

Crosswalk Management System

Report REPORT CROSSWALK TO STATE
Filename
Run by CWMS_PROXY
Report Date 27-DEC-16 09:07

Crosswalk Report

Status : FN

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality

Media ID : MT01 - MT

Start Date : 01-OCT-91

End Date :

Follow-up :

Montana's Treatment Episode Data Set

Version : 1

K = Key Field

System

Montana

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

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 1	State Provider Identifier	2		Program Number - NDATUS
K 2	Client Identifier (Admission)	3		Client ID
K 3	Co-Dependent/Collateral	7		Client Status - Co-dependent/Collateral
	2 No	-		Not collected
	1 Yes	-		Not collected
K 4	Client Transaction Type	7		Client Status
	A Admission (SA)	1		Admission--Alcohol/Drug
	T Transfer/Change in Service (SA)	2		Transfer in Service--Alcohol/Drug
K 5	Date of Admission	4		Admission Date MMDDYYYY

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Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Prior Treatment Episodes	23		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 or greater
7	Unknown	97		Unknown

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	8	Source of Referral ..	
02	Alcohol/Drug Abuse Provider	51-98		Other Montana Alcohol & Drug programs - OLD data
06	Other Community Referral	AA/NA		AA, NA, AL-ANON, etc
07	Court/Criminal Justice/DUI/DWI	ACT		ACT program
06	Other Community Referral	CHURCH		Church
07	Court/Criminal Justice/DUI/DWI	CORRPOP		Correctional population
07	Court/Criminal Justice/DUI/DWI	COURT		Courts
07	Court/Criminal Justice/DUI/DWI	DFS		Dept of family services
05	Employer/Employer Assistance ProgramEAP	EMPLOYER		Employer
01	Individual (includes self-referral))	FAMILY		Family
01	Individual (includes self-referral))	FRIENDS		Friends
03	Other Health Care Provider	HOSP		Hospital
03	Other Health Care Provider	IHS		Indian Health Service
07	Court/Criminal Justice/DUI/DWI	LEGAL		Attorney, legal aid
06	Other Community Referral	MEDIA		Media
03	Other Health Care Provider	MENTHLTH		Mental health
02	Alcohol/Drug Abuse Provider	OTHMTTX		Other MT TX programs
02	Alcohol/Drug Abuse Provider	OTHRCD		Other CD provider
02	Alcohol/Drug Abuse Provider	OTHRTX		Other TX provider

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	8	Source of Referral ..	
03	Other Health Care Provider	OUTSTATE		Out-of-State treatment program
02	Alcohol/Drug Abuse Provider	OWNPGM		Same provider
07	Court/Criminal Justice/DUI/DWI	POLICE		Police
07	Court/Criminal Justice/DUI/DWI	PPP		Prerelease, parole, and probation
03	Other Health Care Provider	PRIVPRACT		Private practitioner
03	Other Health Care Provider	PUBHLTH		Public health
04	School (Educational)	SCHOOL		School
01	Individual (includes self-referral))	SELF		Self
06	Other Community Referral	SOCSVC		Social service or project work
07	Court/Criminal Justice/DUI/DWI	TRBLCRT		Tribal court

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	8	Source of Referral	
01	Individual (includes self-referral))	01	Self	
03	Other Health Care Provider	02	Hospital	
03	Other Health Care Provider	03	Mental Health	
03	Other Health Care Provider	04	Private Practioner	
03	Other Health Care Provider	05	Public Health	
07	Court/Criminal Justice/DUI/DWI	06	Own Program	
07	Court/Criminal Justice/DUI/DWI	07	ACT Program	
06	Other Community Referral	08	AA, NA, AL-ANON, Etc.	
07	Court/Criminal Justice/DUI/DWI	09	Other CD Program	
06	Other Community Referral	10	Social Service or Project Work	
07	Court/Criminal Justice/DUI/DWI	11	Courts	
07	Court/Criminal Justice/DUI/DWI	12	Police	
07	Court/Criminal Justice/DUI/DWI	13	Prerelease, Parole and Probation	
07	Court/Criminal Justice/DUI/DWI	15	Attorney, Legal Aid	
03	Other Health Care Provider	16	Indian Health Service	
07	Court/Criminal Justice/DUI/DWI	17	Tribal Court	
07	Court/Criminal Justice/DUI/DWI	18	Dept. of Family Services	
05	Employer/Employer Assistance ProgramEAP	19	Employer	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	8	Source of Referral	
06	Other Community Referral	20	Church	
04	School (Educational)	21	School	
01	Individual (includes self-referral))	22	Family	
01	Individual (includes self-referral))	23	Friends	
06	Other Community Referral	24	Media	
03	Other Health Care Provider	25	Change in Service	
03	Other Health Care Provider	26	Other Treatment Program	
97	Unknown	27	None - used when no other category applies	
02	Alcohol/Drug Abuse Provider	51-98	Other Montana Alcohol and Drug Treatment Programs	
03	Other Health Care Provider	99	Out-of-State Treatment Program	
No longer effective as of: 03-31-2008				

8	Date of Birth	11	Birth Date	
			MMDDYYYY	
9	Gender	12	Sex	
1	Male	1	Male	
2	Female	2	Female	
No longer effective as of: 03-31-2008				

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Item No	Treatment Episode Data Set	Item	Value	State System Data
9	Gender	12	ADMIT_GENDER	
2	Female		FEMALE	Female
1	Male		MALE	Male
10	Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit	13	ADMIT_RACE	
01	Alaska Native (Aleut, Eskimo, Indian)		AKNAT	Alaskan native
13	Asian		ASIAN	Asian
04	Black or African American		BLACK	Black
21	Two or More Races		MULTI-RACE	More than one race
02	American Indian/Alaskan Native (States using Alaskan Native in 01 use for other		NATAMER	American Indian
23	Native Hawaiians or Other Pacific Islanders		NATHAW	Native Hawaiian or other Pacific Islander
20	Other Single Race		OTHSING	Other single race
05	White		WHITE	White

10	Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit	13	Race/Ethnicity
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Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Hispanic or Latino Origin (Ethnicity)	13	Admit_Ethnicity	
03	Cuban	CUBAN		Hispanic: Cuban
02	Mexican	MEX		Hispanic: Mexican
05	Not of Hispanic or Latino Origin	NONHISP		Not Hispanic
04	Other Specific Hispanic	OTH		Other Hispanic
04	Other Specific Hispanic	OTHHISP		Other Hispanic
01	Puerto Rican	PR		Hispanic: Puerto Rican

11	Hispanic or Latino Origin (Ethnicity)	13	Race/Ethnicity	
05	Not of Hispanic or Latino Origin	1		White
05	Not of Hispanic or Latino Origin	2		Black
05	Not of Hispanic or Latino Origin	3		American Indian
05	Not of Hispanic or Latino Origin	4		Alaskan Native
05	Not of Hispanic or Latino Origin	5		Asian/Pacific Islander
02	Mexican	6		Hispanic: Mexican
01	Puerto Rican	7		Hispanic: Puerto Rican
03	Cuban	8		Hispanic: Cuban
04	Other Specific Hispanic	9		Other Hispanic

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Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Education	18	Years of Education Completed	
00	Less Than One Grade Completed	00		Less Than One Grade Completed
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-25		Highest academic school level completed

13	Employment Status	16	Employment Status
01	Full Time - works 35 or more hours a week- includes military	1	Employed Full Time
02	Part Time - works less tahn 35 hours per week	2	Employed Part Time
03	Unemployed - looking for work in past 30 days or on layoff from job	3	Unemployed
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	4	Not in Labor Force
97	Unknown	97	Unknown
No longer effective as of: 03-31-2008			

13	Employment Status	16	Admit_Employ_Status
01	Full Time - works 35 or more hours a week- includes military	FULLTIME	Employed full time
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	NILF	Not In Labor Force
02	Part Time - works less tahn 35 hours per week	PARTTIME	Employed part time
03	Unemployed - looking for work in past 30 days or on layoff from job	UNEMPLOY	Unemployed

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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)	24	Drug Types 1,2,3	
01	None	01		None -used only for secondary/tertiary
02	Alcohol	02		Alcohol
03	Cocaine, Crack	03		Cocaine/Crack
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	04		Marijuana/Hashish
05	Heroin	05		Heroin
06	Non-Prescription Methadone	06		Non-Rx Methadone
07	Other Opiates and Synthetics	07		Other Opiates & Synthetics
08	PCP	08		PCP
09	Hallucinogens	09		Other Hallucinogens
10	Methamphetamine	10		Methamphetamines
11	Other Amphetamines	11		Other Amphetamines
12	Other Stimulants	12		Other Stimulants
13	Benzodiazepines	13		Benzodiazepines
14	Other Non-Benzodiazapine Tranquilizers	14		Other Tranquilizers
15	Barbiturates	15		Barbiturates
16	Other Non-Barbituate Sedatives or Hypnotics	16		Other Sedatives or Hypnotic
17	Inhalants	17		Inhalants

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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)	24	Drug Types 1,2,3	
18	Over-the-Counter	18		Over the counter
20	Other	20		Other

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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)	24	Drug Types 1,2,3	
02	Alcohol	01	Alcohol	
03	Cocaine, Crack	02	Cocaine/Crack	
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preparations)	03	Marijuana/Hashish	
05	Heroin	04	Heroin	
06	Non-Prescription Methadone	05	Non-Rx Methadone	
07	Other Opiates and Synthetics	06	Other Opiates & Synthetics	
08	PCP	07	PCP	
09	Hallucinogens	08	Other Hallucinogens	
10	Methamphetamine	09	Methamphetamines	
11	Other Amphetamines	10	Other Amphetamines	
12	Other Stimulants	11	Other Stimulants	
13	Benzodiazepines	12	Benzodiazepines	
14	Other Non-Benzodiazapine Tranquilizers	13	Other Tranquilizers	
15	Barbiturates	14	Barbiturates	
16	Other Non-Barbituate Sedatives or Hypnotics	15	Other Sedatives or Hypnotic	
17	Inhalants	16	Inhalants	
18	Over-the-Counter	17	Over the counter	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
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14	Substance Problem Codes (Primary-14A,Secondary-14B, Tertiart-14C)	24	Drug Types 1,2,3	
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20	Other	18		Other
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No longer effective as of: 03-31-2008

15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C)	27	Usual Route of Administration	
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97	Unknown	00		-
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01	Oral	01		Oral
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02	Smoking	02		Smoking
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03	Inhalation	03		Inhalation
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04	Injection (IV or intramuscular, intradermal or subcutaneous)	04		Injection
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20	Other	20		Other
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No longer effective as of: 03-31-2008

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Item No	Treatment Episode Data Set	Item	Value	State System Data
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiari-15C)	27		Usual Route of Administration ..
03	Inhalation	INHALE		Inhalation
04	Injection (IV or intramuscular, intradermal or subcutaneous)	INJECT		Injection
96	Not Applicable	NOTAPPL		Used for secondary/tertiary only
98	Not Collected	NOTCOLL		Used for secondary/tertiary only
01	Oral	ORAL		Oral
20	Other	OTHER		Other
02	Smoking	SMOKE		Smoking

16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	25		Frequency During Month Prior to Admis
97	Unknown	00		Unknown - used for codependency/collateral
01	No use in the past month	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

No longer effective as of: 03-31-2008

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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)	25		Frequency use During Month Prior Admis
03	1-2 times per week	1TO2WK		1-2 times per week
02	1-3 times in past month	1TO3PMO		1-3 times in past month
04	3-6 times per week	3TO6WK		3-6 times per week
05	Daily	DAILY		Daily
01	No use in the past month	NOMONTH		No past month use
96	Not Applicable	NONEXIST		Used for secondary/tertiary only
96	Not Applicable	NOTAPPL		Used for secondary/tertiary only

17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	26		Age First Use
00	Newborn with a substance dependency problem	00		Newborn with substance problem will be converted to 00
01-95	Age at First Use, in years	01-96		Age of First Use
97	Unknown	97		Unknown

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Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	5		Type of Care
08	Ambulatory Detoxification	01		Detoxification
01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	02		Inpatient Hospital
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	03		Inpatient Free-Standing
05	Rehabilitation/Residential - Long-term, (more than 30 days)	04		Intermediate (Transitional Living)
07	Ambulatory - Non-Intensive Outpatient	05		Day Treatment
06	Ambulatory - Intensive Outpatient	06		Intensive Outpatient
07	Ambulatory - Non-Intensive Outpatient	07		Outpatient
No longer effective as of: 03-31-2008				

K 18	Type of Services	5	Value	Type of Care ..
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	DAYTX		Day treatment
08	Ambulatory Detoxification	DETOX		Detoxification
03	Rehabilitation/Residential - Hospital (other than detox)	INHOSP		Inpatient hospital
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	INPFREE		Inpatient free-standing
06	Ambulatory - Intensive Outpatient	INTOUTP		Intensive Outpatient
07	Ambulatory - Non-Intensive Outpatient	OUTP		Outpatient
05	Rehabilitation/Residential - Long-term, (more than 30 days)	TRANSLVG		Intermediate (Transitional Living)

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Item No	Treatment Episode Data Set	Item	Value	State System Data
19	Medication-Assisted Opioid Therapy	--		Opioid replacement therapy - NOT COLLECTED
8	Not Collected	-		Not Collected

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Supplemental

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

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	~		Detail Drug Codes - Primary, Secondary & Tertiary
0201	Alcohol	0201		Alcohol
0301	Crack	0301		Crack
0302	Other Cocaine	0302		Other Cocaine
0401	Marijuana/Hashish,THC and any other cannabis sativa preparation	0401		Marijuana/Hashish
0501	Heroin	0501		Heroin
0601	Non - Prescription Methadone	0601		Non-Prescription Methadone
0701	Codeine	0701		Codiene
0702	Propoxyphene (Darvon)	0701		Codiene
0703	Oxycodone (Oxycontin)	0703		Oxycodone (Oxycontin)
0704	Meperidine (Demerol)	0704		Meperidine (Demerol)
0705	Hydromorphone (Dilaudid)	0705		Hydromorphone (Dilaudid)
0706	Other Opiates or Synthetics	0706		Other Opiates or Synthetics
0707	Pentazocine (Talwin)	0707		Pentazocine (Talwin)
0708	Hydrocodone (Vicodin)	0708		Hydrocodone (Vicodin)
0709	Tramadol (Ultram)	0709		Tramadol (Ultram)
0801	PCP or PCP Combinations	0801		PCP or PCP Combinations
0901	LSD	0901		LSD
0902	DMT, mescaline, peyote,STD and Other Hallucinogens	0902		Other Hallucinogens

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Supplemental

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Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	~		Detail Drug Codes - Primary, Secondary & Tertiary
1001	Methamphetamine/Speed	1001		Methamphetamine/Speed
1101	Amphetamine	1101		Amphetamine
1103	Methyleneioxymethamphetamine (MDMA, Ecstasy)	1103		Methyleneioxymethamphetamine (MDMA, Ecstasy)
1109	Other Amphetamines	1109		Other Amphetamines
1201	Other Stimulants	1201		Other Stimulants
1202	Methylphenidate - (Ritalin)	1202		Methylphenidate (Ritalin)
1301	Alprazolam (Xanax)	1301		Alprazolam (Xanax)
1302	Chlordiazepoxide (Librium)	1302		Chlordiazepoxide Librium)
1303	Clorazepate (Tranzene)	1303		Clorazepate (Tranzene)
1304	Diazepam (Valium)	1304		Diazepam (Valium)
1305	Flurazepam (Dalmane)	1305		Flurazepam (Dalmane)
1306	Lorazepam (Ativan)	1306		Lorazepam (Ativan)
1307	Triazolam (Halcion)	1307		Triazolam (Halcion)
1308	Halazepam,oxazepam(Serax),Prazepam,Temazepam(Restoril) and other	1308		Other Benzodiazepine
1309	Flutirazepam (Rohypnol)	1309		Flutirazepam (Rohypnol)
1310	Clonazepam - (Klonopin, Rivotril)	1310		Clonazepam (Klonopin, Rivotril)
1401	Meprobamate (Miltown)	1401		Meprobamate
1403	Other non-benzodiazepineTranquilizer	1403		Other tranquilizer
1501	Phenobarbital	1501		Phenobarbital

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Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	~		Detail Drug Codes - Primary, Secondary & Tertiary
1502	Secobarbital/Amobarbital (Tuinal)	1502		Secobarbital/Amobarbital (Tuinal)
1503	Secobarbital (Seconal)	1503		Secobarbital (Seconal)
1509	Other Barbiturate Sedatives	1509		Other Barbiturate Sedatives
1601	Ethchlorvynol (Placidyl)	1601		Ethchlorvynol (Placidyl)
1602	Glutethimide (Doriden)	1602		Glutethimide (Doriden)
1603	Methaqualone	1603		Methaqualone
1604	Other Non-Barbiturate Sedatives	1604		Other Non Barbiturate Sedatives
1605	Other Sedatives	1605		Other Sedatives
1701	Aerosols	1701		Aerosols
1702	Nitrites	1702		Nitrites
1703	Gasoline, glue, and other inappropriately inhaled products	1703		Other Inhalants
1704	Solvents (paint thinners and other solvents)	1704		Solvents
1705	Anesthetics (Chloroform, ether, nitrous oxide and other anesthetics)	1705		Anesthetics
1801	Diphenhydramine	1801		Diphenhydramine
1809	Other Over-The-Counter	1809		Other Over-The-Counter
2001	Dephenylhydantoin/Phenytoin (Dilantin)	2001		Dephenylhydantoin/Phenytoin (Dilantin)
2002	Synthetic Cannabinoid (Spice), Carisoprodol (Soma) and other drugs	2002		Other Drugs
2003	GHB/GBL - (gamma-hydroxybutyrate, gamma-butyrolactone)	2003		GHB/GBL (gamma-hydroxybutyrate, gamma-butyrolactone)
2004	Ketamine - (Special K)	2004		Ketamine - (Special K)

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Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	~		Detail Drug Codes - Primary, Secondary & Tertiary
9996	Not Applicable	9996		Not Applicable
2	Detail Drug Code, Secondary	~		Detail Drug Codes - Primary, Secondary & Tertiary
3	Detail Drug Code, Tertiary	~		Detail Drug Codes - Primary, Secondary & Tertiary

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Item No	Treatment Episode Data Set	Item	Value	State System Data
4	Diagnostic Code (DSM or ICD) field should be coded 999.98 - field 19 replaces i	~		DSM Diagnosis
	XXX.XX DSM/ICD codes		303.90	Alcohol Dependence
	XXX.XX DSM/ICD codes		304.0	Opioid Dependence
	XXX.XX DSM/ICD codes		304.1	Sedative, Hypnotic, or Anxiolytic Dependence
	XXX.XX DSM/ICD codes		304.2	Cocaine Dependence
	XXX.XX DSM/ICD codes		304.3	Cannabis Dependence
	XXX.XX DSM/ICD codes		304.4	Amphetamine Dependence
	XXX.XX DSM/ICD codes		304.5	Hallucinogen Dependence
	XXX.XX DSM/ICD codes		304.6	Phencyclidine or Inhalant Dependence
	XXX.XX DSM/ICD codes		304.8	Polysubstance Dependence
	XXX.XX DSM/ICD codes		304.9	Other or Unknown substance Dependence
	XXX.XX DSM/ICD codes		305.0	Alcohol Abuse
	XXX.XX DSM/ICD codes		305.2	Cannabis Abuse
	XXX.XX DSM/ICD codes		305.3	Hallucinogen Abuse
	XXX.XX DSM/ICD codes		305.4	Sedative, Hypnotic, or Anxiolytic Abuse
	XXX.XX DSM/ICD codes		305.5	Opioid Abuse
	XXX.XX DSM/ICD codes		305.6	Cocaine Abuse
	XXX.XX DSM/ICD codes		305.7	Amphetamine Abuse

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Item No	Treatment Episode Data Set	Item	Value	State System Data
4	Diagnostic Code (DSM or ICD) field should be coded 999.98 - field 19 replaces i	~		DSM Diagnosis
	XXX.XX DSM/ICD codes		305.9	Pheicyclidine or Inhalant Abuse
No longer effective as of: 09-30-2015				

4	Diagnostic Code (DSM or ICD) field should be coded 999.98 - field 19 replaces i	~		DSM Diagnosis - Not collected
	999.98 Not Collected		999.98	Not collected

5	Psychiatric Problem in Addition to Alcohol or Drug Problem	~		Psych Prob In Addition to Alcohol/Drug Prob
	2 No		NO	No
	1 Yes		YES	Yes

5	Psychiatric Problem in Addition to Alcohol or Drug Problem	~		Psych Prob In Addition to Alc/Drug
	1 Yes		1	Yes
	2 No		2	No
No longer effective as of: 03-31-2008				

Crosswalk Report

Montana's Treatment Episode Data Set
Version : 1

K = Key Field

Supplemental

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Pregnant at Admission	21	Pregnant ..	
1	Yes - female client was pregnant at admission	1		Yes
2	No - female client was not pregnant at admission	2		No
No longer effective as of: 03-31-2008				

6	Pregnant at Admission	21	Pregnant	
6	Not Applicable - use this code for male clients or children in prepuberty age	NA		Not applicable
2	No - female client was not pregnant at admission	NO		No
1	Yes - female client was pregnant at admission	YES		Yes

7	Veteran Status	~	Veterans Status	
2	No	NO		No
1	Yes	YES		Yes

8	Living Arrangements	20	Homeless	
01	Homeless - clients with no fixed address; includes homeless shelter	1		Yes
98	Not Collected	2		No
No longer effective as of: 03-31-2008				

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Supplemental

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	20	Homeless	
97	Unknown	97	Unknown	
02	Dependent Living - clients living in a supervised setting	DEPLVG	Dependent Living	
01	Homeless - clients with no fixed address; includes homeless shelter	HOMELESS	Homeless	
03	Independent Living - clients living alone or with others but no supervision	INDLVG	Independent Living	
9	Source of Income/Support	~	Source of Income/Support	
04	Disability	DISABLE	Disability	
21	None	NONE	None	
20	Other	OTHER	Other	
02	Public Assistance	PUBASST	Public Assistance	
03	Retirement/Pension	RETIRE	Retirement/Pension	
01	Wages/Salary	SALARY	Wages/Salary	

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Supplemental

Montana

Item No Treatment Episode Data Set

Item

Value

State System Data

10 Health Insurance

19

Health Insurance

02	Blue Cross/Blue Shield	1	Blue Cross/Blue Shield
01	Private Insurance (other than BCBS or HMO)	2	Other Private Insurance, includes TriCare
20	Other (e.g. TriCare)	5	IHS (Indian Health Service)
21	None	6	None
04	Medicaid	MCD	Medicaid
03	Medicare	MCR	Medicare

No longer effective as of: 03-31-2008

10 Health Insurance

19

Health Insurance

02	Blue Cross/Blue Shield	BC/BS	Blue Cross/Blue Shield
20	Other (e.g. TriCare)	I H S	IHS (Indian Health Service)
04	Medicaid	MCD	Medicaid
03	Medicare	MCR	Medicare
21	None	NONE	None
01	Private Insurance (other than BCBS or HMO)	PRVINS	Other Private Insurance, includes Campus

Crosswalk Report

Montana's Treatment Episode Data Set
Version : 1

K = Key Field

Supplemental

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	~		Expected/Actual Primary Source of Payment
02	Blue Cross/Blue Shield	BC/BS		Blue Cross/Blue Shield
04	Medicaid	MCD		Medicaid
03	Medicare	MCR		Medicare
08	No Charge (Free, Charity, Special Research or Teaching)	NOCHARG		No Charge (Free, Charity, Special Research or Teaching)
09	Other	OTHER		Other
05	Other Government Payments	OTHGOV		Other Government Payments
07	Other Health Insurance Companies	OTHRHINS		Other Health Insurance Companies
01	Self-Pay	SELPAY		Self-Pay
06	Worker's Compensation	WORKCOMP		Worker's Compensation

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Supplemental

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Detailed Not in Labor Force	~		Detailed Not in Labor Force
04	Disabled		DISABLED	Disabled
01	Homemaker		HOMEMKR	Homemaker
05	Inmate of Institution (Prison or Institution - keeps people out of work force)		INMATE	Inmate of Institution (Prison or Institution - keeps people out of work force)
96	Not Applicable		NA	Not Applicable
98	Not Collected		NOCOLLECT	Not collected
06	Other		OTHER	Other
03	Retired		RETIRED	Retired
02	Student		STUDENT	Student

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Supplemental

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	~		Detailed Criminal Justice Referral
05	Diversionary Program (E.G. TASC)	DIVPGM		Diversionary Program (E.G. TASC)
07	DUI/DWI	DUI/DWI		DUI/DWI
02	Other Court (Not State or Federal)	OTHCRT		Other court (Not State or Federal)
08	Other	OTHER		Other
04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board	OTHLEGAL		Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser. Review Board)
06	Prison	PRISON		Prison
03	Probation/Parole	PROB		Probation/Parole
01	State/Federal Court	STFEDCRT		State/Federal Court
96	Not Applicable	UNKNOWN		Unknown/Not Applicable
14	Marital Status	~		Marital Status
02	Now Married (includes those living together as married)	MARRIED		Married
01	Never Married - includes clients who are single or whose	UNMARRIED		Unmarried
15	Days Waiting to Enter Treatment	22		Days Waiting to Enter Treatment
000-996	Number of Days waiting	XXX		Days

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Supplemental

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Number of Arrests in the 30 Days Prior to Admission	~		Number of Arrests in the 30 Days Prior to Admission
00-96	Number of Arrests	00-96		Number of Arrests
97	Unknown	97		Unknown
17	Frequency of Attendance at Self-Help Programs in 30 days prior to Admission	~		Frequency of attendance at self-help programs
02	less than once a week - 1 to 3 times in past 30 days	1 TO 3		1-3 times in past month
05	4 or more times a week - 16 to 30 times in past 30 days	16 TO 30		16-30 times in past month
03	About once a week - 4 to 7 times in past 30 days	4 TO 7		4-7 times in past month
04	2 to 3 times a week - 8 to 15 times in past 30 days	8 TO 15		8-15 times in past month
01	No Attendance in past month	NONE		No attendance in last month
06	Some Attendance in past month, but number of times and frequency is unknown	SOME		Some attendance but frequency unknown
18	Diagnostic Code Set	~		Diagnostic Code Set Identifier
3	ICD-10	3		ICD-10
7	Unknown	7		None

Montana's Treatment Episode Data Set
Version : 1

K = Key Field

Supplemental

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
19	Diagnostic Code (ICD-10 Form)	~		Diagnostic Code (ICD-10)
999.9997	Unknown		000.00	None
xxx.xx__	where "-" represents a blank...		303.90	Alcohol Dependence
xxx.xx__	where "-" represents a blank...		304.0	Opioid Dependence
xxx.xx__	where "-" represents a blank...		304.1	Sedative, Hypnotic, or Anxiolytic Dependence
xxx.xx__	where "-" represents a blank...		304.2	Cocaine Dependence
xxx.xx__	where "-" represents a blank...		304.3	Cannabis Dependence
xxx.xx__	where "-" represents a blank...		304.4	Amphetamine Dependence
xxx.xx__	where "-" represents a blank...		304.5	Hallucinogen Dependence
xxx.xx__	where "-" represents a blank...		304.6	Phencyclidine or Inhalant Dependence
xxx.xx__	where "-" represents a blank...		304.8	Polysubstance Dependence
xxx.xx__	where "-" represents a blank...		304.9	Other or unknown substance dependence
xxx.xx__	where "-" represents a blank...		305.0	Alcohol Abuse
xxx.xx__	where "-" represents a blank...		305.2	Cannabis Abuse
xxx.xx__	where "-" represents a blank...		305.3	Hallucinogen Abuse
xxx.xx__	where "-" represents a blank...		305.4	Sedative, Hypnotic, or Anxiolytic Abuse
xxx.xx__	where "-" represents a blank...		305.5	Opioid Abuse
xxx.xx__	where "-" represents a blank...		305.6	Cocaine Abuse
xxx.xx__	where "-" represents a blank...		305.7	Amphetamine Abuse

Crosswalk Report

Montana's Treatment Episode Data Set
Version : 1

K = Key Field

Supplemental

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
19	Diagnostic Code (ICD-10 Form)	~		Diagnostic Code (ICD-10)
	xxx.xx__ where "-" represents a blank...		305.9	Phencyclidine, Inhalant or Other Substance Abuse

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	System Transaction at Discharge	-		System Transaction Type Added to Record Admission
	A Add	A		A Add
	C Change	C		C Change
	D Delete	D		D Delete
2	State Code at Discharge	~~		State code at discharge
3	Reporting Date at Discharge	~~		Month and Year of Submission Added to Each Record .. MMYYYY
4	State Provider Identifier at Discharge	2		Program Number at Discharge
5	Client Identifier at Discharge	3		Client ID at Discharge
6	Co-Dependent/Collateral at Discharge	7		Client Status - Co-dependent/Collateral - not collected

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Treatment Service/Treatment Setting at Discharge	4		Type of Care at Discharge
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	DAYTX		Day treatment
08	Ambulatory Detoxification	DETOX		Detoxification
03	Rehabilitation/Residential - Hospital (other than detoxification)	INHOSP		Inpatient hospital
02	Detoxification, 24-Hour Service, Free Standing Residential	INPFREE		Inpatient free-standing
06	Ambulatory - Intensive -Outpatient	INTOUTP		Intensive outpatient
07	Ambulatory -Non Intensive -Outpatient	OUTP		Outpatient
05	Rehabilitation/Residential - Long Term (More than 30 Days)	TRANSLVG		Intermediate (transitional living)

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Treatment Service/Treatment Setting at Discharge	4	Type of Care at Discharge ..	
08	Ambulatory Detoxification	01	Detox	
01	Detoxification, 24-Hour Service, Hospital Inpatient	02	Inpatient Hospital	
02	Detoxification, 24-Hour Service, Free Standing Residential	03	Inpatient Freestanding	
05	Rehabilitation/Residential - Long Term (More than 30 Days)	04	Intermediate "Transitional Living"	
06	Ambulatory - Intensive -Outpatient	05	Day Treatment	
06	Ambulatory - Intensive -Outpatient	06	Intensive Outpatient	
07	Ambulatory -Non Intensive -Outpatient	07	Outpatient	
72	State Psychiatric Hospital	97	Unknown	
No longer effective as of: 03-31-2008				

8	Date of Last Contact or Data Update	7	Discharge Date (Last contact)
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MMDDYYYY

9	Date of Discharge	7	Discharge Date (Last contact)
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MMDDYYYY

Crosswalk Report

Montana's Treatment Episode Data Set
Version : 1

K = Key Field

Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Reason for Discharge, Transfer, or Discontinuance of Treatment	10		Reason for Discharge ..
01	Treatment Completed	1		Treatment Plan Completed
02	Dropped out of treatment (lost contact, Left Against Professional Advice	2		Client Left Voluntarily Before Treatment Plan Completed
08	Unknown - This code will still be accepted by states shouls use 97 Unknown	3		Client is Inaccessibile(moved, died, in prison,etc)
04	Transferred to Another Treatment Program or Facility	4		Client Transferred to Another Care Modality
03	Terminated by Facility	5		Client Left at Request of Staff
04	Transferred to Another Treatment Program or Facility	6		Client Referred to Another Program
No longer effective as of: 03-31-2008				

10	Reason for Discharge, Transfer, or Discontinuance of Treatment	10	Reason for Discharge
07	Other - includes aging out of MH childrens system, extended placement (condition	INACCESS	Client is inaccessible (moved, died, in prison, etc)
02	Dropped out of treatment (lost contact, Left Against Professional Advice	LEFTOWN	Client left voluntarily before treatment plan completed
03	Terminated by Facility	LEFTSTAFF	Client left at request of staff
04	Transferred to Another Treatment Program or Facility	RFRDPGM	Client referred to another program
01	Treatment Completed	TXCOMP	Treatment plan completed

11	Provider Identifier at Admission	2	Program Number - NDATUS
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- Comes from admission file

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Client Identifier at Admission	3	Client ID	
-	Comes from admission file			
13	Co-Dependent/Collateral at Admission	7	Client Status - Co-dependent/Collateral	
2	Client	-		Not collected
1	Codependent/collateral	-		Not collected
14	Client Transaction Type (pulled from admission dataset)	7	Client Status	
A	Initial Admission (SA)	1		Admission--Alcohol/Drug
T	Transfer or change in service (SA)	2		Transfer in Service--Alcohol/Drug
15	Date of Admission (pulled from admission dataset)	4	Admission Date	
				MMDDYYYY

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Type of Service at Admission (pulled from admission dataset)	5		Type of Care ..
04	Rehabilitation/Residential - Short Term (30 days or fewer)	DAYTX		Day treatment
08	Ambulatory Detoxification	DETOX		Detoxification
03	Rehabilitation/Residential - Hospital (other than Detoxification)	INHOSP		Inpatient hospital
02	Detoxification , 24 hour service , Free-Standing Residential	INPFREE		Inpatient free-standing
06	Ambulatory - Intensive Outpatient	INTOUTP		Intensive Outpatient
07	Ambulatory - Non-Intensive Outpatient	OUTP		Outpatient
05	Rehabilitation/Residential - Long Term (more than 30 days)	TRANSLVG		Intermediate (Transitional Living)

16	Type of Service at Admission (pulled from admission dataset)	5		Type of Care
08	Ambulatory Detoxification	01		Detoxification
01	Detoxification, 24-hour service - Hospital Inpatient	02		Inpatient Hospital
02	Detoxification , 24 hour service , Free-Standing Residential	03		Inpatient Free-Standing
05	Rehabilitation/Residential - Long Term (more than 30 days)	04		Intermediate (Transitional Living)
07	Ambulatory - Non-Intensive Outpatient	05		Day Treatment
06	Ambulatory - Intensive Outpatient	06		Intensive Outpatient
07	Ambulatory - Non-Intensive Outpatient	07		Outpatient

No longer effective as of: 03-31-2008

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K = Key Field

Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
17	Date of Birth (pulled from admission dataset)	11	Birth Date	
			MMDDYYYY	

18	Gender (pulled from admission dataset)	12	Sex	
1	Male	1	Male	
2	Female	2	Female	
No longer effective as of: 03-31-2008				

18	Gender (pulled from admission dataset)	12	ADMIT_GENDER	
2	Female	FEMALE	Female	
1	Male	MALE	Male	

Crosswalk Report

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Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
19	Race (pulled from admission dataset)	13	ADMIT_RACE	
01	Alaskan Native (Aleut, Eskimo)	AKNAT		Alaskan native
13	Asian	ASIAN		Asian
04	Black or African American	BLACK		Black
21	Two or more races	MULTI-RACE		More than one race
02	American Indian	NATAMER		American Indian
23	Native Hawaiian or other Pacific Islander	NATHAW		Native Hawaiian or other Pacific Islander
20	Other single race	OTHSING		Other single race
05	White	WHITE		White
20	Ethnicity (pulled from admission dataset)	13	Admit_Ethnicity	
03	Cuban	CUBAN		Hispanic: Cuban
02	Mexican	MEX		Hispanic: Mexican
05	Not of Specific Hispanic or Latino Origin	NONHISP		Not Hispanic
04	Other Specific Hispanic or Latino	OTH		Other Hispanic
04	Other Specific Hispanic or Latino	OTHHISP		Other Hispanic
01	Puerto Rican	PR		Hispanic: Puerto Rican

Crosswalk Report

Montana's Treatment Episode Data Set
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Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	~~		Substance Problem at Discharge
01	None	01		None - only for secondary/tertiary
02	Alcohol	02		Alcohol
03	Cocaine/Crack	03		Cocaine/Crack
04	Marijuana/Hashish	04		Marijuana/Hashish
05	Heroin	05		Heroin
06	Non-Prescription Methadone	06		Non_prescription Methadone
07	Other Opiates and Synthetics	07		Other Opiates and Synthetics
08	PCP- phencyclidine	08		PCP
09	Hallucinogens	09		Other Hallucingens
10	Methamphetamine/SPEED	10		Methamphetamines
11	Other Amphetamines	11		Other Amphetamines
12	Other Stimulants	12		Other Stimulants
13	Benzodiazepines	13		Benzodiazepines
14	Other Tranquilizer	14		Other Non-Benzodiazepine Tranquilizer
15	Barbiturates	15		Barbirturates
16	Other Sedatives or Hypnotics	16		Other Non-Barbirturate Sediatives or Hypontics
17	Inhalants	17		Inhalants
18	Over-The-Counter medicines	18		Over-The-Counter

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Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	~~		Substance Problem at Discharge
20	Other	20		Other
22	Frequency of Use at Discharge (Primary, Secondary, Tertiary)	~~		Frequency of Use at Discharge
03	1-2 Times in the Past Week	1TO2WK		1-2 times in the Past Week
02	1-3 Times in the Past Month	1TO3PMO		1-3 times in the Past Month
04	3-6 Times in the Past Week	3TO6WK		3-6 times in the Past Week
05	Daily	DAILY		Daily
01	No Use in the Past Month	NOMONTH		No Use in the Past Month
96	Not Applicable	NONEXIST		Not Applicable
97	Unknown	NOTAPPL		Unknown

23 Living Arrangements at Discharge 20 **Homeless**

01	Homeless - clients with no fixed address; includes homeless shelter	1	Yes
98	Not Collected	2	No

No longer effective as of: 03-31-2008

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Montana

Item No	Treatment Episode Data Set	Item	Value	State System Data
25	Detailed Not In Labor Force at Discharge	~		Detailed Not in Labor Force
04	Disabled		DISABLED	Disabled
01	Homemaker		HOMEMKR	Homemaker
05	Inmate of Institution (Prison or Institution - keeps people out of work force)		INMATE	Inmate of Institution (Prison or Institution - keeps people out of work force)
96	Not Applicable		NA	Not Applicable
98	Not Collected		NOCOLLECT	Not collected
06	Other		OTHER	Other
03	Retired		RETIRED	Retired
02	Student		STUDENT	Student
26	Number of Arrests in 30 Days Prior to Discharge	~~		Number of Arrests in 30 Days Prior to Discharge
00-96	Number of Arrests		00-96	Number of arrests
97	Unknown		97	Unknown

Crosswalk Report

Montana's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Montana

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 ..
02	less than once a week - 1 to 3 times in past 30 days	1 TO 3		1-3 times in past month
05	4 or more times a week - 16 to 30 times in past 30 days	16 TO 30		16-30 times in past month
03	About once a week - 4 to 7 times in past 30 days	4 TO 7		4-7 times in past month
04	2 to 3 times a week - 8 to 15 times in past 30 days	8 TO 15		8-15 times in past month
01	No Attendance in past month	NONE		No attendance in last month
06	Some Attendance in past month, but number of times and frequency is unknown	SOME		Some attendance but frequency unknown

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report