

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:38

# Crosswalk Report

Status : FN Substance Abuse and Mental Health Services Administration

Media ID : CBIS,NPC  
Start Date : 31-MAY-94  
End Date :  
Follow-up :

Office of Applied Studie

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**System**

Missouri

Item	System	Value	State System Data
No. Treatment Episode Data Set	Item		
<b>1</b>	<b>System Transaction Type</b>	-	<b>System Transaction Type Added to Each Record</b>
<b>K 2</b>	<b>State Code</b>	<b>MO</b>	<b>FIPS Code Added to Each Record</b>
<b>3</b>	<b>Reporting Date</b>	-	<b>Month and Year of Submission Added to Each Record</b>



# Crosswalk Report

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Minimum**

Missouri

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	-		<b>Referral Source</b>
01	Individual (includes self-referral))		10	Family, Relatives
01	Individual (includes self-referral))		11	Friends
01	Individual (includes self-referral))		12	Former Client
01	Individual (includes self-referral))		19	Self
03	Other Health Care Provider		20	Public Mental Hospital (unspecified)
03	Other Health Care Provider		21	Veterans Administration
03	Other Health Care Provider		22	DMH Regional Clinic
03	Other Health Care Provider		23	DMH Residential Treatment Center for Children
03	Other Health Care Provider		24	DMH Rehabilitation Center
03	Other Health Care Provider		30	Other Mental Health Facility
03	Other Health Care Provider		39	Nursing Home
03	Other Health Care Provider		40	Medical Facility (Non Mental Health)
03	Other Health Care Provider		41	Non Psychiatric Physician
06	Other Community Referral		50	Social or Community Agency (Unspecified)
06	Other Community Referral		51	Dept of Social Services
06	Other Community Referral		52	Head Start
06	Other Community Referral		53	Ofc of Economic Opportunity
06	Other Community Referral		54	United Cerebral Palsy
06	Other Community Referral		55	Association for Retarded Children ( chapters or classes)
06	Other Community Referral		56	Sheltered Workshop
02	Alcohol/Drug Abuse Provider		57	Free Standing ADA Agency
06	Other Community Referral		58	Community Mental Health Center
03	Other Health Care Provider		60	Private Practice Mental Health Professional
04	School (Educational)		70	School System (Unspecified)
04	School (Educational)		71	State School for Retarded
07	Court/Criminal Justice/DUI/DWI		80	Court, Law Enforcement or Correction Agency
07	Court/Criminal Justice/DUI/DWI		81	Federal/State/County/Probation
07	Court/Criminal Justice/DUI/DWI		82	Federal/State/County/Parole
07	Court/Criminal Justice/DUI/DWI		83	TASC (Treatment Alternative to Street Crime)

# Crosswalk Report

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**Minimum**

Missouri

No.	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Principal Source of Referral</b>	-		<b>Referral Source</b>
07	Court/Criminal Justice/DUI/DWI		84	Other Non Voluntary
07	Court/Criminal Justice/DUI/DWI		85	Drug Court Referral
01	Individual (includes self-referral))		86	Attorney/Legal Counsel
97	Unknown		90	Other (Unspecified)
06	Other Community Referral		91	Clergy
06	Other Community Referral		92	Self Help Group (AA)
07	Court/Criminal Justice/DUI/DWI		93	ARTOP - DWI (Alcohol Related Traffic Offenders Program)
97	Unknown		99	Unknown

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Item		Item		
No.	Treatment Episode Data Set	Value		State System Data

7	Principal Source of Referral	-		Referral Source
01	Individual (includes self-referral))	10	Family, Relatives	
01	Individual (includes self-referral))	11	Friends	
01	Individual (includes self-referral))	12	Former Client	
01	Individual (includes self-referral))	19	Self	
03	Other Health Care Provider	20	Public Mental Hospital (unspecified)	
03	Other Health Care Provider	21	Veterans Administration	
03	Other Health Care Provider	22	DMH Regional Clinic	
03	Other Health Care Provider	23	DMH Residential Treatment Center for Children	
03	Other Health Care Provider	24	DMH Rehabilitation Center	
03	Other Health Care Provider	30	Other Mental Health Facility	
03	Other Health Care Provider	39	Nursing Home	
03	Other Health Care Provider	40	Medical Facility (Non Mental Health)	
03	Other Health Care Provider	41	Non Psychiatric Physician	
06	Other Community Referral	50	Social or Community Agency (Unspecified)	
06	Other Community Referral	51	Dept of Social Services	
06	Other Community Referral	52	Head Start	
06	Other Community Referral	53	Ofc of Economic Opportunity	
06	Other Community Referral	54	United Cerebral Palsy	
06	Other Community Referral	55	Association for Retarded Children ( chapters or classes)	
06	Other Community Referral	56	Sheltered Workshop	
02	Alcohol/Drug Abuse Provider	57	Free Standing ADA Agency	
04	School (Educational)	70	School System (Unspecified)	
04	School (Educational)	71	State School for Retarded	
07	Court/Criminal Justice/DUI/DWI	80	Court, Law Enforcement or Correction Agency	
07	Court/Criminal Justice/DUI/DWI	82	Federal/State/County/Probation	
07	Court/Criminal Justice/DUI/DWI	83	Federal/State/County/Parole	
07	Court/Criminal Justice/DUI/DWI	84	TASC (Treatment Alternative to Street Crime)	
07	Court/Criminal Justice/DUI/DWI	85	Other Non Voluntary	
06	Other Community Referral	91	Clergy	

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>7</b>	<b>Principal Source of Referral</b>	-	<b>Referral Source</b>
	06 Other Community Referral		92 Self Help Group (AA)
	97 Unknown		97 Other (Unspecified)
	97 Unknown		99 Unknown
No longer effective as of: 06-30-2001			

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<b>8</b>	<b>Date of Birth</b>	-	<b>Birthdate</b>
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<b>9</b>	<b>Sex</b>	-	<b>Sex</b>
	2 Female		F Female
	1 Male		M Male

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<b>10</b>	<b>Race</b>	-	<b>Race</b>
	05 White		01 White (Not of Hispanic Origin)
	04 Black or African American		02 Black (Not of Hispanic Origin)
	02 American Indian ( Other than Alaskan Native)		03 American Indian
	20 Other		04 Spanish American
	03 Asian or Pacific Islander		05 Oriental
	20 Other		06 Other
	97 Unknown		09 Unknown
	01 Alaska Native (Aleut, Eskimo, Indian)		10 Alaskan Native (Aleut, Eskimo Indian)
	03 Asian or Pacific Islander		11 Asian or Pacific Islander
No longer effective as of: 05-31-1994			

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>10</b>	<b>Race</b>	-		<b>Race</b>
05	White		01	White (Not of Hispanic Origin)
04	Black or African American		02	Black (Not of Hispanic Origin)
02	American Indian ( Other than Alaskan Native)		03	American Indian
20	Other		04	Spanish American
03	Asian or Pacific Islander		05	Oriental
20	Other		06	Other
97	Unknown		09	Unknown
01	Alaska Native (Aleut, Eskimo, Indian)		10	Alaskan Native (Aleut, Eskimo Indian)
03	Asian or Pacific Islander		11	Asian or Pacific Islander
20	Other		16	Bi-Racial
23	Native Hawaiians or Other Pacific Islanders			

<b>11</b>	<b>Ethnicity</b>	-		<b>Hispanic Origin</b>
01	Puerto Rican		01	Puerto Rican
02	Mexican		02	Mexican
03	Cuban		03	Cuban
04	Other Specific Hispanic		04	Other Hispanic
05	Not of Hispanic Origin		05	Not of Hispanic Origin
97	Unknown		97	Unknown

<b>11</b>	<b>Ethnicity</b>	-		<b>Race</b>
97	Unknown		09	Unknown
01	Puerto Rican		12	Hispanic, Puerto Rican
02	Mexican		13	Hispanic, Mexican
03	Cuban		14	Hispanic, Cuban
04	Other Specific Hispanic		15	Other Hispanic
98	Not Collected		98	Not Collected

No longer effective as of: 06-30-2001

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Item		Item		
No.	Treatment Episode Data Set		Value	State System Data

<b>12</b>	<b>Education</b>	-		<b>Education</b>
00	Less Than One Grade Completed		00-11	Kindergarden to 11th grade
00	Less Than One Grade Completed		12	High School Grad/GED
00	Less Than One Grade Completed		13	1 Year of College
00	Less Than One Grade Completed		14	2 Years of College
00	Less Than One Grade Completed		15	3 Years of College
00	Less Than One Grade Completed		16	College Graduate
00	Less Than One Grade Completed		17	1 Year Graduate
00	Less Than One Grade Completed		18	Masters Degree
00	Less Than One Grade Completed		19	3 Years Graduate
00	Less Than One Grade Completed		20	Doctorate Degree
00	Less Than One Grade Completed		30	Technical School in Lieu of High School. This = CDS value 12.
00	Less Than One Grade Completed		40	Tehchnical School in Addition to High School. This = CDS value 12.
97	Unknown		49	No Academic Education
98	Not Collected		98	Not Collected
97	Unknown		99	unknown

No longer effective as of: 09-30-2002

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<b>12</b>	<b>Education</b>	-		<b>Education</b>
00	Less Than One Grade Completed		00	Kindergarten
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		01-20	Years of School ( highest grade) Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		30	Technical School in Lieu of High School. This = CDS value 12.
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)		40	Tehchnical School in Addition to High School. This = CDS value 12.
97	Unknown		49	No Academic Education
97	Unknown		99	unknown

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K = Key Field  
Item

**Minimum**

Missouri

No. Treatment Episode Data Set

Item

Value

State System Data

No.	Treatment Episode Data Set	Minimum Item	Value	State System Data
<b>13</b>	<b>Employment Status</b>	-		<b>Employment Status</b>
04	Not in Labor Force		1	Unemployed, has not sought employment in last 30 days
03	Unemployed		2	Unemployed, has sought employment in last 30 days
02	Part Time		3	Part time (Less than 35 Hours per week)
01	Full Time		4	Full Time (35 hours or more per week)
No longer effective as of: 05-31-1994				

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<b>13</b>	<b>Employment Status</b>	-		<b>Employment Status</b>
04	Not in Labor Force		1	Unemployed, has not sought employment in last 30 days
03	Unemployed		2	Unemployed, has sought employment in last 30 days
02	Part Time		3	Part time (Less than 35 Hours per week)
01	Full Time		4	Full Time (35 hours or more per week)

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Missouri

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

No.	Treatment Episode Data Set	Minimum Item	Value	State System Data
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>-</b>		<b>Drugs Used Codes, Primary, Secondary, Tertiary.</b>
02	Alcohol		0201	Alcohol
03	Cocaine, Crack		0301	Crack
03	Cocaine, Crack		0302	Other Cocaine
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)		0401	Marijuana/Hashish
05	Heroin		0501	Heroin/Morphine
06	Non-Prescription Methadone		0601	Non RX Methadone
07	Other Opiates and Synthetics		0701	Codeine
07	Other Opiates and Synthetics		0702	D-Propoxphene
07	Other Opiates and Synthetics		0703	Oxycodone
07	Other Opiates and Synthetics		0704	Meperidine HCL
07	Other Opiates and Synthetics		0705	Hydromorphone
07	Other Opiates and Synthetics		0706	Other Narcotic Analgesics
07	Other Opiates and Synthetics		0707	Pentazocine
08	PCP		0801	PCP or PCP Combinations
09	Other Hallucinogens		0901	LSD
09	Other Hallucinogens		0902	Other Hallucinogens
10	Methamphetamine		1001	Methamphetamine/Speed
11	Other Amphetamines		1101	Amphetamines
11	Other Amphetamines		1102	Methylphenidate
11	Other Amphetamines		1103	Ecstasy/MDMA
12	Other Stimulants		1201	Other Stimulants
13	Benzodiazepine		1301	Alprazolam
13	Benzodiazepine		1302	Chlordiazepoxide
13	Benzodiazepine		1303	Clorazepate
13	Benzodiazepine		1304	Diazepam
13	Benzodiazepine		1305	Flurazepam
13	Benzodiazepine		1306	Lorazepam
13	Benzodiazepine		1307	Triazolam
14	Other Tranquilizers		1401	Meprobamate
13	Benzodiazepine		1402	Other Benzodiazepine

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>-</b>	<b>Drugs Used Codes, Primary, Secondary, Tertiary.</b>
14	Other Tranquilizers	1403	Other Tranquilizer
15	Barbiturates	1501	Phenobarbital
15	Barbiturates	1502	Secobarbital/Amobarbital
15	Barbiturates	1503	Secobarbital
15	Barbiturates	1515	Other Barbiturates
16	Other Sedatives or Hypnotics	1601	Ethchlorvynol
16	Other Sedatives or Hypnotics	1602	Glutethimide
16	Other Sedatives or Hypnotics	1603	Methaqualone
16	Other Sedatives or Hypnotics	1604	Other Non-Barbituate Sedatives
16	Other Sedatives or Hypnotics	1605	Other Sedatives
07	Other Opiates and Synthetics	1607	Other Opiates and Synthetics
17	Inhalants	1701	Aerosols
17	Inhalants	1702	Nitrites
17	Inhalants	1703	Other Inhalants
17	Inhalants	1704	Solvents
17	Inhalants	1705	Anesthetics
18	Over-the-Counter	1718	Over-The-Counter
18	Over-the-Counter	1801	Diphenhydramine
20	Other	2001	Diphenylhydantoin Sodium
20	Other	2002	Other Drugs
20	Other	2003	Tabacco (Secondary and Tertiary Only)
97	Unknown	3001	Pathological Gambling
01	None	9996	None
97	Unknown	9997	Unknown
98	Not Collected	9998	Not Collected

No longer effective as of: 09-30-2002

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Version : 1

K = Key Field		<b>Minimum</b>	<i>Missouri</i>	
Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	<b>-</b>		<b>Drugs Used Codes, Primary, Secondary, Tertiary.</b>
02	Alcohol		0201	Alcohol
03	Cocaine, Crack		0301	Crack
03	Cocaine, Crack		0302	Other Cocaine
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)		0401	Marijuana/Hashish
05	Heroin		0501	Heroin
06	Non-Prescription Methadone		0601	Methadone
08	PCP		0801	PCP or PCP Combinations
09	Other Hallucinogens		0902	Other Hallucinogens
10	Methamphetamine		1001	Methamphetamine/Speed
11	Other Amphetamines		1101	Amphetamines
11	Other Amphetamines		1103	Ecstasy/MDMA
12	Other Stimulants		1201	Other Stimulants
13	Benzodiazepine		1402	Other Benzodiazepine
14	Other Tranquilizers		1403	Other Tranquilizer
15	Barbiturates		1515	Barbiturates
16	Other Sedatives or Hypnotics		1605	Other Sedatives
07	Other Opiates and Synthetics		1607	Other Opiates and Synetics
17	Inhalants		1703	Other Inhalants
18	Over-the-Counter		1718	Over-The-Counter
20	Other		2002	Other Drugs
20	Other		2003	Tabacco (Secondary and Tertiary Only)
97	Unknown		3001	Pathological Gambling
01	None		9996	None

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**Minimum**

Missouri

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b>	-	<b>Admin Route Prim</b>	
	01 Oral		1	Oral
	02 Smoking		2	Smoking
	03 Inhalation		3	Inhalation
	04 Injection (IV or intramuscular)		4	Intramuscular
	04 Injection (IV or intramuscular)		5	Intavenous
No longer effective as of: 05-31-1994				

<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b>	-	<b>SA Administration Route</b>	
	20 Other		0	No Drug Used
	01 Oral		1	Oral
	02 Smoking		2	Smoking
	03 Inhalation		3	Inhalation
	04 Injection (IV or intramuscular)		4	Intramuscular
	04 Injection (IV or intramuscular)		5	Intavenous
	97 Unknown		7	Unknown
	98 Not Collected		8	Not Collected

<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	-	<b>Frequency Use Primary</b>	
	01 No past month use		0	Not used during month prior to admission
	02 1-3 times in past month		1	Less than once per week
	03 1-2 times per week		2	Once Per Week
	04 3-6 times per week		3	Several times per week
	05 Daily		4	Once Daily
No longer effective as of: 05-31-1994				

Missouri's Treatment Episode Data Set  
Version : 1

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**Minimum**

Missouri

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	-	<b>SA Frequency</b>
01	No past month use	01	No Past Month Use
02	1-3 times in past month	02	1-3 Times in Past Month
03	1-2 times per week	03	1-2 Times Per Week
04	3-6 times per week	04	3-6 Times Per Week
05	Daily	05	Daily
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	-	<b>Age of First Use</b>
00	Indicates a Newborn with a substance dependency problem	00	NewBornw with SA problem
00-95	Indicates The Age at First Use	1-96	Age at first use
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected
97	Unknown	99	None

**17 Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)**      -      **Frst Drug Age Prim**  
 No longer effective as of: 06-30-2001

Missouri's Treatment Episode Data Set  
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**Minimum**

Missouri

Item		Item			
No.	Treatment Episode Data Set		Value		State System Data

<b>K 18</b>	<b>Type of Services</b>	-			<b>Program Code</b>
06	Intensive Outpatient		102		CSTAR Women and Children
06	Intensive Outpatient		103		CSTAR Adolescent
06	Intensive Outpatient		104		CSTAR General Adult
02	Free-standing Residential ( Detox, 24 hour Service)		111		Social Setting Detox
01	Hospital Inpatient ( Detox, 24 hour Service)		112		Modified Medical Dextox
01	Hospital Inpatient ( Detox, 24 hour Service)		113		Medical Detoxification
08	Ambulatory Detoxification		114		Ambulatory Detox
03	Hospital (other than detox)		115		Hospital Inpatient (other than Detox)
04	Short-term, ( 30 days or fewer)		116		Thirty Days Or Less Residential
05	Long-term, ( more than 30 days)		117		Over Thirty Days To One Year Residential
07	Non-Intensive Outpatient		118		Outpatient
07	Non-Intensive Outpatient		119		Methadone Treatment
07	Non-Intensive Outpatient		127		Adult Clinical Intervention Program
07	Non-Intensive Outpatient		128		Youth Clinical Intervention Program
07	Non-Intensive Outpatient		140		Serious & Repeat Offender's Proj
06	Intensive Outpatient		142		Primary Recovery Plus (PR+)
02	Free-standing Residential ( Detox, 24 hour Service)		143		SS Detox Primary Recovery Plus

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 Item **Minimum**  
 No. Treatment Episode Data Set Item Value State System Data

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<b>K 18</b>	<b>Type of Services</b>	-	<b>Program Code</b>
06	Intensive Outpatient		102 CSTAR Women and Children
06	Intensive Outpatient		103 CSTAR Adolescent
06	Intensive Outpatient		104 CSTAR General Adult
02	Free-standing Residential ( Detox, 24 hour Service)		111 Social Setting Detox
02	Free-standing Residential ( Detox, 24 hour Service)		112 Modified Medical Dextox
01	Hospital Inpatient ( Detox, 24 hour Service)		113 Medical Detoxification
08	Ambulatory Detoxification		114 Ambulatory Detox
03	Hospital (other than detox)		115 Hospital Inpatient (other than Detox)
04	Short-term, ( 30 days or fewer)		116 Thirty Days Or Less Residential
05	Long-term, ( more than 30 days)		117 Over Thirty Days To One Year Residential
07	Non-Intensive Outpatient		118 Outpatient
07	Non-Intensive Outpatient		119 Methadone Treatment
07	Non-Intensive Outpatient		127 Adult Clinical Intervention Program
07	Non-Intensive Outpatient		128 Youth Clinical Intervention Program
07	Non-Intensive Outpatient		140 Serious & Repeat Offender's Proj
06	Intensive Outpatient		142 Primary Recovery Plus (PR+)
02	Free-standing Residential ( Detox, 24 hour Service)		143 SS Detox Primary Recovery Plus
06	Intensive Outpatient		144 Enhanced Primary Recovery Plus

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<b>19</b>	<b>Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual</b>	-	<b>Drug Prescribed Code</b>
2	No		- All other responses
1	Yes		01 Methadone

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**Optional**

Missouri

No.	Treatment Episode Data Set	Item	Value	State System Data
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<b>1</b>	<b>Detail Drug Code, Primary</b>	-	<b>Not Collected</b>	
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**Optional**

Missouri

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>1</b>	<b>Detail Drug Code, Primary</b>	-	<b>Drugs Used Codes, Primary, Secondary, Tertiary.</b>
	0201 Alcohol		0201 Alcohol
	0301 Crack		0301 Crack
	0302 Other Cocaine		0302 Other Cocaine
	0401 Marijuana/Hashish		0401 Marijuana/Hashish
	0501 Heroine/Morphine		0501 Heroin/Morphine
	0601 Methadone		0601 Non RX Methadone
	0701 Codeine		0701 Codeine
	0702 D-Propoxyphene		0702 D-Propoxphene
	0703 Oxycodone (Oxycotin)		0703 Oxycodone
	0704 Meperidine HCL		0704 Meperidine HCL
	0705 Hydromorphone (Dilaudid)		0705 Hydromorphone
	0706 Other Narcotic Analgesics		0706 Other Narcotic Analgesics
	0707 Pentazocine (Talwin)		0707 Pentazocine
	0801 PCP or PCP Combinations		0801 PCP or PCP Combinations
	0901 LSD		0901 LSD
	0902 Other Hallucinogens		0902 Other Hallucinogens
	1001 Methamphetamine/Speed		1001 Methamphetamine/Speed
	1101 Amphetamine		1101 Amphetamines
	1102 Methylphenidate (Ritalin)		1102 Methylphenidate
	1201 Other Stimulants		1201 Other Stimulants
	1301 Alprazolam (Xanax)		1301 Alprazolam
	1302 Chlordiazepoxide (Librium)		1302 Chlordiazepoxide
	1303 Clorazepate (Tranzene)		1303 Clorazepate
	1304 Diazepam (Valium)		1304 Diazepam
	1305 Flurazepam (Dalmane)		1305 Flurazepam
	1306 Lorazepam (Ativan)		1306 Lorazepam
	1307 Triazolam (Halcion)		1307 Triazolam
	1401 Meprobamate (Miltown)		1401 Meprobamate
	1308 Other Benzodiazepine		1402 Other Benzodiazepine
	1403 Other Tranquilizer		1403 Other Tranquilizer
	1501 Phenobarbital		1501 Phenobarbital
	1502 Secobarbital/Amobarbital (Tuinal)		1502 Secobarbital/Amobarbital

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**Optional**

Missouri

Item	Item	Value	State System Data
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No. Treatment Episode Data Set

<b>1</b>	<b>Detail Drug Code, Primary</b>	-	<b>Drugs Used Codes, Primary, Secondary, Tertiary.</b>
	1503 Secobarbital (Seconal)	1503	Secobarbital
	2002 Other Drugs	1508	Other Barbiturates
	1601 Ethchlorvynol (Placidyl)	1601	Ethchlorvynol
	1602 Glutethimide (Doriden)	1602	Glutethimide
	1603 Methaqualone	1603	Methaqualone
	1604 Other Non-Barbiturate Sedatives	1604	Other Non-Barbiturate Sedatives
	1605 Other Sedatives	1605	Other Sedatives
	2002 Other Drugs	1607	Other Opiates and Synthetics
	1701 Aerosols	1701	Aerosols
	1702 Nitrites	1702	Nitrites
	1703 Other Inhalants	1703	Other Inhalants
	1704 Solvents	1704	Solvents
	1705 Anesthetics	1705	Anesthetics
	2002 Other Drugs	1718	Over-The-Counter
	1801 Diphenhydramine	1801	Diphenhydramine
	2001 Dephenylhydantoin Sodium	2001	Diphenylhydantoin Sodium
	2002 Other Drugs	2002	Other Drugs
	9997 Unknown	9996	None
	9997 Unknown	9997	Unknown
	9998 Not Collected	9998	Not Collected
No longer effective as of: 09-30-2002			

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<b>2</b>	<b>Detail Drug Code, Secondary</b>	-	<b>Not Collected</b>
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<b>3</b>	<b>Detail Drug Code, Tertiary</b>	-	<b>Not Collected</b>
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<b>4</b>	<b>DSM Diagnosis</b>	-	<b>Not Collected</b>
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# Crosswalk Report

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Missouri

Item	Optional	Value	State System Data
No.	Treatment Episode Data Set	Item	Value

<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	-	<b>Prob Subst Abuse, Prob Mental Health</b>
2	No	-	-
1	Yes		PMH( Unable to Communicate 11)
1	Yes		PMH( Distorted Communication 12)
1	Yes		PMH( Maladaptive Behavior 13)
1	Yes		PMH( Attempts Normal Behavior 14)
1	Yes		PMH( Normal/Mature Behavior 15)
1	Yes		PMH( Above AVERAGE Maturity 16)
1	Yes		PMH( Self Actualizing Behavior 17)
1	Yes		PSA(0 Severe Addiction 1)
1	Yes		PSA(0 Addiction 2)
1	Yes		PSA(0 Strong Psych Dependence 3)
1	Yes		PSA(0 Psychological Dependency 4)
1	Yes		PSA(0 Generally in Control 5)
1	Yes		PSA(0 Always Under Control 6)
No longer effective as of: 05-31-1994			

<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	-	<b>Additional Psychiatric Problem</b>
1	Yes	1	Yes
2	No	2	No

<b>6</b>	<b>Pregnant at Time of Admission</b>	-	<b>Not Collected</b>
No longer effective as of: 05-31-1994			

# Crosswalk Report

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Missouri

Item

Item

Value

State System Data

No. Treatment Episode Data Set

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<b>6</b>	<b>Pregnant at Time of Admission</b>	-	<b>Preg at Time of Admission</b>
1	Yes		1 Yes
2	No		2 No
7	Unknown		7 Unknown
8	Not Collected		8 Not Collected

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<b>7</b>	<b>Veteran Status</b>	-	<b>Vet Status</b>
1	Yes		1 Yes
2	No		2 No
7	Unknown		3 Unknown

# Crosswalk Report

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field		<b>Optional</b>		<i>Missouri</i>
Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
<b>8</b>	<b>Living Arrangements</b>	-		<b>Living Arrangements</b>
02	Dependent Living		01	Age < 18 Both Parents
02	Dependent Living		02	Age < 18 Single Parents
02	Dependent Living		03	Age < 18 Other Relatives
02	Dependent Living		04	Age < 18 Foster Home
02	Dependent Living		05	Age < 18 Private Care Facility
02	Dependent Living		06	Age < 18 Public Care Facility
03	Independent Living		07	Age < 18 Independent Living
02	Dependent Living		08	Age < 18 Other
03	Independent Living		09	Alone Age >= 18
02	Dependent Living		10	Age < 18 Parent-Step-Parent
03	Independent Living		11	With Family Age >= 18
03	Independent Living		12	With Unrelated Person Age >= 18
02	Dependent Living		13	Adult Foster Care Age >= 18
02	Dependent Living		14	Nusing Care Age >= 18
02	Dependent Living		15	Transitional Age >= 18
02	Dependent Living		16	Other Public/Private Age >= 18
02	Dependent Living		17	Age >= 18 Parent or Siblings
97	Unknown		18	Age >= 18 Other
01	Homeless		19	Homeless Age >= 18
03	Independent Living		20	With Spouse Only Age >= 18
03	Independent Living		96	Oxford Housing
03	Independent Living		97	CSTAR Supported Housing
02	Dependent Living		98	CSTAR Residential
97	Unknown		99	Refused to Answer/Not Available

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Missouri

Item		Item		Value	
No.	Treatment Episode Data Set				State System Data

<b>8</b>	<b>Living Arrangements</b>	-			<b>Living Arrangements</b>
03	Independent Living			09	Alone Age>= 18
03	Independent Living			11	With Family Age>= 18
03	Independent Living			12	With Unrelated Person Age>= 18
02	Dependent Living			13	Adult Foster Care Age>= 18
02	Dependent Living			14	Nusing Care Age>= 18
02	Dependent Living			15	Transitional Age>= 18
02	Dependent Living			16	Other Public/Private Age>= 18
01	Homeless			19	Homeless Age>= 18
03	Independent Living			20	With Spouse Only Age>= 18
97	Unknown			99	Refused to Answer/Not Available
No longer effective as of: 06-30-2001					

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<b>9</b>	<b>Source of Income/Support</b>	-			<b>Income Source</b>
20	Other			01	Illegal
01	Wages/Salary			02	Employment
20	Other			03	Savings
04	Disability			04	Disability
03	Retirement/Pension			05	Retirement
20	Other			06	Unemployment
02	Public Assistance			07	Public Assistance
20	Other			08	Family/Friends
20	Other			09	Other
21	None			10	None

# Crosswalk Report

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field  
Item

**Optional**

Missouri

No.	Treatment Episode Data Set	Item	Value	State System Data
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9	Source of Income/Support	-	Income Source
20	Other		1 Illegal
01	Wages/Salary		2 Employment
20	Other		3 Savings
04	Disability		4 Disability
03	Retirement/Pension		5 Retirement
20	Other		6 Unemployment
02	Public Assistance		7 Public Assistance
20	Other		8 Family/Friends
20	Other		9 Other
97	Unknown		97 Unknown
98	Not Collected		98 Not Collected

No longer effective as of: 09-30-2002

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Missouri

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>10</b>	<b>Health Insurance</b>	<b>-</b>	<b>Insurance</b>
21	None	000	None
02	Blue Cross/Blue Shield	063	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	079-091	Blue Cross/Blue Shield - various plans
20	Other (e.g. TriCare, Champus)	122	CHAMPUS/CHAMPVA
20	Other (e.g. TriCare, Champus)	123	CHAMPUS Insurance
02	Blue Cross/Blue Shield	178	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	488	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	493	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	498	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	539	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	546	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	552	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	556	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	561	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	567	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	570	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	577	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	586-603	Blue Cross/Blue Shield - various plans
04	Medicaid	640	Kansas Medicaid
03	Medicare	675	Medicare - HMO
02	Blue Cross/Blue Shield	719	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	726	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	747	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	760	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	774	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	776	Blue Cross/Blue Shield - various plans
02	Blue Cross/Blue Shield	780	Blue Cross/Blue Shield - various plans
04	Medicaid	997	Medicaid
03	Medicare	998	Medicare
20	Other (e.g. TriCare, Champus)	999	Other Public Funded Health Care
01	Private Insurance (other than BCBS or HMO)	All other	codes

# Crosswalk Report

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Missouri

Item

Item

No. Treatment Episode Data Set

Value

State System Data

**10 Health Insurance - Insurance**

No longer effective as of: 09-30-2002

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Missouri

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

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<b>10</b>	<b>Health Insurance</b>	<b>-</b>	<b>Insurance</b>
20	Other (e.g. TriCare, Champus)	-	All other valid codes
21	None	000	None
02	Blue Cross/Blue Shield	063	BC/BS ST. Louis 241/741
02	Blue Cross/Blue Shield	079	Blue Cross
02	Blue Cross/Blue Shield	080	BC/Northwestern N.Y., Inc
02	Blue Cross/Blue Shield	081	BC/Western Pennsylvania
02	Blue Cross/Blue Shield	082	BC/BS of Iowa
02	Blue Cross/Blue Shield	083	BC/BS of Kansas
02	Blue Cross/Blue Shield	084	CENTRA Benefits Services
02	Blue Cross/Blue Shield	085	BC/BS of Kentucky
02	Blue Cross/Blue Shield	086	BC/BS of Michigan
02	Blue Cross/Blue Shield	087	BC/BS of Nebraska
02	Blue Cross/Blue Shield	088	BC/BS of Tennessee
02	Blue Cross/Blue Shield	089	BC/BS of SOWEST Virginia
02	Blue Cross/Blue Shield	090	Blue Shield/Kansas
02	Blue Cross/Blue Shield	091	Blue Shield of St. Louis
20	Other (e.g. TriCare, Champus)	122	CHAMPUS/CHAMPVA
20	Other (e.g. TriCare, Champus)	123	CHAMPUS Insurance
02	Blue Cross/Blue Shield	178	Federal Blue Cross
02	Blue Cross/Blue Shield	488	Blue Choice inc, (HMO , MO)
02	Blue Cross/Blue Shield	493	Blue Advantage - KC/ST JOS
02	Blue Cross/Blue Shield	498	BC/BS of Kansas City
02	Blue Cross/Blue Shield	539	BC/BS of Alabama
02	Blue Cross/Blue Shield	546	BC/BS of Georgia
02	Blue Cross/Blue Shield	552	BC/BS of Oklahoma
02	Blue Cross/Blue Shield	556	Alliance Perferred Blue
02	Blue Cross/Blue Shield	561	Blue Cross of California
02	Blue Cross/Blue Shield	567	BC/BS of New Jersey
02	Blue Cross/Blue Shield	570	Blue Shield, Regence
02	Blue Cross/Blue Shield	577	Perferred Blue Care
02	Blue Cross/Blue Shield	586	BC/BS First Choice
02	Blue Cross/Blue Shield	587	BC/BS Alliance
02	Blue Cross/Blue Shield	588	BC/BS Blue Care

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field		Optional	<i>Missouri</i>	
Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
<b>10</b>	<b>Health Insurance</b>	-	<b>Insurance</b>	
02	Blue Cross/Blue Shield		589	BC/BS Caring For Children
02	Blue Cross/Blue Shield		590	BC/BS Empire
02	Blue Cross/Blue Shield		591	BC/BS Federal PRO
02	Blue Cross/Blue Shield		592	BC/BS Healthy Alliance
02	Blue Cross/Blue Shield		593	BC/BS Mental Health
02	Blue Cross/Blue Shield		594	BC/BS of Alabama Preferred
02	Blue Cross/Blue Shield		595	BC/BS of Illinois
02	Blue Cross/Blue Shield		596	BC/BS of Kansas Select
02	Blue Cross/Blue Shield		597	BC/BS of Massachusetts
02	Blue Cross/Blue Shield		598	BC/BS of Missouri
02	Blue Cross/Blue Shield		599	BC/BS of Salt Lake City
02	Blue Cross/Blue Shield		600	BC/BS Preferred
02	Blue Cross/Blue Shield		601	BC/BS Select
02	Blue Cross/Blue Shield		602	BC/BS Total Health
02	Blue Cross/Blue Shield		603	BC/BS New Directions
04	Medicaid		640	Kansas Medicaid
03	Medicare		675	Medicare - HMO
02	Blue Cross/Blue Shield		719	Blue Advantage + -MC+
02	Blue Cross/Blue Shield		726	BC/BS of Connecticut
02	Blue Cross/Blue Shield		747	Blue Advantage of Kansas
02	Blue Cross/Blue Shield		760	Blue Shield Federal Employee Program
02	Blue Cross/Blue Shield		774	BC/BS of South Carolina
02	Blue Cross/Blue Shield		776	Anthem Blue Cross/Blue Shield
02	Blue Cross/Blue Shield		780	Blue Shield of California
02	Blue Cross/Blue Shield		805	Blue Shield of Mississippi
04	Medicaid		997	Medicaid
03	Medicare		998	Medicare
20	Other (e.g. TriCare, Champus)		999	Other Public Funds for Health Care

**11 Expected/Actual Primary Source of Payment - Not Collected**

No longer effective as of: 05-31-1994

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Missouri

Item No.	Treatment Episode Data Set	Optional Item	Value	State System Data
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	-		<b>Ex. Prim. Src. P'mnt</b>
01	Self-Pay		01	Self-Pay
02	Blue Cross/Blue Shield		02	Blue Cross/Blue Shield
03	Medicare		03	Medicare
04	Medicaid		04	Medicaid
05	Other Government Payments		05	Other Gov't Payments
06	Worker's Compensation		06	Worker's Compensation
07	Other Health Insurance Companies		07	Other Health Insurance Companies
08	No Charge ( Free, Charity, Special Research or Teaching)		08	No Charge (free, Charity, special research, or teaching)
09	Other		09	Other
97	Unknown		97	Unknown
98	Not Collected		98	Not Collected

# Crosswalk Report

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Missouri

Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

<b>12</b>	<b>Detailed Not in Labor Force</b>	-	-	
06	Other	01	Professional	
06	Other	02	Farmers & Farm Manager	
06	Other	03	Managers, Officials	
06	Other	04	Proprietors, Clerical Workers	
06	Other	05	Sales Workers	
06	Other	06	Craftsmen	
06	Other	07	Operatives (Mechanical Industry)	
06	Other	08	Service & Private Household Workers	
06	Other	09	Farm Laborers	
06	Other	10	Laborers, Non Farm	
01	Homemaker	11	Housewife	
02	Student	12	Student	
06	Other	13	Pre School	
03	Retired	14	Retired	
06	Other	15	Unemployed	
97	Unknown	16	Unknown	
06	Other	17	Unemployed Mr	
06	Other	18	Military Service	
No longer effective as of: 05-31-1994				

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Optional**

Missouri

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>12</b>	<b>Detailed Not in Labor Force</b>	-	<b>Occupation</b>	
06	Other		01	Professional
06	Other		02	Farmers & Farm Manager
06	Other		03	Managers, Officials, Proprietors
06	Other		04	Clerical Workers
06	Other		05	Sales Workers
06	Other		06	Craftsmen
06	Other		07	Operatives (Mechanical Industry)
06	Other		08	Service & Private Household Workers
06	Other		09	Farm Laborers
06	Other		10	Laborers, Non Farm
01	Homemaker		11	Housewife
02	Student		12	Student
06	Other		13	Pre School
03	Retired		14	Retired
06	Other		15	Unemployed
97	Unknown		16	Unknown
06	Other		17	Unemployed MR
06	Other		18	Military Service
<b>13</b>	<b>Detailed Criminal Justice Referral Categories</b>	-	<b>Not Collected</b>	
<b>14</b>	<b>Marital Status</b>	-	<b>Marital Status</b>	
01	Never Married		1	Never Married
02	Now Married or Cohabiting		2	Married
05	Widowed		3	Widowed
04	Divorced		4	Divorced
03	Separated (legally or otherwise absent)		5	Separated
02	Now Married or Cohabiting		6	Remarried
98	Not Collected		8	Not Collected
97	Unknown		9	Unknown

# Crosswalk Report

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field  
Item

**Optional**

Missouri

No. Treatment Episode Data Set                      Item                      Value                      State System Data

No.	Treatment Episode Data Set	Item	Value	State System Data
<b>14</b>	<b>Marital Status</b>	-		<b>Marital Status</b>
01	Never Married		1	Never Married
02	Now Married or Cohabiting		2	Married
05	Widowed		3	Widowed
04	Divorced		4	Divorced
03	Separated (legally or otherwise absent)		5	Separated
02	Now Married or Cohabiting		6	Remarried
97	Unknown		9	Unknown
No longer effective as of: 06-30-2001				

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**15    Days Waiting to Enter Treatment                      -                      Not Collected**

# Crosswalk Report

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field Missouri  
**Discharge**  
 Item  
 No. Treatment Episode Data Set Item Value State System Data

**104 Provider ID (At Discharge) - ADA Federal ID**

**105 Client Identifier - (At Discharge) - State ID**

**106 Co-Dependent/Collateral At Discharge - Co Depend Ind**

2	No	N	No
1	Yes	Y	Yes

**109 Service at Discharge - Program Code**

06	Intensive Outpatient	102	CSTAR Women and Children
03	Hospital (Other than Detox)	103	CSTAR Adolescent
06	Intensive Outpatient	104	CSTAR General Adult
02	Free-Standing Residential	111	Social Setting Detox
01	Hospital Inpatient	112	Modified Medical Dextox
01	Hospital Inpatient	113	Medical Detoxification
08	Detoxification	114	Ambulatory Detox
03	Hospital (Other than Detox)	115	Hospital Inpatient (other than Detox)
04	Short-Term, <=30 days	116	Thirty Days Or Less Residential
05	Long-Term, >30 days	117	Over Thirty Days To One Year Residential
07	Outpatient	118	Outpatient
07	Outpatient	119	Methadone Treatment
07	Outpatient	127	Adult Clinical Intervention Program
07	Outpatient	128	Youth Clinical Intervention Program
07	Outpatient	140	Serious & Repeat Offender's Proj
06	Intensive Outpatient	142	Primary Recovery Plus (PR+)
02	Free-Standing Residential	143	SS Detox Primary Recovery Plus

No longer effective as of: 05-31-2004

**146 Date of Last Contact - Not Collected**

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field  
Item

**Discharge**  
Item

Missouri

No.	Treatment Episode Data Set	Value	State System Data
<b>147</b>	<b>Date of Discharge</b>	-	<b>Close Date of Program Episode</b>
<b>149</b>	<b>Reason for Discharge , Transfer or Discontinuance of Treatment</b>	-	<b>Discharge Status</b>
04	Transferred to Another Substance Abuse Treatment Program or Facility	01	Transferred to another facility
03	Terminated by Facility	02	Administratively discontinued (no contact with client for 60 days)
06	Death	03	Death
02	Left Against Professional Advice (Drop Out)	04	Client terminated services against advice
03	Terminated by Facility	05	Discharge - client would not comply with provider rules
01	Treatment Complete	06	Discharge, no referral
01	Treatment Complete	07	Discharge, referral
05	Incarcerated	08	Incarcerated
07	Other	09	Other
07	Other	10	Ineligible
08	Unknown	99	Unknown

Missouri's Treatment Episode Data Set  
Version : 1

K = Key Field

**Discharge**

Missouri

Item	Treatment Episode Data Set	Item	Value	State System Data
<b>109</b>	<b>Type of Service at Discharge</b>	-	<b>Program Code</b>	
06	Ambulatory - Intensive Outpatient		102	CSTAR Women and Children
06	Ambulatory - Intensive Outpatient		103	CSTAR Adolescent
06	Ambulatory - Intensive Outpatient		104	CSTAR General Adult
02	Detoxification, 24-Hour Service, Free-Standing Residential		111	Social Setting Detox
02	Detoxification, 24-Hour Service, Free-Standing Residential		112	Modified Medical Dextox
01	Detoxification, 24-Hour Service, Hospital Inpatient		113	Medical Detoxification
08	Ambulatory - Dextoxification		114	Ambulatory Detox
03	Rehabilitation/Residential - Hospital ( Other than Detoxification)		115	Hospital Inpatient (other than Detox)
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)		116	Thirty Days Or Less Residential
05	Rehabilitation/Residential - Long Term (more than 30 Days)		117	Over Thirty Days To One Year Residential
07	Ambulatory - Non - Intensive Outpatient		118	Outpatient
07	Ambulatory - Non - Intensive Outpatient		119	Methadone Treatment
07	Ambulatory - Non - Intensive Outpatient		127	Adult Clinical Intervention Program
07	Ambulatory - Non - Intensive Outpatient		128	Youth Clinical Intervention Program
07	Ambulatory - Non - Intensive Outpatient		140	Serious & Repeat Offender's Proj
06	Ambulatory - Intensive Outpatient		142	Primary Recovery Plus (PR+)
02	Detoxification, 24-Hour Service, Free-Standing Residential		143	SS Detox Primary Recovery Plus
06	Ambulatory - Intensive Outpatient		144	Enhanced Primary Recovery Plus

**Crosswalk Management System**

**REPORT CROSSWALK TO STATE**

End of Report