

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

G. PRIMARY SERVICE CODES	
<u>SUBSTANCE ABUSE/AFFECTED CLIENTS</u>	
REHABILITATION / RESIDENTIAL	
03	Hospital (Other than Detoxification)
04	Short Term (30 Days or Less)
05	Extended Care
06	Halfway House
07	Extended Shelter
15	Adolescent Res. Rehab. Transitional
44	Consumer Run Residence
AMBULATORY	
08	Non-Intensive Outpatient
11	Intensive Outpatient
12	Detoxification
13	Evaluation
18	Adolescent Outpatient
38	Adolescent Intensive Outpatient
40	Opioid Replacement Therapy

7-9. SUBSTANCE CODES	
0000	None
Alcohol	
0100	Alcohol
Marijuana	
0200	Marijuana
Cocaine/Crack	
0301	Cocaine
0302	Crack
Heroin/Morphine	
0400	Heroin/Morphine
Methadone	
0500	Methadone
Buprenorphine	
0550	Buprenorphine
Other Opiates and Synthetics	
0601	Codeine
0602	D-Propoxyphene
0603	Oxycodone (Percodan)
0604	Oxycontin
0605	Meperidine HCL
0606	Hydromorphone
0607	Other Narcotic Analgesics
0608	Pentazocine
PCP	
0700	PCP or PCP Combination
Other Hallucinogens	
0801	LSD
0802	Other Hallucinogens
Methamphetamine/Speed	
0900	Methamphetamine/Speed
Other Amphetamines	
1001	Amphetamine
1002	Methylphenidate (Ritalin)
1003	Methylenedioxymethamphetamine (MDMA, Ecstasy)
Other Stimulants	
1100	Other Stimulants
Benzodiazepines	
1201	Alprazolam (Xanax)
1202	Chlordiazepoxide (Librium)
1203	Clorazepate (Tranzene)
1204	Diazepam (Valium)
1205	Flurazepam (Dalmaine)
<i>(Continued in next column)</i>	

1206	Lorazepam (Ativan)
1207	Triazolam (Halcoin)
1208	Other Benzodiazepine
Other Tranquilizers	
1301	Meprobarnate (Miltown)
1302	Other Tranquilizers
Barbiturates	
1401	Phenobarbital
1402	Secobarbital/Amobarbital (Tuinal)
1403	Secobarbital (Seconal)
Other Sedatives and Hypnotics	
1501	Ethchlorvynol (Placidyl)
1502	Glutethimide (Doriden)
1503	Methaqualone
1504	Other Non-Barbiturate Sedatives
1505	Other Sedatives
1506	Flunitrazepam (Rohypnol)
1507	GHB/GBL
1508	Ketamine (Special K)
1509	Clonazepam (Klonopin, Rivotril)
Inhalants	
1601	Aerosols
1602	Nitrites
1603	Other Inhalants
1604	Solvents
1605	Anesthetics
Over the Counter	
1700	Over the counter, General
1701	Diphenhydramine (Benadryl)
Other	
1801	Diphenylhydantoin Sodium (Phenytoin, Dilantin)
1802	Other Drugs

11-13. FREQUENCY OF USE	
00	None (Cannot be used on #10)
02	No use past month
03	Once in last 30 days
04	2-3 days per/month
05	Once per/week
06	2-3 days per/week
07	4-6 days per/week
08	Daily

14. TOBACCO PRODUCTS ONLY (FOR USE WITH #14 ONLY)	
00	None
09	Not Currently Smoking (Discharge Only)
10	About ½ Pack/Can/Pouch a Day or Less
11	About 1 Pack/Can/Pouch a Day
12	About 1½ Pack/Can/Pouch a Day
13	About 2 Packs/Cans/Pouches a Day
14	More than 2 Packs/Cans/Pouches a Day

28. STATUS AT DISCHARGE	
01	Client termination without Clinic agreement (i.e. Client leaves without explanation)
02	Treatment is complete
03	Further treatment is not appropriate for Client at this facility
04	Non-compliance with rules & regulations
05	Client refused service/treatment
06	Unable to follow program requirements
30	Client left program due to lack of childcare
07	Client discharged for medical and/or psychological TX
08	Client moved out of catchment area
09	Client cannot get to facility for further service/treatment
10	Client cannot come for service/treatment during facility hours
11	Client incarcerated
12	Client deceased
13	Parents/Legal Guardian withdrew client

14	Termination due to program cut/reduction
15	Treatment completed for affected Other / Co-Dependent
16	Treatment not completed for affected other/co-dependent
17	Evaluation only
21	Evaluation incomplete

30-32. EXPECTED SOURCES OF PAYMENT	
00	None (Cannot be used on #27 Primary)
01	OSA
02	Human Services (other than child, adult protective)
03	Corrections
04	Human Services (child, adult protective)
05	Self-pay
06	MaineCare (Medicaid)
07	Medicare
08	Blue Cross/Blue Shield
09	Health Maintenance Organization (HMO)
10	Other private health insurance
11	Town assistance
12	Workers' Compensation
13	Veterans' Administration
99	Other

33. UNITS OF SERVICE CODES	
REHABILITATION / RESIDENTIAL	
03	Hospital (Other than Detoxification)
04	Short Term Res. Rehab.
05	Extended Care
06	Halfway House
07	Extended Shelter
11	Consumer Run Residence
21	Res. Rehab. Adolescent Transitional
AMBULATORY	
08	Individual
09	Family
10	Group
13	Intensive Outpatient
15	Evaluation
16	Opioid Replacement Therapy