXXX
	Left justify, no embedded blanks or decimals, no space filling
Required On:	All Service Records
Source:	Local Mental Health

COMMENTS:

International Classification of Diseases 10th Edition (ICD-10) code is required. The diagnosis will usually reflect a mental disorder but may also be a behavioral or neurodevelopmental disorder.

When a client has more than one mental health diagnosis, this is the second most important diagnosis. Enter all letters and/or numbers of the ICD-10 code for the secondary mental health diagnosis. Do not enter a decimal point when entering the code.

For examples of reporting the diagnosis codes, see Technical Supplement TS-F: REPORTING TIPS, Tip Three.

VALID VALUES:

All ICD-10 codes within mental, behavioral and neurodevelopmental disorders range (F01-99) are accepted.

0000000 = No Diagnosis

Enter 0000000 (No Diagnosis) if there is no secondary mental health diagnosis.

9999999 = Unknown/Deferred Diagnosis

Enter 9999999 in the secondary mental health diagnosis field if mental health diagnosis unknown or deferred.

EDITS:

To be edited against the ICD-10 mental, behavioral and neurodevelopmental disorders range (F01-99) code file.

The S-10.0 Secondary Mental Health Diagnosis must be a valid ICD-10 mental, behavioral and neurodevelopmental disorders range (F01-99) health diagnosis.

Diagnosis codes in the S-10.0 Secondary Mental Health Diagnosis field should not be the same code as S-09.0 Principal Mental Health Diagnosis, for example, diagnosis 1 (principal) should not equal diagnosis 2 (secondary) unless diagnosis 1 and diagnosis 2 are 9999999 (Unknown/Deferred diagnosis).

If 0000000 (No Diagnosis) or 9999999 (Unknown/Deferred Diagnosis) is entered in the S-10.0 Secondary Mental Health Diagnosis field then diagnoses within mental, behavioral and neurodevelopmental disorders range (F01-99) are not allowed in the S-11.0 Additional Mental or Physical Health Diagnosis fields.

USER/USAGE INFORMATION:

This data element is needed to determine the frequency of clients with multiple mental health diagnoses and to analyze the length of treatment for clients with multiple diagnoses.

This data element is needed to describe clients by types of diagnoses, to analyze length of treatment by diagnosis, and to meet annual federal reporting requirements as stipulated by the United States Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS).

S-11.0 ADDITIONAL MENTAL OR PHYSICAL HEALTH DIAGNOSIS

PURPOSE:

Identifies up to three additional diagnoses which may be mental or physical health, if any.

FIELD DESCRIPTION:

Type:	Character
Byte(s):	7
Format:	XXXXXXX
	Left justify, no embedded blanks or decimals, no space filling
	This field occurs three times
Required On:	All Service Records
Source:	Local Mental Health

COMMENTS:

International Classification of Diseases 10th Edition (ICD-10) code is required.

When a client has more than two mental health diagnoses, this and the two subsequent fields may be used for additional diagnoses. These three fields may also be used to report physical health diagnoses. For each additional diagnosis, enter all letters and/or numbers of the code for the mental (including a substance use or developmental disorder) or physical health diagnosis. Do not enter a decimal point when entering each code.

For examples of reporting the diagnosis codes, see Technical Supplement TS-F: REPORTING TIPS, Tip Three.

VALID VALUES:

All ICD-10 codes are accepted.

0000000 = No Diagnosis

Enter 0000000 (No Diagnosis) if there is no additional mental or physical health diagnosis(es).

If 9999999 (Unknown/Deferred Diagnosis) is entered in the S-09.0 Principal Mental Health Diagnosis field then only physical health diagnosis(es) may be entered in these three fields.

If 0000000 (No Diagnosis) or 9999999 (Unknown/Deferred Diagnosis) is entered in the S-10.0 Secondary Mental Health Diagnosis field then only physical health diagnosis(es) may be entered in these three fields.

EDITS:

To be edited against the ICD-10 code file.

The S-11.0 Additional Mental or Physical Health Diagnosis must be a valid ICD-10 code.

If 9999999 (Unknown/Deferred Diagnosis) is entered in the S-09.0 Principal Mental Health Diagnosis field then diagnoses within mental, behavioral and neurodevelopmental disorders range (F01-99) are not allowed.

If 0000000 (No Diagnosis) or 9999999 (Unknown/Deferred Diagnosis) is entered in the S-10.0 Secondary Mental Health Diagnosis field then diagnoses within mental, behavioral and neurodevelopmental disorders range (F01-99) are not allowed in the S-11.0 Additional Mental or Physical Health Diagnosis fields.

USER/USAGE INFORMATION:

This data element is needed to describe clients by types of diagnoses, to analyze length of treatment by diagnosis, and to meet annual federal reporting requirements as stipulated by the United States Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS).

S-34.0 GENERAL MEDICAL CONDITION SUMMARY CODE

PURPOSE:

Identifies up to three General Medical Condition Summary Codes from the list below that most closely identify the client's general medical condition(s), if any.

FIELD DESCRIPTION:

Type:	Character
Byte(s):	2
Format:	XX
	Left justify, no embedded blanks, no space filling
	This field occurs three times
Required On:	All Service Records
Source:	Local Mental Health

COMMENTS:

Report up to three separate General Medical Conditions Summary Codes from the list below. The code(s) should reflect a general medical condition(s) such as those that may be potentially relevant to the understanding or management of the individual's mental disorder.

See Technical Supplement TS-F: REPORTING TIPS, Tip Three for more instruction.

VALID VALUES:

Select up to three codes from the list of general medical conditions below:

01 = Arterial Sclerotic Disease	21 = Osteoporosis
02 = Heart Disease	22 = Cancer
03 = Hypercholesterolemia	23 = Blind / Visually Impaired
04 = Hyperlipidemia	24 = Chronic Pain
05 = Hypertension	25 = Deaf / Hearing Impaired
06 = Birth Defects	26 = Epilepsy / Seizures
07 = Cystic Fibrosis	27 = Migraines
08 = Psoriasis	28 = Multiple Sclerosis
09 = Digestive Disorders (Reflux, Irritable Bowel Syndrome)	29 = Muscular Dystrophy
10 = Ulcers	30 = Parkinson's Disease
11 = Cirrhosis	31 = Physical Disability
12 = Diabetes	32 = Stroke
13 = Infertility	33 = Tinnitus
14 = Hyperthyroid	34 = Ear Infections
15 = Obesity	35 = Asthma
16 = Anemia	36 = Sexually Transmitted Disease (STD)
17 = Allergies	37 = Other
18 = Hepatitis	99 = Unknown / Not Reported General Medical Condition
19 = Arthritis	00 = No General Medical Condition
20 = Carpal Tunnel Syndrome	

For your convenience, below are the General Medical Condition Summary Codes displayed alphabetically:

17 = Allergies	04 = Hyperlipidemia
16 = Anemia	05 = Hypertension
01 = Arterial Sclerotic Disease	14 = Hyperthyroid
19 = Arthritis	13 = Infertility
35 = Asthma	27 = Migraines
06 = Birth Defects	28 = Multiple Sclerosis
23 = Blind / Visually Impaired	29 = Muscular Dystrophy
22 = Cancer	00 = No General Medical Condition
20 = Carpal Tunnel Syndrome	15 = Obesity
24 = Chronic Pain	21 = Osteoporosis
11 = Cirrhosis	37 = Other
07 = Cystic Fibrosis	30 = Parkinson's Disease
25 = Deaf / Hearing Impaired	31 = Physical Disability
12 = Diabetes	08 = Psoriasis
09 = Digestive Disorders (Reflux, Irritable Bowel Syndrome)	36 = Sexually Transmitted Disease (STD)
34 = Ear Infections	32 = Stroke
26 = Epilepsy / Seizures	33 = Tinnitus
02 = Heart Disease	10 = Ulcers
18 = Hepatitis	99 = Unknown / Not Reported General Medical Condition
03 = Hypercholesterolemia	

EDITS:

To be edited against the above list of General Medical Condition Summary Codes.

USER/USAGE INFORMATION:

This data element is needed to describe clients by types of diagnoses, to analyze length of treatment by diagnosis, and to meet annual federal reporting requirements as stipulated by the United States Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS).

S-37.0 SUBSTANCE ABUSE / DEPENDENCE***PURPOSE:***

Identifies whether or not the client has a substance abuse / dependence issue.

FIELD DESCRIPTION:

Type:	Character
Byte(s):	1
Format:	X
	No embedded blanks, no space filling
Required On:	All Service Records
Source:	Local Mental Health

COMMENTS:

If the client has a substance abuse / dependence issue, report 'Y' in S-37.0 Substance Abuse / Dependence and, in addition, also report the substance abuse / dependence diagnosis in the following data element, S-38.0 Substance Abuse / Dependence Diagnosis.

If a substance abuse/dependence issue exists, but no diagnosis is currently available, then report 'Y' in this field and enter 9999999 (Diagnosis Unknown/Deferred) in the S-38.0 Substance Abuse/Dependence Diagnosis.

For examples of reporting the diagnosis codes, see Technical Supplement TS-F: REPORTING TIPS, Tip Three for more instruction

VALID VALUES:

Y = Yes, the client has a substance abuse / dependence issue

N = No, the client does not have a substance abuse / dependence issue

U = Unknown

Z = Not Reported

USER/USAGE INFORMATION:

This data element is needed to describe clients by types of diagnoses, to analyze length of treatment by diagnosis, and to meet annual federal reporting requirements as stipulated by the United States Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS).

S-38.0 SUBSTANCE ABUSE / DEPENDENCE DIAGNOSIS

PURPOSE:

Identifies the client's substance abuse / dependence diagnosis, if any.

FIELD DESCRIPTION:

Type:	Character
Byte(s):	7
Format:	XXXXXXXX
	Left justify, no embedded blanks or decimals, no space filling
Required On:	All Service Records
Source:	Local Mental Health

COMMENTS:

International Classification of Diseases 10th Edition (ICD-10) code is required. The diagnosis should reflect a substance abuse / dependence disorder.

Enter all letters and/or numbers of the ICD-10 code. Do not enter a decimal point when entering the code.

If 'Y' was reported in the previous data element, S-37.0 Substance Abuse / Dependence, then this field may contain an ICD-10 code within the Substance-Related Disorders classification.

If 'Y' was reported in the previous data element, S-37.0 Substance Abuse / Dependence, and no diagnosis is available, then enter 9999999 (Unknown/Deferred Diagnosis).

If 'N' or "Z" were reported in the previous data element, S-37.0 Substance Abuse / Dependence then enter 0000000 (No Diagnosis) this field.

For examples of reporting the diagnosis codes, see Technical Supplement TS-F: REPORTING TIPS, Tip Three for more instruction.

VALID VALUES:

All ICD-10 codes within the Substance-Related Disorders classification are accepted.

0000000 = No Diagnosis

Enter 0000000 (No Diagnosis) if 'N' or 'Z' were reported in the previous data element, S-37.0 Substance Abuse / Dependence.

9999999 = Unknown/Deferred Diagnosis

Enter 9999999 (Unknown/Deferred Diagnosis) in the substance abuse /dependence diagnosis field if 'Y' was reported in the previous data element, S-37.0 Substance Abuse /Dependence, and the substance abuse/dependence disorder unknown or deferred.

Enter 9999999 (Unknown/Deferred Diagnosis) in the substance abuse/dependence diagnosis field if 'U' was reported in the previous data element, S-37.0 Substance Abuse / Dependence.

EDITS:

To be edited against an ICD-10 codes file within the Substance-Related Disorders classification.

If 'Y' or 'U' was reported in the previous data element, S-37.0 Substance Abuse / Dependence, then 0000000 (No Diagnosis) is not allowed.

If 'N' or 'Z' was reported in the previous data element, S-37.0 Substance Abuse / Dependence, then 9999999 (Unknown/Deferred Diagnosis) is not allowed.

USER/USAGE INFORMATION:

This data element is needed to describe clients by types of diagnoses, to analyze length of treatment by diagnosis, and to meet annual federal reporting requirements as stipulated by the United States Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS).