

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	adobe pdf
Run by	OPS\$PCUMMING
Report Date	05-JUL-12 10:41

Crosswalk Report

Status : FN

Substance Abuse and Mental Health Services Administration

Center for Behavioral Health Statistics and Quality

Media ID : DMHSASDCDC - OK

Start Date : 01-JAN-90

End Date :

Follow-up :

Oklahoma's Treatment Episode Data Set

Version : 1

K = Key Field

System

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	System Transaction Type	-		System Transaction Type Added To Each Record
A	Add	A		Add
C	Change	C		Change
D	Delete	D		Delete
K 2	State Code	-		FIPS Code Added To Each Record
-	State Postal Abbreviation	-		OK
3	Reporting Date	-		Month and Year of Submission Added to Each Record MMYYYY

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Oklahoma's Treatment Episode Data Set
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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 1	Provider Identifier	-	-	3
K 2	Client Identifier (Admission)	-	-	9 characters
No longer effective as of: 02-21-2002				
K 2	Client Identifier (Admission)	Section I	Client Id - State Unique	9 characters
K 3	Co-Dependent/Collateral	-	Primary Referral	
2	No	-		all other codes
1	Yes	740		Co-Dependent
1	Yes	744		Dependent Child of a SA Client in Treatment
1	Yes	745		Dep Child of Alc Abuse Client
1	Yes	746		Dep Child of Drug Abuse Client
1	Yes	747		Dep Child of Poly- Abuse Client
1	Yes	748		Co-Dependent of an Alc Abuser
1	Yes	749		Co-Dependent of an Drug Abuser
1	Yes	750		Co-Dependent of an Poly-Abuser
1	Yes	751		Family Member or Significant Other of an SA Client

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 3	Co-Dependent/Collateral	-		Presenting Problem
1	Yes		740,744	Presenting Problem Code Absent (not used since 6/30/1999)
1	Yes		745	Dependent Child of an Alcohol Abuse Client (not used since 6/30/1999)
1	Yes		746	Dependent Child of an Drug Abuse Client
1	Yes		747	Dependent Child of an Poly Abuse Client
1	Yes		748	Co-Dependent of an Alcohol Abuser
1	Yes		749	Co-Dependent of an Drug Abuser
1	Yes		750	Co-Dependent of an Poly Abuser
1	Yes		751	Family Member or Significant Other of an SA Client
No longer effective as of: 06-01-2007				

K 4	Client Transaction Type	-		Transaction Type
A	Admission		23	Admission
T	Transfer/Change in Service		40	Sublevel of Care Change
No longer effective as of: 06-30-2007				

K 4	Client Transaction Type	-		Transaction Type
A	Admission		23	Admission
T	Transfer/Change in Service		40	Level of Care Change

K 5	Date of Admission	-		Transaction Date
MMDDYYYY				

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Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Number of Prior Treatment Episodes	-	-	
0	0 Previous Episodes	0	0	
1	1 Previous Episodes	1	1	
2	2 Previous Episodes	2	2	
3	3 Previous Episodes	3	3	
4	4 Previous Episodes	4	4	
5	5 Or More Previous Episodes	5	5+	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I		Primary Referral/Secondary Referral
01	Individual (includes self-referral))	01		Self
01	Individual (includes self-referral))	02		Significant Other
04	School (Educational)	03		School
06	Other Community Referral	04		Church/Clergy
06	Other Community Referral	05		Group Home
05	Employer/EAP	06		Employer, Union
03	Other Health Care Provider	08		Non-Psychiatric Hospital
03	Other Health Care Provider	09		VA Hospital
03	Other Health Care Provider	10		Indian Health Services
03	Other Health Care Provider	11		Department of Health
07	Court/Criminal Justice/DUI/DWI	12		Department of Corrections
06	Other Community Referral	14		Department of Human Services
03	Other Health Care Provider	18		Nursing Home
03	Other Health Care Provider	21		Pvt Psychiatric/MH Prof
06	Other Community Referral	22		Social Security
06	Other Community Referral	23		Attorney/Legal Aid
07	Court/Criminal Justice/DUI/DWI	25		Law enforcement
06	Other Community Referral	26		Reachout Hot-Line/Advertising Media

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I		Primary Referral/Secondary Referral
06	Other Community Referral	30		Shelter for Homeless
97	Unknown	31		Additional Services Recommended, Referral not Obtainable
07	Court/Criminal Justice/DUI/DWI	32		Court
07	Court/Criminal Justice/DUI/DWI	33		Probation
07	Court/Criminal Justice/DUI/DWI	34		Parole
06	Other Community Referral	35		Department of Public Safety
03	Other Health Care Provider	37		Private Physician
03	Other Health Care Provider	38		HMO/MCO
03	Other Health Care Provider	40		DMHSAS funded facility
03	Other Health Care Provider	41		Non-DMHSAS funded Psychiatric Hospital
03	Other Health Care Provider	42		Non-DMHSAS funded Mental Health Center
06	Other Community Referral	43		Non-DMHSAS funded Community Agency
03	Other Health Care Provider	44		Non-DMHSAS funded Residential Care Home
02	Alcohol/Drug Abuse Provider	45		Non-DMHSAS funded Alcohol/Drug Program
06	Other Community Referral	46		Non-DMHSAS funded Domestic Violence Facility
03	Other Health Care Provider	47		Non-DMHSAS funded Crisis/Stablization Facility
07	Court/Criminal Justice/DUI/DWI	48		Office if Juvenile Affairs
06	Other Community Referral	49		TANF
06	Other Community Referral	50		Change in Eligibility Standards

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Item No Treatment Episode Data Set

Item

Value

State System Data

7	Principal Source of Referral	Section I	Primary Referral/Secondary Referral
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06	Other Community Referral	51	Self Help Group
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No longer effective as of: 06-30-2008

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I		Primary Referral/Secondary Referral
01	Individual (includes self-referral))	01		Self
01	Individual (includes self-referral))	02		Significant Other
04	School (Educational)	03		School
06	Other Community Referral	04		Church/Clergy
06	Other Community Referral	05		Group Home
05	Employer/EAP	06		Employer, Union
03	Other Health Care Provider	08		Non-Psychiatric Hospital
03	Other Health Care Provider	09		VA System
03	Other Health Care Provider	10		Indian Health Services
03	Other Health Care Provider	11		Department of Health
07	Court/Criminal Justice/DUI/DWI	12		Department of Corrections
06	Other Community Referral	14		Department of Human Services
03	Other Health Care Provider	18		Nursing Home
03	Other Health Care Provider	21		Pvt Psychiatric/MH Prof
06	Other Community Referral	22		Social Security
06	Other Community Referral	23		Attorney/Legal Aid
07	Court/Criminal Justice/DUI/DWI	25		Law enforcement
06	Other Community Referral	26		Reachout Hot-Line/Advertising Media

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I		Primary Referral/Secondary Referral
06	Other Community Referral	30		Shelter for Homeless
97	Unknown	31		Additional Services Recommended, Referral not Obtainable
07	Court/Criminal Justice/DUI/DWI	32		Court
07	Court/Criminal Justice/DUI/DWI	33		Probation
07	Court/Criminal Justice/DUI/DWI	34		Parole
06	Other Community Referral	35		Department of Public Safety
03	Other Health Care Provider	37		Private Physician
03	Other Health Care Provider	38		HMO/MCO
07	Court/Criminal Justice/DUI/DWI	39		Change in pay source
03	Other Health Care Provider	40		DMHSAS funded facility
03	Other Health Care Provider	41		Non-DMHSAS funded Psychiatric Hospital
03	Other Health Care Provider	42		Non-DMHSAS funded Mental Health Center
06	Other Community Referral	43		Non-DMHSAS funded Community Agency
03	Other Health Care Provider	44		Non-DMHSAS funded Residential Care Home
02	Alcohol/Drug Abuse Provider	45		Non-DMHSAS funded Alcohol/Drug Program
06	Other Community Referral	46		Non-DMHSAS funded Domestic Violence Facility
03	Other Health Care Provider	47		Non-DMHSAS funded Crisis/Stablization Facility
07	Court/Criminal Justice/DUI/DWI	48		Office if Juvenile Affairs
06	Other Community Referral	49		TANF

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	Section I		Primary Referral/Secondary Referral
06	Other Community Referral	50		Change in Eligibility Standards
06	Other Community Referral	51		Self Help Group
01	Individual (includes self-referral))	52		Parent/Guardian

8	Date of Birth	-	-	
No longer effective as of: 02-21-2002				

8	Date of Birth	Section I	Birth Year	
			MMDDYYYY	

9	Sex	-	-	3rd character of state client ID
2	Female	F		Female
1	Male	M		Male

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Item No Treatment Episode Data Set

Item

Value

State System Data

10	Race	Section I	Client Race/Ethnicity.
02	American Indian (Other than Alaskan Native)	1	American Indian
03	Asian or Pacific Islander	1	Asian
04	Black or African American	1	Black
05	White	1	White
21	Two or More Races	1	Two or more races
23	Native Hawaiians or Other Pacific Islanders	1	Native Hawaiian or Pacific Islander
No longer effective as of: 06-30-2007			

10	Race	Section I	Client Race/Ethnicity.
02	American Indian (Other than Alaskan Native)	1	American Indian
03	Asian or Pacific Islander	1	Asian
04	Black or African American	1	Black/African American
05	White	1	White
21	Two or More Races	1	Two or more races
23	Native Hawaiians or Other Pacific Islanders	1	Native Hawaiian or Pacific Islander

11	Ethnicity	Section I	Client Race/Ethnicity.
06	Hispanic - Specific Origin not Specified	1	Hispanic
05	Not of Hispanic Origin	Blank	Non-Hispanic
No longer effective as of: 06-30-2004			

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Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Ethnicity	Section I		Client Race/Ethnicity.
06	Hispanic - Specific Origin not Specified	1		Hispanic/Latino
05	Not of Hispanic Origin	2		Non-Hispanic/Latino

12	Education	SectionIII	Education - (Highest Grade Completed)
00	Less Than One Grade Completed	00	0 Years of Education Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-11	1-11 Years of School Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	12	High School Graduate/GED
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	13-16	Number of Post High School Years Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	99	GED
97	Unknown	Blank	Unknown

No longer effective as of: 06-01-2007

12	Education	SectionIII	Education - (Highest Grade Completed)
00	Less Than One Grade Completed	0	Less than one grade completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-25	Years completed

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Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Employment Status	-		Employment
01	Full Time	1		Full Time
02	Part Time	2		Part Time
03	Unemployed	3		Unemployed
04	Not in Labor Force	4		Retired
No longer effective as of: 02-21-2002				

13	Employment Status	Section II	Employment.
01	Full Time	1	Full-time
02	Part Time	2	Part-time
03	Unemployed	3	Unemployed
04	Not in Labor Force	4	Not in labor force

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Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	SectionIII		Drugs of Choice
01	None	01		None
02	Alcohol	02		Alcohol
05	Heroin	03		Heroin
06	Non-Prescription Methadone	04		Non-RX Methadone
07	Other Opiates and Synthetics	05		Other Opiates & Synectics
15	Barbiturates	06		Barbituates
16	Other Non-Barbituate Sedatives or Hypnotics	07		Other Sediatives/Hypnotics
11	Other Amphetamines	08		Amphetamines
03	Cocaine, Crack	09		Cocaine
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations)	10		Marijuana/Hashish
09	Other Hallucinogens	11		Other Hallucinogens
17	Inhalants	12		Inhalants
18	Over-the-Counter	13		Over-the-counter
14	Other Non-Benzodiazapine Tranquilizers	14		Tranquilizers
08	PCP	15		PCP
20	Other	16		Other
97	Unknown	17		Unknown
20	Other	18		Methamphetamines

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Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	SectionIII		Drugs of Choice
13	Benzodiazepines	19		Benzodiazepine
12	Other Stimulants	20		Other Stimulants
No longer effective as of: 06-30-2004				

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Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	SectionIII	Drugs of Choice	
01	None	01	None	
02	Alcohol	02	Alcohol	
05	Heroin	03	Heroin	
06	Non-Prescription Methadone	04	Non-RX Methadone	
07	Other Opiates and Synthetics	05	Other Opiates & Synectics	
15	Barbiturates	06	Barbituates	
16	Other Non-Barbituate Sedatives or Hypnotics	07	Other Sediatives/Hypnotics	
11	Other Amphetamines	08	Amphetamines	
03	Cocaine, Crack	09	Cocaine	
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations)	10	Marijuana/Hashish	
09	Other Hallucinogens	11	Other Hallucinogens	
17	Inhalants	12	Inhalants	
18	Over-the-Counter	13	Over-the-counter	
14	Other Non-Benzodiazapine Tranquilizers	14	Tranquilizers	
08	PCP	15	PCP	
20	Other	16	Other	
97	Unknown	17	Unknown	
20	Other	18	Methamphetamines	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	SectionIII	Drugs of Choice	
13	Benzodiazepines	19		Benzodiazepine
12	Other Stimulants	20		Other Stimulants
20	Other	21		Club Drugs

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiart-15C)	-	Usual Route of Administration
01	Oral	1	Oral
02	Smoking	2	Smoking
20	Other	20	Other
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Injection (IV or Intramuscular)
No longer effective as of: 02-21-2002			

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Item No	Treatment Episode Data Set	Item	Value	State System Data
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C)	SectionIII		Usual Route of Administration.
01	Oral	1		Oral
02	Smoking	2		Smoking
03	Inhalation	3		Inhalation
04	Injection (IV or intramuscular)	4		Injection
20	Other	5		Other

16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	-		Frequency of Use
01	No use in the past month	1		No Past Month Use
02	1-3 times in past month	2		1-3 Times In Past Month
03	1-2 times per week	3		1-2 Times Per Week
04	3-6 times per week	4		3-6 Times Per Week
05	Daily	5		Daily

No longer effective as of: 02-21-2002

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Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	SectionIII		Frequency of Use.
01	No use in the past month	1		No Past Month Use
02	1-3 times in past month	2		1-3 Times/Month
03	1-2 times per week	3		1-2 Times/Week
04	3-6 times per week	4		3-6 Times/Week
05	Daily	5		Daily

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	-	Age At First Use/Intoxication
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No longer effective as of: 02-21-2002

Item No	Treatment Episode Data Set	Item	Value	State System Data
17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	SectionIII		Age First Used
01-95	Indicates The Age at First Use	01-95		00-99

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet
	HIPAA Code + Modifiers			
03	Rehabilitation/Residential - Hospital (other than detox)	001A		Inpatient
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	001B		Medical Dextofication
03	Rehabilitation/Residential - Hospital (other than detox)	001C		Acute Medical Care
03	Rehabilitation/Residential - Hospital (other than detox)	001D		Acute Inpatient
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002A		Residential Substance Abuse Treatment
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	002B		Medically Supervised Detoxification
08	Ambulatory Detoxification	002C		Non Medical Detoxification (Social Detox)
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002D		Adolescent Group Home
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002E		Residential Treatment- Acute
05	Rehabilitation/Residential - Long-term, (more than 30 days)	002F		Residential Treatment - Long Term
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002G		Residential Treatment for Adolscents
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002H		Residential Treatment-Women with Children
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002J		Residential Treatment for Dually Diagnosed
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	002K		Non-Medically Detox.-Preg Women and Women with Dependent Childrens
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002M		Services to Dependent Childen of SA res. Treatment
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002N		Intensive Residential SA Treatment
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002S		Residential Treatment - Mental Health
05	Rehabilitation/Residential - Long-term, (more than 30 days)	002T		Intensive Residential Treatment for Women with Dependent Children

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003A		Halfway House Services - Pregnant & Post Partum Women
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003B		Half-Way House
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003C		Independent Living
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003D		Community Lodge Program
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003E		Supervised Housing
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003H		Residential Shelter for Dependents
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003K		Residential Care
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003M		Services Dep. Children of Substance Abusers in Halfway
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	003N		Services Dep. Children of Substance Abusers in Res. Tx.
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003S		Halfway House Services for Women with Dep. Children
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003T		Halfway House Services for Dually Diagnosed
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003V		Permanent Congregate Housing for Onsite Support
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003Y		Halfway House services for Adolescents
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003Z		Permanent Congregate Housing
06	Ambulatory - Intensive Outpatient	004C		Day School - 6 Hours
07	Ambulatory - Non-Intensive Outpatient	130		Individual/Counseling/Therapy
07	Ambulatory - Non-Intensive Outpatient	131		Group Counseling/Therapy
07	Ambulatory - Non-Intensive Outpatient	132		Family Marital Counseling
07	Ambulatory - Non-Intensive Outpatient	135		Individual Counseling MH Professional

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet
07	Ambulatory - Non-Intensive Outpatient	136		Group Counseling MH Professional
07	Ambulatory - Non-Intensive Outpatient	137		Family /Medical Counseling - MH Professional
07	Ambulatory - Non-Intensive Outpatient	138		Institution Based Substance Abuse Screening
07	Ambulatory - Non-Intensive Outpatient	202		Socialization
07	Ambulatory - Non-Intensive Outpatient	211		SA Dx/ Problem Related Education
07	Ambulatory - Non-Intensive Outpatient	212		Case Management Services
07	Ambulatory - Non-Intensive Outpatient	213		Intensive Case Management
07	Ambulatory - Non-Intensive Outpatient	214		Assertive Community Treatment
07	Ambulatory - Non-Intensive Outpatient	215		Rehab Services
07	Ambulatory - Non-Intensive Outpatient	216		Individual Rehabilitative Treatment
07	Ambulatory - Non-Intensive Outpatient	217		Group Rehabilitative Treatment
07	Ambulatory - Non-Intensive Outpatient	218		Dx (or Presenting Problem) Related Educational Individual
07	Ambulatory - Non-Intensive Outpatient	219		Dx (or Presenting Problem) Related Educational Group
07	Ambulatory - Non-Intensive Outpatient	224		SA Dx. Problem Related Education (Family)
07	Ambulatory - Non-Intensive Outpatient	225		Case Management
07	Ambulatory - Non-Intensive Outpatient	241		Peer Counseling
07	Ambulatory - Non-Intensive Outpatient	243		Employment Training
07	Ambulatory - Non-Intensive Outpatient	244		Vocational Services
07	Ambulatory - Non-Intensive Outpatient	245		Pre-Vocational Services

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet
07	Ambulatory - Non-Intensive Outpatient	300		Treatment Plan Review
07	Ambulatory - Non-Intensive Outpatient	301		Laboratory
07	Ambulatory - Non-Intensive Outpatient	304		Pharmacological Management
07	Ambulatory - Non-Intensive Outpatient	305		Medical Review
07	Ambulatory - Non-Intensive Outpatient	400		Treatment Planning
07	Ambulatory - Non-Intensive Outpatient	430		Day Treatment (3 Hours At Least 2 Days Per Week)
07	Ambulatory - Non-Intensive Outpatient	431		Psycho-Social Treatment
06	Ambulatory - Intensive Outpatient	432		Intensive Outpatient Substance Abuse Services
06	Ambulatory - Intensive Outpatient	433		Intensive Outpatient Services Individual - SA
06	Ambulatory - Intensive Outpatient	434		Intensive Outpatient Services - Group SA
07	Ambulatory - Non-Intensive Outpatient	436		Illness Management and Recovery (IMR)
07	Ambulatory - Non-Intensive Outpatient	560		SA Early Intervention
No longer effective as of: 06-30-2009				

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Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet
HIPAA Code + Modifiers				
03	Rehabilitation/Residential - Hospital (other than detox)	001A		Inpatient
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	001B		Medical Dextofication
03	Rehabilitation/Residential - Hospital (other than detox)	001C		Acute Medical Care
03	Rehabilitation/Residential - Hospital (other than detox)	001D		Acute Inpatient
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002A		Residential Substance Abuse Treatment
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	002B		Medically Supervised Detoxification
08	Ambulatory Detoxification	002C		Non Medical Detoxification (Social Detox)
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002D		Adolescent Group Home
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002E		Residential Treatment- Acute
05	Rehabilitation/Residential - Long-term, (more than 30 days)	002F		Residential Treatment - Long Term
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002G		Residential Treatment for Adolscents
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002H		Residential Treatment-Women with Children
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002J		Residential Treatment for Dually Diagnosed
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	002K		Non-Medically Detox.-Preg Women and Women with Dependent Childrens
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002M		Services to Dependent Childen of SA res. Treatment
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002N		Intensive Residential SA Treatment
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002S		Residential Treatment - Mental Health
05	Rehabilitation/Residential - Long-term, (more than 30 days)	002T		Intensive Residential Treatment for Women with Dependent Children

Oklahoma's Treatment Episode Data Set

Version : 1

K = Key Field

Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	002V		Services for Dependent Children of SA Abusers in Intensive Residential Treatment
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003A		Halfway House Services - Pregnant & Post Partum Women
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003B		Half-Way House
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003C		Independent Living
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003D		Community Lodge Program
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003E		Supervised Housing
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003H		Residential Shelter for Dependents
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003K		Residential Care
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003M		Services Dep. Children of Substance Abusers in Halfway
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	003N		Services Dep. Children of Substance Abusers in Res. Tx.
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003S		Halfway House Services for Women with Dep. Children
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003T		Halfway House Services for Dually Diagnosed
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003V		Permanent Congregate Housing for Onsite Support
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003Y		Halfway House services for Adolescents
05	Rehabilitation/Residential - Long-term, (more than 30 days)	003Z		Permanent Congregate Housing
06	Ambulatory - Intensive Outpatient	004C		Day School - 6 Hours
07	Ambulatory - Non-Intensive Outpatient	130		Individual/Counseling/Therapy
07	Ambulatory - Non-Intensive Outpatient	131		Group Counseling/Therapy

Oklahoma's Treatment Episode Data Set

Version : 1

K = Key Field

Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-		Services Sheet
07	Ambulatory - Non-Intensive Outpatient	132		Family Marital Counseling
07	Ambulatory - Non-Intensive Outpatient	135		Individual Counseling MH Professional
07	Ambulatory - Non-Intensive Outpatient	136		Group Counseling MH Professional
07	Ambulatory - Non-Intensive Outpatient	137		Family /Medical Counseling - MH Professional
07	Ambulatory - Non-Intensive Outpatient	138		Institution Based Substance Abuse Screening
07	Ambulatory - Non-Intensive Outpatient	139		SA Inmate Services
07	Ambulatory - Non-Intensive Outpatient	202		Socialization
07	Ambulatory - Non-Intensive Outpatient	211		SA Dx/ Problem Related Education
07	Ambulatory - Non-Intensive Outpatient	212		Case Management Services
07	Ambulatory - Non-Intensive Outpatient	213		Intensive Case Management
07	Ambulatory - Non-Intensive Outpatient	214		Assertive Community Treatment
07	Ambulatory - Non-Intensive Outpatient	215		Rehab Services
07	Ambulatory - Non-Intensive Outpatient	216		Individual Rehabilitative Treatment
07	Ambulatory - Non-Intensive Outpatient	217		Group Rehabilitative Treatment
07	Ambulatory - Non-Intensive Outpatient	218		Dx (or Presenting Problem) Related Educational Individual
07	Ambulatory - Non-Intensive Outpatient	219		Dx (or Presenting Problem) Related Educational Group
07	Ambulatory - Non-Intensive Outpatient	224		SA Dx. Problem Related Education (Family)
07	Ambulatory - Non-Intensive Outpatient	225		Case Management
07	Ambulatory - Non-Intensive Outpatient	241		Peer Counseling

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	-	Services Sheet	
07	Ambulatory - Non-Intensive Outpatient	243		Employment Training
07	Ambulatory - Non-Intensive Outpatient	244		Vocational Services
07	Ambulatory - Non-Intensive Outpatient	245		Pre-Vocational Services
07	Ambulatory - Non-Intensive Outpatient	300		Treatment Plan Review
07	Ambulatory - Non-Intensive Outpatient	301		Laboratory
07	Ambulatory - Non-Intensive Outpatient	304		Pharmacological Management
07	Ambulatory - Non-Intensive Outpatient	305		Medical Review
07	Ambulatory - Non-Intensive Outpatient	400		Treatment Planning
07	Ambulatory - Non-Intensive Outpatient	430		Day Treatment (3 Hours At Least 2 Days Per Week)
07	Ambulatory - Non-Intensive Outpatient	431		Psycho-Social Treatment
06	Ambulatory - Intensive Outpatient	432		Intensive Outpatient Substance Abuse Services
06	Ambulatory - Intensive Outpatient	433		Intensive Outpatient Services Individual - SA
06	Ambulatory - Intensive Outpatient	434		Intensive Outpatient Services - Group SA
07	Ambulatory - Non-Intensive Outpatient	436		Illness Management and Recovery (IMR)
07	Ambulatory - Non-Intensive Outpatient	560		SA Early Intervention

Crosswalk Report

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
19	Opioid Replacement Therapy (Planned/ Actual)Was -Use of Methadone Planned/Actual	-	Agency Code	
2	No	-	All other codes	
1	Yes	928	Agency	

Crosswalk Report

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	-	Axis1Prim	
No longer effective as of: 06-30-2008				
4	DSM Diagnosis	-	DSM	
	XXX.XX DSM/ICD codes		xxx.xx	DSM
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Diagnosis/Presenting Probelm	
	1 Yes	-		Non -AOD diagnoses or presenting problem (500-650)
No longer effective as of: 06-30-2007				
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Diagnosis/Presenting Probelm	
	1 Yes	-		Non -AOD diagnoses or presenting problem (500-650)
	2 No	-		All others

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

Oklahoma

Item No Treatment Episode Data Set

Item

Value

State System Data

6	Pregnant at Time of Admission	Section II	Is Client Pregnant?
2	No	0	Not Pregnant
1	Yes	1-9	Months Pregnant
No longer effective as of: 09-09-2003			

6	Pregnant at Time of Admission	Section II	Is Client Pregnant?
2	No	0	Not Pregnant
1	Yes	1-9	Months Pregnant
6	Not Applicable	6	sex=male

7	Veteran Status	-	Military Status
2	No	1	Never Served
2	No	2	Active
2	No	3	Reserves
1	Yes	4	Veteran
1	Yes	5	Retired/Disabled
No longer effective as of: 02-21-2002			

7	Veteran Status	SectionIII	Veteran Status
1	Yes	1	Yes
2	No	2	No

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

Oklahoma

Item No Treatment Episode Data Set

Item

Value

State System Data

8	Living Arrangements	Section II	Current Residence:
03	Independent Living	A	Permanent Housing
03	Independent Living	B	Perm Sup Hou-Non-Cong
02	Dependent Living	C	Perm Sup Hou-Cong
02	Dependent Living	D	Transitional Housing
03	Independent Living	E	Temporary Housing
02	Dependent Living	F	RC Facility/Group Home
02	Dependent Living	G	Nursing Home
02	Dependent Living	H	Institutional Setting
01	Homeless	I	Homeless-Shelter
01	Homeless	J	Homeless-Street
No longer effective as of: 06-30-2008			

Oklahoma's Treatment Episode Data Set
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K = Key Field

Optional

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	Section II	Current Residence:	
03	Independent Living	A		Permanent Housing
03	Independent Living	B		Perm Sup Hou-Non-Cong
02	Dependent Living	C		Perm Sup Hou-Cong
02	Dependent Living	D		Transitional Housing
03	Independent Living	E		Temporary Housing
02	Dependent Living	F		RC Facility/Group Home
02	Dependent Living	G		Nursing Home
02	Dependent Living	H		Institutional Setting
01	Homeless	I		Homeless-Shelter
01	Homeless	J		Homeless-Street

9	Source of Income/Support	-		Not Collected
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10	Health Insurance	SectionI	Insurance
			Not Collected
03	Medicare	1	Medicare
04	Medicaid	1	Medicaid
98	Not Collected	Blank	Unknown

No longer effective as of: 12-30-2010

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Health Insurance	SectionI	Insurance	
			Not Collected	
97	Unknown	2		Medicare and Medicaid

11	Expected/Actual Primary Source of Payment	-	Expected Source Of Payment
08	No Charge (Free, Charity, Special Research or Teaching)	0	None (Charity)
01	Self-Pay	1	Self Pay
07	Other Health Insurance Companies	2	Private Health Insurance
07	Other Health Insurance Companies	3	Health Maint Organization (HMO) Employers Assistance Program (EAP)
03	Medicare	4	Medicare
04	Medicaid	5	Medicaid
07	Other Health Insurance Companies	6	VA
05	Other Government Payments	7	CHAMPUS
06	Worker's Compensation	8	Worker's Compensation
05	Other Government Payments	9	Other Public Resources
No longer effective as of: 02-21-2002			

11	Expected/Actual Primary Source of Payment	-	Not Collected
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12	Detailed Not in Labor Force	-	Not Collected
No longer effective as of: 06-30-2006			

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Detailed Not in Labor Force	-		Type of Employment/Not in Labor Force
01	Homemaker	A		Homemaker
02	Student	B		Student
03	Retired	C		Retired
04	Disabled	D		Disabled
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	E		Inmate of Institution
06	Other	F		Other

13	Detailed Criminal Justice Referral Categories	-		Primary Referral
06	Prison	12		Department of Corrections
04	Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser., Review Board	25		Law Enforcement
01	State/Federal Court	32		Court
03	Probation/Parole	33		Probation
03	Probation/Parole	34		Parole
07	DUI/DWI	35		Dept opf Public Safety
04	Other Recognized Legal Entity (Local Law, Corr. Agncy, Youth Ser., Review Board	48		Office of Juvenile Affairs

13	Detailed Criminal Justice Referral Categories	-		Not Collected
No longer effective as of: 06-30-2003				

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

Oklahoma

Item No Treatment Episode Data Set

Item

Value

State System Data

14	Marital Status	-	Marital Status
01	Never Married	1	Not Married
02	Now Married (includes those living together as married)	2	Married
04	Divorced	3	Divorced
05	Widowed	4	Widowed
02	Now Married (includes those living together as married)	5	Living As Married
03	Separated (legally seperated or otherwise absent because of marital discord))	6	Seperated
No longer effective as of: 02-21-2002			

14 Marital Status

Section II

Marital Status.

01	Never Married	1	Never Married
02	Now Married (includes those living together as married)	2	Married
04	Divorced	3	Divorced
05	Widowed	4	Widowed
02	Now Married (includes those living together as married)	5	Living as Married
03	Separated (legally seperated or otherwise absent because of marital discord))	6	Seperated

15 Days Waiting to Enter Treatment

-

Not Collected

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Optional

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Number of Arrests in the 30 Days Prior to Admission	-		Arrested 30 Days
00-96	Number of Arrests	00		None
00-96	Number of Arrests	01-96		01-99
17	Frequency of Attendance at Self-Help Programs in 30 days prior to Admission	-		Frequency of Attendance at Self Help Programs
01	No Attendance in past month	0		No Attendance
02	1-3 times in past month (less than once per week)	1-3		1-3 times in past month
05	16-30 times in past month (4 or more times per week)	16-96		16-96 times in past month
03	4-7 times in past month (about once per week)	4-7		4-7 times in past month
04	8-15 times in past month (2 or 3 times per week)	8-15		8-9 times in past month

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	System Transaction at Discharge	-		System Transaction Type Added To Each Record
	A Add	A		Add
	C Change	C		Change
	D Delete	D		Delete
2	State Code at Discharge	-		FIPS Code Added To Each Record
	- State abbreviation according postal codes	-		OK
3	Reporting Date at Discharge	-		Month and Year of Submission Added to Each Record
			MMYYYY	
4	Provider Identifier at Discharge	-		Provider ID at Discharge
			3	
5	Client Identifier at Discharge	-		Client ID at Discharge
			9	
	No longer effective as of: 02-21-2002			
5	Client Identifier at Discharge	Section I		Client Id - State Unique
			9	

Oklahoma's Treatment Episode Data Set
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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Co-Dependent/Collateral at Discharge	-		Primary Referral
2	No	-		all other codes
1	Yes	740		Co-Dependent
1	Yes	744		Dependent Child of a SA Client in Treatment
1	Yes	745		Dep Child of Alc Abuse Client
1	Yes	746		Dep Child of Drug Abuse Client
1	Yes	747		Dep Child of Poly- Abuse Client
1	Yes	748		Co-Dependent of an Alc Abuser
1	Yes	749		Co-Dependent of an Drug Abuser
1	Yes	750		Co-Dependent of an Poly-Abuser
1	Yes	751		Family Member or Significant Other of an SA Client

Oklahoma's Treatment Episode Data Set
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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Co-Dependent/Collateral at Discharge	-		Presenting Problem
2	No	-		All other codes
1	Yes		740,744	Presenting Problem Code Absent (not used since 6/30/1999)
1	Yes		745	Dependent Child of an Alcohol Abuse Client (not used since 6/30/1999)
1	Yes		746	Dependent Child of an Drug Abuse Client
1	Yes		747	Dependent Child of an Poly Abuse Client
1	Yes		748	Co-Dependent of an Alcohol Abuser
1	Yes		749	Co-Dependent of an Drug Abuser
1	Yes		750	Co-Dependent of an Poly Abuser
1	Yes		751	Family Member or Significant Other of an SA Client
No longer effective as of: 06-30-2007				

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No Treatment Episode Data Set

Item

Value

State System Data

7	Type of Service at Discharge	-	Services Sheet
HIPAA Code + Modifiers			
03	Rehabilitation/Residential - Hospital	001A	Inpatient
01	Detoxification, 24-Hour Service, Hospital Inpatient	001B	Medical Dextofication
03	Rehabilitation/Residential - Hospital	001C	Acute Medical Care
03	Rehabilitation/Residential - Hospital	001D	Acute Inpatient
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002A	Residential Substance Abuse Treatment
02	Detoxification, 24-Hour Service, Free Standing Residential	002B	Medically Supervised Detoxification
08	Ambulatory Detoxification	002C	Non Medical Detoxification (Social Detox)
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002D	Adolescent Group Home
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002E	Residential Treatment- Acute
05	Rehabilitation/Residential - Long Term (More than 30 Days)	002F	Residential Treatment - Long Term
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002G	Residential Treatment for Adolscents
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002H	Residential Treatment-Women with Children
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002J	Residential Treatment for Dually Diagnosed
02	Detoxification, 24-Hour Service, Free Standing Residential	002K	Non-Medically Detox.-Preg Women and Women with Dependent Childrens
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002M	Services to Dependent Childen of SA res. Treatment
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002N	Intensive Residential SA Treatment
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002S	Residential Treatment - Mental Health
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003A	Halfway House Services - Pregnant & Post Partum Women

Oklahoma's Treatment Episode Data Set
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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Service at Discharge	-		Services Sheet
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003B		Half-Way House
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003C		Independent Living
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003D		Community Lodge Program
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003E		Supervised Housing
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003H		Residential Shelter for Dependents
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003K		Residential Care
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003M		Services Dep. Children of Substance Abusers in Halfway
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	003N		Services Dep. Children of Substance Abusers in Res. Tx.
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003S		Halfway House Services for Women with Dep. Children
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003T		Halfway House Services for Dually Diagnosed
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003V		Permanent Congregate Housing for Onsite Support
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003Y		Halfway House services for Adolescents
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003Z		Permanent Congregate Housing
06	Ambulatory - Intensive -Outpatient	004C		Day School - 6 Hours
07	Ambulatory -Non Intensive -Outpatient	130		Individual/Counseling/Therapy
07	Ambulatory -Non Intensive -Outpatient	131		Group Counseling/Therapy
07	Ambulatory -Non Intensive -Outpatient	132		Family Marital Counseling
07	Ambulatory -Non Intensive -Outpatient	135		Individual Counseling MH Professional
07	Ambulatory -Non Intensive -Outpatient	136		Group Counseling MH Professional

Oklahoma's Treatment Episode Data Set
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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Service at Discharge	-		Services Sheet
07	Ambulatory -Non Intensive -Outpatient	137		Family /Medical Counseling - MH Professional
07	Ambulatory -Non Intensive -Outpatient	138		Institution Based Substance Abuse Screening
07	Ambulatory -Non Intensive -Outpatient	202		Socialization
07	Ambulatory -Non Intensive -Outpatient	211		SA Dx/ Problem Related Education
07	Ambulatory -Non Intensive -Outpatient	212		Case Management Services
07	Ambulatory -Non Intensive -Outpatient	213		Intensive Case Management
07	Ambulatory -Non Intensive -Outpatient	214		Assertive Community Treatment
07	Ambulatory -Non Intensive -Outpatient	215		Rehab Services
07	Ambulatory -Non Intensive -Outpatient	216		Individual Rehabilitative Treatment
07	Ambulatory -Non Intensive -Outpatient	217		Group Rehabilitative Treatment
07	Ambulatory -Non Intensive -Outpatient	218		Dx (or Presenting Problem) Related Educational Individual
07	Ambulatory -Non Intensive -Outpatient	219		Dx (or Presenting Problem) Related Educational Group
07	Ambulatory -Non Intensive -Outpatient	224		SA Dx. Problem Related Education (Family)
07	Ambulatory -Non Intensive -Outpatient	225		Case Management
07	Ambulatory -Non Intensive -Outpatient	241		Peer Counseling
07	Ambulatory -Non Intensive -Outpatient	243		Employment Training
07	Ambulatory -Non Intensive -Outpatient	244		Vocational Services
07	Ambulatory -Non Intensive -Outpatient	245		Pre-Vocational Services
07	Ambulatory -Non Intensive -Outpatient	300		Treatment Plan Review

Crosswalk Report

Oklahoma's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Service at Discharge	-		Services Sheet
07	Ambulatory -Non Intensive -Outpatient	301		Laboratory
07	Ambulatory -Non Intensive -Outpatient	304		Pharmacological Management
07	Ambulatory -Non Intensive -Outpatient	305		Medical Review
07	Ambulatory -Non Intensive -Outpatient	400		Treatment Planning
07	Ambulatory -Non Intensive -Outpatient	430		Day Treatment (3 Hours At Least 2 Days Per Week)
07	Ambulatory -Non Intensive -Outpatient	431		Psycho-Social Treatment
06	Ambulatory - Intensive -Outpatient	432		Intensive Outpatient Substance Abuse Services
06	Ambulatory - Intensive -Outpatient	433		Intensive Outpatient Services Individual - SA
06	Ambulatory - Intensive -Outpatient	434		Intensive Outpatient Services - Group SA
07	Ambulatory -Non Intensive -Outpatient	560		SA Early Intervention
No longer effective as of: 06-30-2008				

Oklahoma's Treatment Episode Data Set
Version : 1

K = Key Field

Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Service at Discharge	-		Services Sheet
HIPAA Code + Modifiers				
03	Rehabilitation/Residential - Hospital	001A		Inpatient
01	Detoxification, 24-Hour Service, Hospital Inpatient	001B		Medical Dextofication
03	Rehabilitation/Residential - Hospital	001C		Acute Medical Care
03	Rehabilitation/Residential - Hospital	001D		Acute Inpatient
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002A		Residential Substance Abuse Treatment
02	Detoxification, 24-Hour Service, Free Standing Residential	002B		Medically Supervised Detoxification
08	Ambulatory Detoxification	002C		Non Medical Detoxification (Social Detox)
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002D		Adolescent Group Home
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002E		Residential Treatment- Acute
05	Rehabilitation/Residential - Long Term (More than 30 Days)	002F		Residential Treatment - Long Term
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002G		Residential Treatment for Adolscents
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002H		Residential Treatment-Women with Children
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002J		Residential Treatment for Dually Diagnosed
02	Detoxification, 24-Hour Service, Free Standing Residential	002K		Non-Medically Detox.-Preg Women and Women with Dependent Childrens
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002M		Services to Dependent Childen of SA res. Treatment
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002N		Intensive Residential SA Treatment
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002S		Residential Treatment - Mental Health
05	Rehabilitation/Residential - Long Term (More than 30 Days)	002T		Intensive Residential Treatment for Women with Dependent Children

Oklahoma's Treatment Episode Data Set
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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Service at Discharge	-		Services Sheet
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	002V		Services for Dependent Children of SA Abusers in Intensive Residential Treatment
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003A		Halfway House Services - Pregnant & Post Partum Women
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003B		Half-Way House
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003C		Independent Living
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003D		Community Lodge Program
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003E		Supervised Housing
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003H		Residential Shelter for Dependents
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003K		Residential Care
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003M		Services Dep. Children of Substance Abusers in Halfway
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	003N		Services Dep. Children of Substance Abusers in Res. Tx.
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003S		Halfway House Services for Women with Dep. Children
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003T		Halfway House Services for Dually Diagnosed
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003V		Permanent Congregate Housing for Onsite Support
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003Y		Halfway House services for Adolescents
05	Rehabilitation/Residential - Long Term (More than 30 Days)	003Z		Permanent Congregate Housing
06	Ambulatory - Intensive -Outpatient	004C		Day School - 6 Hours
07	Ambulatory -Non Intensive -Outpatient	130		Individual/Counseling/Therapy
07	Ambulatory -Non Intensive -Outpatient	131		Group Counseling/Therapy

Oklahoma's Treatment Episode Data Set
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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Service at Discharge	-		Services Sheet
07	Ambulatory -Non Intensive -Outpatient	132		Family Marital Counseling
07	Ambulatory -Non Intensive -Outpatient	135		Individual Counseling MH Professional
07	Ambulatory -Non Intensive -Outpatient	136		Group Counseling MH Professional
07	Ambulatory -Non Intensive -Outpatient	137		Family /Medical Counseling - MH Professional
07	Ambulatory -Non Intensive -Outpatient	138		Institution Based Substance Abuse Screening
07	Ambulatory -Non Intensive -Outpatient	139		SA Inmate Services
07	Ambulatory -Non Intensive -Outpatient	202		Socialization
07	Ambulatory -Non Intensive -Outpatient	211		SA Dx/ Problem Related Education
07	Ambulatory -Non Intensive -Outpatient	212		Case Management Services
07	Ambulatory -Non Intensive -Outpatient	213		Intensive Case Management
07	Ambulatory -Non Intensive -Outpatient	214		Assertive Community Treatment
07	Ambulatory -Non Intensive -Outpatient	215		Rehab Services
07	Ambulatory -Non Intensive -Outpatient	216		Individual Rehabilitative Treatment
07	Ambulatory -Non Intensive -Outpatient	217		Group Rehabilitative Treatment
07	Ambulatory -Non Intensive -Outpatient	218		Dx (or Presenting Problem) Related Educational Individual
07	Ambulatory -Non Intensive -Outpatient	219		Dx (or Presenting Problem) Related Educational Group
07	Ambulatory -Non Intensive -Outpatient	224		SA Dx. Problem Related Education (Family)
07	Ambulatory -Non Intensive -Outpatient	225		Case Management
07	Ambulatory -Non Intensive -Outpatient	241		Peer Counseling

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Service at Discharge	-		Services Sheet
07	Ambulatory -Non Intensive -Outpatient	243		Employment Training
07	Ambulatory -Non Intensive -Outpatient	244		Vocational Services
07	Ambulatory -Non Intensive -Outpatient	245		Pre-Vocational Services
07	Ambulatory -Non Intensive -Outpatient	300		Treatment Plan Review
07	Ambulatory -Non Intensive -Outpatient	301		Laboratory
07	Ambulatory -Non Intensive -Outpatient	304		Pharmacological Management
07	Ambulatory -Non Intensive -Outpatient	305		Medical Review
07	Ambulatory -Non Intensive -Outpatient	400		Treatment Planning
07	Ambulatory -Non Intensive -Outpatient	430		Day Treatment (3 Hours At Least 2 Days Per Week)
07	Ambulatory -Non Intensive -Outpatient	431		Psycho-Social Treatment
06	Ambulatory - Intensive -Outpatient	432		Intensive Outpatient Substance Abuse Services
06	Ambulatory - Intensive -Outpatient	433		Intensive Outpatient Services Individual - SA
06	Ambulatory - Intensive -Outpatient	434		Intensive Outpatient Services - Group SA
07	Ambulatory -Non Intensive -Outpatient	436		Illness Management and Recovery (IMR)
07	Ambulatory -Non Intensive -Outpatient	560		SA Early Intervention
8	Date of Last Contact	-		Last Service Date MMDDYYYY
9	Date of Discharge	-		Transaction Date MMDDYYYY

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Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Reason for Discharge, Transfer, or Discontinuance of Treatment	-		Transaction Type
01	Treatment Completed	60		Completed Treatment
01	Treatment Completed	61		Completed Court Treatment
02	Left Against Professional Advice	62		Left ACA/90 Days No Contact
07	Other	63		Moved
04	Transferred to Another Substance Abuse Treatment Program or Facility	64		Transferred to Another Facility
05	Incarerated	65		Incarcerated
03	Terminated by Facility	66		Broke Rules
02	Left Against Professional Advice	67		AWOL
06	Death	68		Death
02	Left Against Professional Advice	69		Failed to Begin Treatment
07	Other	70		Treatment Incompatilby
07	Other	91		Admistrative Discharge - Agency Closed
02	Left Against Professional Advice	92		Admistrative Discharge - Client not seen in 180 days
No longer effective as of: 06-30-2008				

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Discharge/NOMS

Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Reason for Discharge, Transfer, or Discontinuance of Treatment	-		Transaction Type
01	Treatment Completed	60		Completed Treatment
01	Treatment Completed	61		Completed Court Treatment
02	Left Against Professional Advice	62		Left ACA/90 Days No Contact
07	Other	63		Moved
04	Transferred to Another Substance Abuse Treatment Program or Facility	64		Transferred to Another Facility
05	Incarcerated	65		Incarcerated
03	Terminated by Facility	66		Broke Rules
02	Left Against Professional Advice	67		AWOL
06	Death	68		Death
02	Left Against Professional Advice	69		Failed to Begin Treatment
07	Other	70		Treatment Incompatibility
07	Other	71		Discharge/Medical
07	Other	72		Discharge/Children Related to Parent Discharge
07	Other	91		Administrative Discharge - Agency Closed
02	Left Against Professional Advice	92		Administrative Discharge - Client not seen in 180 days

11 Provider Identifier at Admission - -

- Comes from admission file

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Oklahoma

Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Client Identifier at Admission	Section I	Client Id - State Unique	
-	Comes from admission file			
13	Co-Dependent/Collateral at Admission	-	Reason For Contact	
-	Comes from admission file			
14	Client Transaction Type.	-	Transaction Type	
-	Comes from admission file			
15	Date of Admission.	-	Transaction Date	
-	Comes from admission file			
16	Type of Service at Admission	-	Services Sheet	
-	Comes from admission file			
17	Date of Birth.	Section I	Birth Year	
-	Comes from admission file			

Crosswalk Report

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Item No	Treatment Episode Data Set	Item	Value	State System Data
18	Sex.	-	-	
	- Comes from admission file			
19	Race.	Section I	Client Race/Ethnicity.	
	- Comes from admission file			
20	Ethnicity.	Section I	Client Race/Ethnicity.	
	- Comes from admission file			

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Item No	Treatment Episode Data Set	Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	SectionIII	Drugs of Choice	
01	None	01	None	
02	Alcohol	02	Alcohol	
05	Heroin	03	Heroin	
06	Non-Prescription Methadone	04	Non-RX Methadone	
07	Other Opiates and Synthetics	05	Other Opiates & Synectics	
15	Barbiturates	06	Barbiturates	
16	Other Non- Barbiturate Sedatives or Hypontics	07	Other Sediatives/Hypnotics	
11	Other Amphetamines	08	Amphetamines	
03	Cocaine/Crack	09	Cocaine	
04	Marijuana/Hashish	10	Marijuana/Hashish	
09	Other Hallucinogens	11	Other Hallucinogens	
17	Inhalants	12	Inhalants	
18	Over-The-Counter	13	Over-the-counter	
14	Other Non-Benzodiazepine Tranquilizer	14	Tranquilizers	
08	PCP	15	PCP	
20	Other	16	Other	
20	Other	17	Unknown	
20	Other	18	Methamphetamines	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	SectionIII		Drugs of Choice
13	Benzodiazepines	19		Benzodiazepine
12	Other Stimulants	20		Other Stimulants
20	Other	21		Club Drugs
22	Frequency of Use at Discharge (Primary, Secondary, Tertiary)	SectionIII		Frequency of Use.
01	No Use in the Past Month	1		No Past Month Use
02	1-3 Times in the Past Month	2		1-3 Times/Month
03	1-2 Times in the Past Week	3		1-2 Times/Week
04	3-6 Times in the Past Week	4		3-6 Times/Week
05	Daily	5		Daily

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Item No Treatment Episode Data Set

Item

Value

State System Data

23 Living Arrangements at Discharge

Section II

Current Residence:

03	Independent Living	A	Permanent Housing
03	Independent Living	B	Perm Sup Hou-Non-Cong
02	Dependent Living	C	Perm Sup Hou-Cong
02	Dependent Living	D	Transitional Housing
03	Independent Living	E	Temporary Housing
02	Dependent Living	F	RC Facility/Group Home
02	Dependent Living	G	Nursing Home
02	Dependent Living	H	Institutional Setting
01	Homeless	I	Homeless-Shelter
01	Homeless	J	Homeless-Street

No longer effective as of: 06-30-2008

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Item No	Treatment Episode Data Set	Item	Value	State System Data
23	Living Arrangements at Discharge	Section II	Current Residence:	
03	Independent Living	A	Permanent Housing	
03	Independent Living	B	Perm Sup Hou-Non-Cong	
02	Dependent Living	C	Perm Sup Hou-Cong	
02	Dependent Living	D	Transitional Housing	
03	Independent Living	E	Temporary Housing	
02	Dependent Living	F	RC Facility/Group Home	
02	Dependent Living	G	Nursing Home	
02	Dependent Living	H	Institutional Setting	
01	Homeless	I	Homeless-Shelter	
01	Homeless	J	Homeless-Street	

24	Employment at Discharge	Section II	Employment.
01	Full Time	1	Full-time
02	Part Time	2	Part-time
03	Unemployed	3	Unemployed
04	Not in Labor Force	4	Not in labor force

25	Detailed Not In Labor Force at Discharge	-	Not Collected
No longer effective as of: 06-30-2006			

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Item No	Treatment Episode Data Set	Item	Value	State System Data
25	Detailed Not In Labor Force at Discharge	-		Type of Employment/Not in Labor Force
01	Homemaker	A		Homemaker
02	Student	B		Student
03	Retired	C		Retired
04	Disabled	D		Disabled
05	Inmate of Institution	E		Inmate of Institution
06	Other	F		Other

26 Number of Arrests in 30 Days Prior to Discharge - **Arrested 30 Days**

No longer effective as of: 06-03-2007

26	Number of Arrests in 30 Days Prior to Discharge	-		Arrested 30 Days
00-96	Number of Arrests	00		None
00-96	Number of Arrests	01-96		01-99

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Item No	Treatment Episode Data Set	Item	Value	State System Data
27	Frequency of Attendance at Self-Help program in the 30 Days Prior to Discharge	-		Frequency of Attendance at Self Help Programs
01	No Attendance in past month	0		No Attendance
02	1-3 times in the past month (less than once per week)	1-3		1-3 times in past month
05	16-30 times in past month (4 or more times per week)	16-96		16-96 times in past month
03	4-7 times in the past month (about once per week)	4-7		4-7 times in past month
04	8-15 times in the past month (2-3 times per week)	8-15		8-9 times in past month

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report