

# Missouri

# Care for Pregnant and Postpartum People with Substance Use Disorder Collaborative (CPPPSUD) Required Data Elements Sheet

Substance Use Disorder (SUD) Measurement Statement: For the purposes of quality improvement measurement and standardized data collection and reporting, AIM includes the following substances as part of its definition of SUD: opioids, amphetamines/stimulants, sedatives, and cocaine. For inclusion in the data measures, SUD includes *either* a documented history of SUD or current documentation of *either* verbal or biologic confirmation of substance use, substance abuse or a substance/opioid use disorder diagnosis. Patients with a validated prescription based upon evidence/clinically based medical necessity that *is taken as prescribed* should be excluded from these metrics; however, if the patient verbalizes or is noted to be abusing the prescription, they should be included in the metrics. For the purposes of quality improvement, and the knowledge that documentation and medical coding do not always capture all relevant patients, participants are encouraged to also use alternative means of identifying patients who would benefit from brief intervention and referral to treatment beyond ICD-10 coding. To help ensure broad capture of patients for either inclusion or sampling, a draft list of ICD-10 codes and definitions is included as Appendix A of this document.

### Instructions

- 1. This document is intended as a reference for the MO AIM CPPPSUD Collaborative for all state outcome, process, and structure measures definitions.
- 2. The below information outlines who will collect each data measure (MHA/organization) and how the measure is to be reported, along with inclusion and exclusion criteria if applicable.
- 3. All data measures for this project will be entered into the Life QI data platform unless otherwise noted.
- 4. All participating organizations should select a minimum of *one* OB provider or OB prenatal clinic to include in the implementation of this patient safety bundle. That chosen provider/clinic will be included in data measure reporting that includes implementation and monitoring of evidence-based practices in the prenatal period to improve health outcomes and reduce patient harm.

### **Measure Reporting Timeframes**

- State surveillance measures (4) are reported quarterly (CY) with a lag of 45 to 60 days. SS4, the proportion of pregnancy-associated deaths due to overdose may lag by six months or more.
- Outcomes measures (3) are reported quarterly (CY) beginning with Q1 2022 (January through March 2022), and submitted into Life QI by 30 days after the end of the quarter. O1 originally included in the national AIM data set was removed for the Missouri AIM Collaborative at this time.
- Process measures (6) are reported monthly (CY) beginning January 2022 and submitted into Life QI within 30 days of the end of the reporting month. P5 and P6 will be reported bi-annually in July and December. Data submitted between January and June 2022 will be marked as baseline data. Data submitted July 2022 and after is marked as test data. Organizations are looking to improve performance by metric over baseline throughout the project.
- Structure measures (5) are reported quarterly. In order to increase shared learning, organizations will not be marked as completing the structure measure until the item is shared with the collaborative as feasible and relevant. Files should be uploaded into the applicable folder under the entire MO AIM program files section in Life QI.

### **Sampling Recommendations**

Hospitals may choose to report process measures using a random sampling method. MHA recommends a minimum of a 20% random sampling rate for quality improvement purposes based on the average number of births per month from CY 2020, with a minimum of ten charts per month per measure expected. If random sampling is chosen, it is highly recommended that the method be used starting with baseline measurement and maintained throughout the collaborative to avoid skewing the data. For example, if your hospital averages 50 births per month, 10 charts would be abstracted monthly and reported into Life QI. If your hospital averages 20 births per month, a 20% sampling would only be four charts, so the organization would still abstract 10 charts to meet the minimum QI sampling requirement. If your hospital averages 100 births per month, 20 charts would be abstracted, and so on.

### **Member Engagement Metrics**

MHA defines member engagement in the collaborative as at least one organizational attendee participating in the office hours calls and additional collaborative-related meetings and trainings. In order to meet AIM Star recognition criteria, a minimum of 75% attendance is required.

## **Definitions Relevant to The Data Set**

**Actively Engaged in Treatment**: the patient is actively and willingly participating in recovery, whether through medication assisted treatment or through mental health support through a recovery treatment services program of any type.

**Birth Parent:** the birthing person and their intimate partner and/or the second biological parent. This definition is broadened to support respectful care and equity.

**Referral:** referring to a provider for OUD/SUD specific treatment.

**Recovery Treatment Services:** includes residential treatment/inpatient recovery program, outpatient treatment, behavioral health counseling, peer support counseling, 12-steps program, methadone treatment program.

**Substance Use Disorder:** refers to the misuse of the following substances: opioids, amphetamines/stimulants, sedatives, and/or cocaine and substances that have not otherwise been specified in the medical record as prescriptions, i.e., marijuana, bath salts, huffing, etc.

Maternal Death: the death of a woman while pregnant or within 42 days of termination of pregnancy.

**Pregnancy-Associated Death:** the death of a woman during pregnancy or within one year of the end of pregnancy from a cause that is not related to or directly caused by the pregnancy.

**Pregnancy-Related Death:** The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of the pregnancy.

### **State Surveillance**

Measure Name	Measure Definition	Measure Source	Report As/Frequency
<b>SS1:</b> Rate of substance use	Denominator: All people during their birth admission,	HIDI Collected Claims	N/D, Disaggregated by
disorders among pregnant and postpartum people	excluding those with ectopic pregnancies and miscarriages	Data/MHA	race/ethnicity
	Numerator: Among the denominator, those with any SUD		Quarterly with 45 to
	diagnosis		60-day reporting lag
	Denominator: All people during their delivery hospitalization, excluding those with ectopic pregnancies and miscarriages		
	Numerator: Among the denominator, those with an OUD diagnosis		

ss2: Severe maternal morbidity (SMM) (including transfusion codes) among people with SUD	Denominator: All people during their birth admission, excluding those with ectopic pregnancies and miscarriages, with substance use disorder  Numerator: Among the denominator, cases with any SMM code  Denominator: All people during their birth admission, excluding those with ectopic pregnancies and miscarriages, with opioid use disorder  Numerator: Among the denominator, cases with any SMM code	HIDI Collected Claims Data/MHA	N/D, Disaggregated by race/ethnicity  Quarterly with 45 to 60-day reporting lag
SS3: SMM (excluding transfusion codes) among people with SUD	Denominator: All people during their birth admission, excluding those with ectopic pregnancies and miscarriages, with substance use disorder  Numerator: Among the denominator, all cases with any nontransfusion SMM code  Denominator: All people during their birth admission, excluding those with ectopic pregnancies and miscarriages, with opioid use disorder  Numerator: Among the denominator, cases with any nontransfusion SMM code	HIDI Collected Claims Data/MHA	N/D, Disaggregate by race/ethnicity  Quarterly with 45 to 60-day reporting lag
<b>SS4:</b> Proportion of pregnancy-associated deaths due to overdose	Denominator: Total pregnancy-associated deaths  Numerator: Pregnancy-associated deaths due to overdose	Missouri Pregnancy- Associated Mortality Review Board findings	N/D, Disaggregate by race/ethnicity  Quarterly with 45 to 60-day reporting lag

# **Outcome Measures**

Measure Name	Measure Definition	Measure Source	Report As/Frequency
O2: Percent of pregnant	Denominator: Pregnant and postpartum people with OUD (see	Hospital Chart	N/D;
and postpartum people with	codes list – Appendix A)	Abstraction	Quarterly
OUD who received or were			Jan. – Mar. 2022
referred to medication for	<i>Numerator:</i> Among the denominator, those with documentation		Apr. – Jun. 2022
opioid use disorder (MOUD)	of having received or been referred to MOUD (aka Medication		Jul. – Sept. 2022
	Assisted Treatment (MAT))		Oct. – Dec. 2022
			Jan. – Mar. 2023
	<b>Inclusion criteria:</b> measure is met if receipt or referral to MOUD was	S	Apr. – Jun. 2023
	done at any time during the prenatal period or the birth admission		Jul. – Sept. 2023
	whether or not the patient sustained therapy or completed the		Oct. – Dec. 2023
	referral. Of note, efforts should be made to continue offering MAT		
	at each visit if patient is actively using non-prescribed or illicit		
	opioids or is found to be abusing prescribed opioids.		
O3: Percent of pregnant	Denominator: Pregnant and postpartum people with SUD	Hospital Chart	N/D;
and postpartum people with	(including OUD)	Abstraction	Quarterly
SUD who received or were			Jan. – Mar. 2022
referred to recovery	Numerator: Among the denominator, those with documentation of		Apr. – Jun. 2022
treatment services	having received or been referred to recovery treatment services		Jul. – Sept. 2022
			Oct. – Dec. 2022
	Inclusion criteria: Includes any type of inpatient or outpatient		Jan. – Mar. 2023
	cognitive behavioral therapy or substance use recovery		Apr. – Jun. 2023
	treatment services, including withdrawal symptom management	t	Jul. – Sept. 2023
	at any time in the prenatal period or birth admission.		Oct. – Dec. 2023

<b>O4:</b> Percent of pregnant and	Denominator: Pregnant and postpartum people with SUD	Hospital Chart	N/D;
postpartum people with SUD		Abstraction	Quarterly
who received or were	Numerator: Among the denominator, those with documentation		Jan. – Mar. 2022
prescribed Naloxone prior to	of having received or been prescribed Naloxone prior to delivery		Apr. – Jun. 2022
delivery discharge	discharge		Jul. – Sept. 2022
			Oct. – Dec. 2022
	Inclusion criteria: includes receipt or prescription of Naloxone at		Jan. – Mar. 2023
	any time in the prenatal period or birth admission.		Apr. – Jun. 2023
			Jul. – Sept. 2023
	Note: ACOG (CO 711, October 2021) notes that patients at risk		Oct. – Dec. 2023
	of overdose, such as those with long-term use or high doses of		
	opioids, may benefit from having a naloxone kit available at all		
	times. Standardized Naloxone prescribing with an opioid		
	prescription is not a recommendation.		

# **Process Measures**

Measure Name	Measure Definition	Measure Source	Report As/Frequency
P1: Percent of pregnant and postpartum people screened for SUDs  *Note: ACOG recommends universal screening of every patient upon initial prenatal visit and as needed throughout the prenatal/postpartum phase. Universal screening supports health equity constructs.	Denominator: Pregnant and postpartum people during their birth admission  Numerator: Among the denominator, those with documentation of having been screened for SUD using a validated screening tool prenatally and during their birth admission  Inclusion criteria: Screening quickly assesses the risk and severity of substance use and identifies the appropriate level of treatment. Screening can occur in any health care setting (SAMSHA, 2020). Validated screening tools include 4Ps, 4Ps Plus, 5Ps, NIDA Quick Screen, SURP-P and CRAFFT. Screening should have occurred at least once prenatally or during a patient's hospitalization for birth.	Abstraction	N/D  Monthly Collection begins Jan. 2022. Data should be submitted to Life QI portal within 30 days of end of reported month. Example: January data is due by March 1, February data is due by April 1.
P2: Percent of pregnant and postpartum people with OUD who were counseled on medication for opioid use disorder (MOUD)	Denominator: Pregnant and postpartum people with OUD during their birth admission  Numerator: Among the denominator, those with documentation of counseling for MOUD prenatally or during their birth admission  Inclusion criteria: Counseling should have occurred at least once prenatally or during a patient's hospitalization for birth.	Hospital Chart Abstraction	N/D  Monthly Collection begins Jan. 2022. Data should be submitted to Life QI portal within 30 days of end of reported month. Example: January data is due by March 1, February data is due by April 1.
P3: Percent of pregnant and postpartum people with SUD who were counseled on recovery treatment services	Denominator: Pregnant and postpartum people with SUD (including OUD) during their birth admission  Numerator: Among the denominator, those with documentation of counseling for recovery treatment services prenatally or during their birth admission  Inclusion criteria: Counseling should have occurred at least once	Hospital Chart Abstraction	N/D  Monthly Collection begins Jan. 2022. Data should be submitted to Life QI portal within 30 days of end of reported

	prenatally or during a patient's hospitalization for birth.		month. Example: January data is due by March 1, February data is due by April 1.
P4: Percent of pregnant and postpartum people with SUD who received Naloxone counseling	Denominator: Pregnant and postpartum people with SUD during their birth admission  Numerator: Among the denominator, those with documentation of counseling for Naloxone prenatally or during their birth admission  *Note: Due to the high rate of polysubstance use that includes any mix of opioids, non-opioids and synthetic opioids, AIM recommends Naloxone be prescribed for all patients with a documented exposure or diagnosis of SUD to include OUD.	Hospital Chart Abstraction	N/D  Monthly Collection begins Jan. 2022. Data should be submitted to Life QI portal within 30 days of end of reported month. Example: January data is due by March 1, February data is due by April 1.
P5: Provider and Nursing Education – Substance Use Disorders	At the end of each reporting period, what cumulative proportion of OB providers and nurses (as organizationally identified) has completed an educational training program on care for pregnant and postpartum people with SUD?  *Note: The training should occur during the collaborative timeframe and/or within the past two years to count in the numerator. Consider methods to provide training to new providers and staff as well through updated orientation processes.	Hospital Report	Report proportion completed rounded up to nearest 10% increment  Every 6 months (July and December)
<b>P6:</b> Provider and Nursing Education – Respectful and Equitable Care	At the end of each reporting period, what cumulative proportion of OB providers and nurses (as organizationally identified) have completed an educational training program(s) that included content on stigma and implicit bias reduction, trauma-informed care, and health equity specific to the perinatal population?  *Note: The training should occur during the collaborative timeframe and/or within the past two years to count in the numerator. Consider methods to provide training to new providers and staff as well through updated orientation processes. Content may be covered in more than one training;	Hospital Report	Report proportion completed rounded up to nearest 10% increment Every 6 months (July and December)

however, staff should not be included in the numerator until training on all three components is complete. MHA will provide training options to support organizations.	

# **Structure Measures**

Measure Name	Measure Description	Measure Source	Report As
<b>\$1:</b> Resource	Has your hospital created a comprehensive list of community	Hospital Report-	Report Initial
Mapping/Identification of	resources, customized to include resources relevant for	released quarterly	Completion Date and
Community Resources	pregnant and postpartum people, that will be shared with all	through a MS Forms	Share Copy with the
	birthing units and outpatient OB sites?	survey	Collaborative.
			Quarterly
	(Hospitals are encouraged to look at current resources and		Jan. – Mar. 2022
	identify who helps serve this population and how you plan to		Apr. – Jun. 2022
	build them into your referral model.)		Jul. – Sept. 2022
			Oct. – Dec. 2022
			Jan. – Mar. 2023
			Apr. – Jun. 2023
			Jul. – Sept. 2023
			Oct. – Dec. 2023

S2: Patient Event Debriefs	Has your department established a standardized process to conduct debriefs with patients after any severe event (not just related to OUD/SUD)?  Inclusion criteria: Include patient support networks during patient event debriefs, as requested by the patient. Severe events may include the TJC sentinel event definition, severe maternal morbidity, or fetal death.	Hospital Report - released quarterly through a MS Forms survey	Report Start Date of Patient Event Debriefs that includes patients and Share Copy with the Collaborative. Quarterly Jan. – Mar. 2022 Apr. – Jun. 2022 Jul. – Sept. 2022 Oct. – Dec. 2022 Jan. – Mar. 2023 Apr. – Jun. 2023 Apr. – Jun. 2023 Oct. – Dec. 2023 Oct. – Dec. 2023
S3: General Pain Management Guidelines	Has your hospital implemented post-delivery and discharge pain management prescribing guidelines for routine vaginal and cesarean births focused on limiting opioid prescriptions?  *Note: prescribing guidelines should be based on established evidence-based practice, such as ACOG, SMFM, SAMSHA, and/or CDC. This measure is met when all staff/provider education on the policy is complete, and the policy is "live."	Hospital Report - released quarterly through a MS Forms survey	Report Policy Implementation Date and Share Copy with the Collaborative. Quarterly Jan. – Mar. 2022 Apr. – Jun. 2022 Jul. – Sept. 2022 Oct. – Dec. 2022 Jan. – Mar. 2023 Apr. – Jun. 2023 Apr. – Jun. 2023 Jul. – Sept. 2023 Oct. – Dec. 2023
S4: OUD Pain Management Guidelines	Has your hospital implemented specific pain management and opioid prescribing guidelines for patients with OUD?	Hospital Report - released quarterly through a MS Forms survey	Report Policy Implementation Date and Share Copy with the Collaborative. Quarterly Jan. – Mar. 2022 Apr. – Jun. 2022 Jul. – Sept. 2022 Oct. – Dec. 2022 Jan. – Mar. 2023 Apr. – Jun. 2023 Jul. – Sept. 2023

			Oct. – Dec. 2023
S5: Validated Verbal Screening Tools and Resources Shared with Prenatal Care Sites	Has your hospital shared with <i>all</i> its prenatal care sites validated verbal screening tools and follow up resources for OUD and SUD?  *Note: at a minimum, hospitals should plan to share this information with prenatal care sites that have established providers with birthing unit privileges and credentials as well as clinics, providers and other birthing hospitals that routinely transfer patients for care.	Hospital Report- released quarterly through a MS Forms survey	Report Completion Date and Share Copy with the Collaborative. Quarterly Jan. – Mar. 2022 Apr. – Jun. 2022 Jul. – Sept. 2022 Oct. – Dec. 2022 Jan. – Mar. 2023 Apr. – Jun. 2023 Apr. – Jun. 2023 Jul. – Sept. 2023 Oct. – Dec. 2023

# Appendix A

## **AIM SUD Codes List**

Variable	ICD 10 Code	Definition
Opioids	·	
	F11.10	Opioid abuse, uncomplicated
	F11.11	Opioid abuse, in remission
	F11.120	Opioid abuse with intoxication, uncomplicated
	F11.121	Opioid abuse with intoxication delirium
	F11.122	Opioid abuse with intoxication with perceptual disturbance
	F11.129	Opioid abuse with intoxication, unspecified
	F11.14	Opioid abuse with opioid-induced mood disorder
	F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions
	F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations
	F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
	F11.181	Opioid abuse with opioid-induced sexual dysfunction
	F11.188	Opioid abuse with other opioid-induced disorder
	F11.19	Opioid abuse with unspecified opioid-induced disorder
	F11.20	Opioid dependence, uncomplicated
	F11.21	Opioid dependence, in remission
	F11.221	Opioid dependence with intoxication delirium
	F11.222	Opioid dependence with intoxication with perceptual disturbance
	F11.229	Opioid dependence with intoxication, unspecified
	F11.23	Opioid dependence with withdrawal
	F11.29	Opioid dependence with unspecified opioid-induced disorder
	F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
	F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
	F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
	F11.281	Opioid dependence with opioid-induced sexual dysfunction
	F11.282	Opioid dependence with opioid-induced sleep disorder
	F11.288	Opioid dependence with other opioid-induced disorder
	F11.29	Opioid dependence with unspecified opioid-induced disorder
	F11.90	Opioid use, unspecified, uncomplicated

	F11.920	Opioid use, unspecified with intoxication, uncomplicated
	F11.921	Opioid use, unspecified with intoxication delirium
	F11.922	Opioid use, unspecified with intoxication with perceptual disturbance
	F11.929	Opioid use, unspecified with intoxication, unspecified
	F11.93	Opioid use, unspecified with withdrawal
	F11.94	Opioid use, unspecified with opioid-induced mood disorder
	F11.950	Opioid use, unspecified with opioid-induced psychotic disorder with delusions
	F11.951	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations
	F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
	F11.981	Opioid use, unspecified with opioid-induced sexual dysfunction
	F11.982	Opioid use, unspecified with opioid-induced sleep disorder
	F11.988	Opioid use, unspecified with other opioid-induced disorder
	F11.99	Opioid use, unspecified with unspecified opioid-induced disorder
Sedatives		
	F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
	F13.11	Sedative, hypnotic or anxiolytic abuse, in remission
	F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
	F13.121	Sedative, hypnotic or anxiolytic abuse with intoxication delirium
	F13.129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified
	F13.14	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder
	F13.150	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
	F13.151	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
	F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
	F13.180	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
	F13.181	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction
	F13.182	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder
	F13.188	Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder
	F13.19	Sedative, hypnotic or anxiolytic abuse with unspecified sedative, hypnotic or anxiolytic-induced disorder
	F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
	F13.21	Sedative, hypnotic or anxiolytic dependence, in remission
	F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
	F13.221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium

F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F13.24	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnestic disorder
F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.90	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F13.920	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, uncomplicated
F13.921	Sedative, hypnotic or anxiolytic use, unspecified with intoxication delirium
F13.929	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, unspecified
F13.930	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, uncomplicated
F13.931	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal delirium
F13.932	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal with perceptual disturbances
F13.939	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, unspecified
F13.94	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder
F13.950	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.951	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.959	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified

	F13.96	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting amnestic
		disorder
	F13.97	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia
	F13.980	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
	F13.981	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sexual dysfunction
	F13.982	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sleep disorder
	F13.988	Sedative, hypnotic or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic-induced disorder
	F13.99	Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-induced disorder
Cocaine		
	F14.10	Cocaine abuse, uncomplicated
	F14.11	Cocaine abuse, in remission
	F14.120	Cocaine abuse with intoxication, uncomplicated
	F14.121	Cocaine abuse with intoxication with delirium
	F14.122	Cocaine abuse with intoxication with perceptual disturbance
	F14.129	Cocaine abuse with intoxication, unspecified
	F14.14	Cocaine abuse with cocaine-induced mood disorder
	F14.150	Cocaine abuse with cocaine-induced psychotic disorder with delusions
	F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
	F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
	F14.180	Cocaine abuse with cocaine-induced anxiety disorder
	F14.181	Cocaine abuse with cocaine-induced sexual dysfunction
	F14.182	Cocaine abuse with cocaine-induced sleep disorder
	F14.188	Cocaine abuse with other cocaine-induced disorder
	F14.19	Cocaine abuse with unspecified cocaine-induced disorder
	F14.20	Cocaine dependence, uncomplicated
	F14.21	Cocaine dependence, in remission
	F14.220	Cocaine dependence with intoxication, uncomplicated
	F14.221	Cocaine dependence with intoxication delirium
	F14.222	Cocaine dependence with intoxication with perceptual disturbance
	F14.229	Cocaine dependence with intoxication, unspecified
	F14.23	Cocaine dependence with withdrawal
	F14.24	Cocaine dependence with cocaine-induced mood disorder
	F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
	F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations

	F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
	F14.280	Cocaine dependence with cocaine-induced anxiety disorder
	F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
	F14.282	Cocaine dependence with cocaine-induced sleep disorder
	F14.288	Cocaine dependence with other cocaine-induced disorder
	F14.29	Cocaine dependence with unspecified cocaine-induced disorder
	F14.90	Cocaine use, unspecified, uncomplicated
	F14.920	Cocaine use, unspecified with intoxication, uncomplicated
	F14.921	Cocaine use, unspecified with intoxication delirium
	F14.922	Cocaine use, unspecified with intoxication with perceptual disturbance
	F14.929	Cocaine use, unspecified with intoxication, unspecified
	F14.94	Cocaine use, unspecified with cocaine-induced mood disorder
	F14.950	Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions
	F14.951	Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations
	F14.959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified
	F14.980	Cocaine use, unspecified with cocaine-induced anxiety disorder
	F14.981	Cocaine use, unspecified with cocaine-induced sexual dysfunction
	F14.982	Cocaine use, unspecified with cocaine-induced sleep disorder
	F14.988	Cocaine use, unspecified with other cocaine-induced disorder
	F14.99	Cocaine use, unspecified with unspecified cocaine-induced disorder
Amphetamine	s/Stimulants	
	F15.10	Other stimulant abuse, uncomplicated
	F15.11	Other stimulant abuse, in remission
	F15.120	Other stimulant abuse with intoxication, uncomplicated
	F15.121	Other stimulant abuse with intoxication delirium
	F15.122	Other stimulant abuse with intoxication with perceptual disturbance
	F15.129	Other stimulant abuse with intoxication, unspecified
	F15.14	Other stimulant abuse with stimulant-induced mood disorder
	F15.150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions
	F15.151	Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations
	F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
	F15.180	Other stimulant abuse with stimulant-induced anxiety disorder
	F15.181	Other stimulant abuse with stimulant-induced sexual dysfunction
	F15.182	Other stimulant abuse with stimulant-induced sleep disorder

F1E 100	Other stimulant abuse with other stimulant-induced disorder
F15.188	
F15.19 F15.20	Other stimulant abuse with unspecified stimulant-induced disorder
	Other stimulant dependence, uncomplicated
F15.21	Other stimulant dependence, in remission
F15.220	Other stimulant dependence with intoxication, uncomplicated
F15.221	Other stimulant dependence with intoxication delirium
F15.222	Other stimulant dependence with intoxication with perceptual disturbance
F15.229	Other stimulant dependence with intoxication, unspecified
F15.23	Other stimulant dependence with withdrawal
F15.24	Other stimulant dependence with stimulant-induced mood disorder
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15.282	Other stimulant dependence with stimulant-induced sleep disorder
F15.288	Other stimulant dependence with other stimulant-induced disorder
F12.59	Other stimulant dependence with unspecified stimulant-induced disorder
F15.90	Other stimulant use, unspecified, uncomplicated
F15.920	Other stimulant use, unspecified with intoxication, uncomplicated
F15.921	Other stimulant use, unspecified with intoxication delirium
F15.922	Other stimulant use, unspecified with intoxication with perceptual disturbance
F15.929	Other stimulant use, unspecified with intoxication, unspecified
F15.93	Other stimulant use, unspecified with withdrawal
F15.94	Other stimulant use, unspecified with stimulant-induced mood disorder
F15.950	Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions
F15.951	Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified
F15.980	Other stimulant use, unspecified with stimulant-induced anxiety disorder
F15.94	Other stimulant use, unspecified with stimulant-induced mood disorder
F15.950	Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions
F15.951	Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified
F15.980	Other stimulant use, unspecified with stimulant-induced anxiety disorder
F15.981	Other stimulant use, unspecified with stimulant-induced sexual dysfunction

F15.982	Other stimulant use, unspecified with stimulant-induced sleep disorder
F15.988	Other stimulant use, unspecified with other stimulant-induced disorder
F15.99	Other stimulant use, unspecified with unspecified stimulant-induced disorder