

STATISTICAL BRIEF #247

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Opioid-Related Hospital Stays Among Women in the United States, 2016

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Introduction

The opioid epidemic is a national crisis, but research suggests that some subgroups of the population, such as women, may be more affected than other groups. For example, compared with men, women are more likely to be prescribed painkillers and are likely to be prescribed them in higher doses and to become dependent on them more quickly.^{1,2} The rate of opioid-related hospitalizations³ and deaths⁴ has been increasing faster in recent years among women than men. Indeed, in most states in 2014, women had higher opioid-related hospitalization rates than men.⁵

Among women, some subgroups may be more severely affected by the opioid crisis than others. Substantial differences in opioid use exist based on characteristics of women such as age, race/ethnicity, income, payer, and geography. For example, compared with Black and Hispanic women, White women are more likely to have long-term use of prescription opioids and are likely to have higher rates of drug overdose deaths involving prescription or illegal opioids.^{6,7} Women aged 65 years and older have a higher prevalence of long-term prescription opioid use for

¹ Centers for Disease Control and Prevention. Prescription Painkiller Overdoses: A Growing Epidemic, Especially Among Women. Updated September 4, 2018. <https://www.cdc.gov/vitalsigns/prescriptionpainkilleroverdoses/index.html>. Accessed December 10, 2018.

² U.S. Food and Drug Administration. Women and Pain Medicines. Updated October 1, 2018. <https://www.fda.gov/ForConsumers/ByAudience/ForWomen/WomensHealthTopics/ucm621707.htm>. Accessed December 10, 2018.

³ Weiss AJ, Bailey MK, O'Malley L, Barret ML, Elixhauser A, Steiner CA. Patient Characteristics and Opioid-Related Inpatient Stays and Emergency Department Visits Nationally and by State, 2014. HCUP Statistical Brief #224. June 2017. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb224-Patient-Characteristics-Opioid-Hospital-Stays-ED-Visits-by-State.pdf. Accessed September 26, 2018.

⁴ Mack KA, Jones CM, Paulozzi LJ. Vital signs: overdoses of prescription opioid pain relievers and other drugs among women—United States, 1999–2010. *Morbidity and Mortality Weekly Report*. 2013;62(26):537–42.

⁵ Weiss et al., 2017. Op.cit.

⁶ Frenk SM, Porter KS, Paulozzi LJ. Prescription Opioid Analgesic Use Among Adults: United States, 1999–2012. *NCHS Data Brief #189*. February 2015. Centers for Disease Control and Prevention. www.cdc.gov/nchs/data/dataBriefs/db189.pdf. Accessed September 26, 2018.

⁷ Seth P, Scholl L, Rudd RA, Bacon S. Overdose deaths involving opioids, cocaine, and psychostimulants—United States, 2015–2016. *Morbidity and Mortality Weekly Report*. 2018;67(12):349–58.

Highlights

- The rate of opioid-related stays among women in 2016 was 374.8 per 100,000 population. The rate increased with women's age, decreased with community-level income, and was highest for White women, followed by Black women.
- Most opioid-related stays among women aged 15–44 years involved abuse/dependence (86 percent). Nearly half of opioid stays among women aged 65 years and older were due to adverse events. Nearly 1 in 10 opioid stays among women aged 45–64 years involved self-harm (more than other age groups).
- Regardless of income level, White women had the highest rate of opioid-related stays, followed by Black women, but the difference between White and Black women decreased from 34 percent higher for White women in the lowest income quartile to 17 percent higher in the highest income quartile.
- In large metropolitan areas, White and Black women had a similar rate of opioid-related stays. However, in rural areas, Black women had a lower rate of opioid stays compared with White women.
- Regardless of age group, the rate of opioid-related stays was lowest among women who resided in the West South Central division.
- The rate of opioid-related stays was higher among older women in the western and north central United States but higher among younger women in the northeastern United States.

noncancer pain than do women under age 65 years.⁸ Even within age groups, differences may exist. For instance, among women of reproductive age (15–44 years), prescription opioid use is higher among those with Medicaid than among those with private insurance.⁹

This Healthcare Cost and Utilization Project (HCUP) Statistical Brief presents statistics on opioid-related hospitalizations among women aged 15 years and older using the 2016 National Inpatient Sample (NIS). The distribution of opioid-related stays by select patient and hospitalization characteristics is presented and contrasted with the distribution for non-opioid-related stays. The types of opioid diagnoses during hospitalization are also provided for select patient characteristics. Finally, rates of opioid-related stays are presented by patient characteristics. Differences greater than 10 percent between estimates are noted in the text.

⁸ Campbell CI, Weisner C, LeResche L, Ray T, Saunders K, Sullivan MD, et al. Age and gender trends in long-term opioid analgesic use for noncancer pain. *American Journal of Public Health*. 2010;100(12):2541–7.

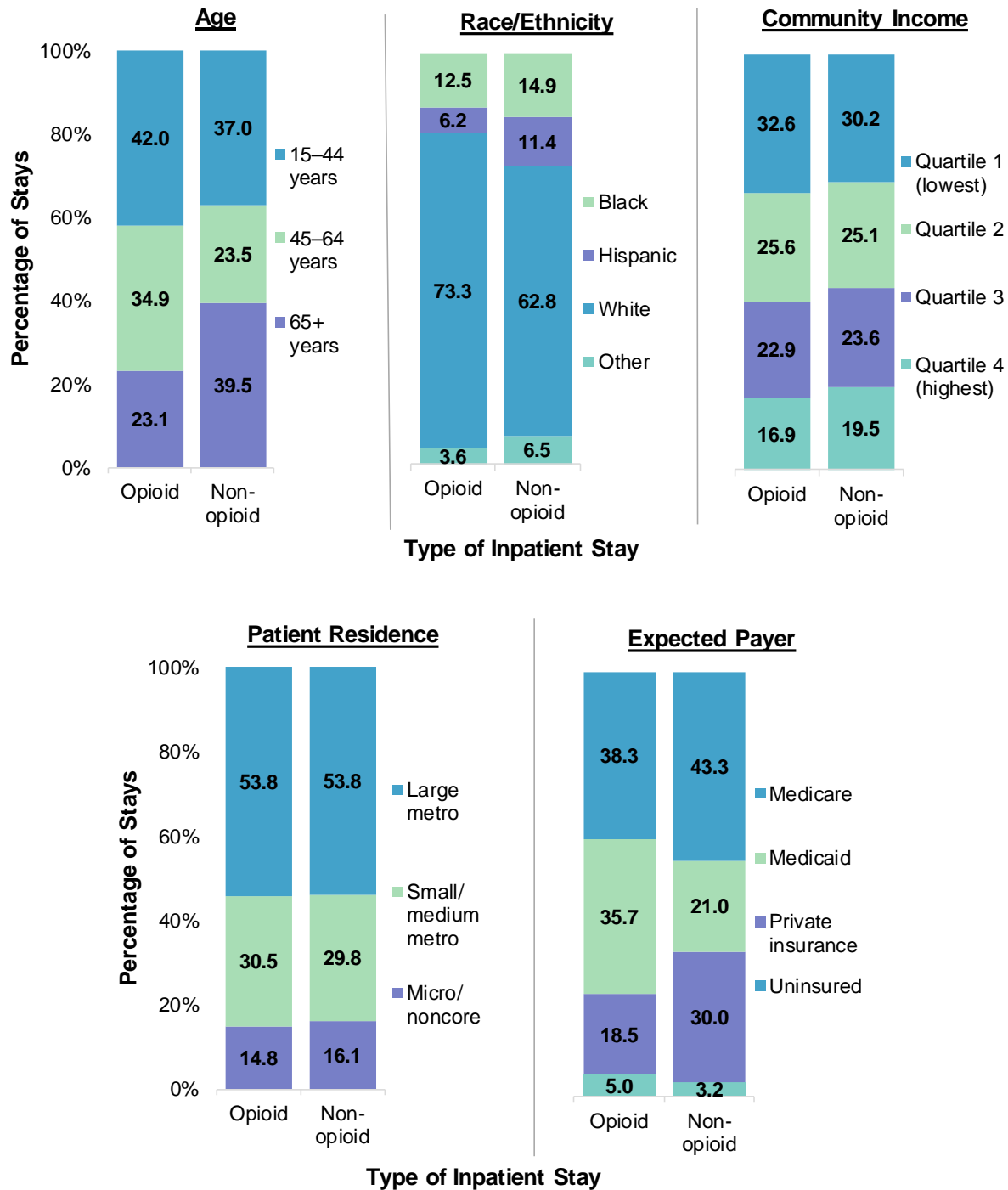
⁹ Ailes EC, Dawon AL, Lind JN, Gilboa SM, Frey MT, Broussard CS, et al. Opioid prescription claims among women of reproductive age—United States, 2008–2012. *Morbidity and Mortality Weekly Report*. 2015;64(2):37–41.

Findings

Distribution of opioid-related inpatient stays among women by patient characteristics, 2016

Figure 1 presents characteristics of opioid-related versus nonopioid-related stays among women in 2016.

Figure 1. Characteristics of opioid-related versus non-opioid-related inpatient stays among women, 2016



Abbreviations: Metro, metropolitan; micro, micropolitan

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2016

- **A higher percentage of opioid-related stays than nonopioid stays were among younger women, White women, and women with Medicaid or who were uninsured.**

Compared with non-opioid-related stays, a higher percentage of opioid-related stays involved women aged 15–44 years (42.0 vs. 37.0 percent) and 45–64 years (34.9 vs. 23.5 percent), White women (73.3 vs. 62.8 percent), and women with stays billed to Medicaid (35.7 vs. 21.0 percent) or whose stays were not expected to be covered by insurance (“uninsured”; 5.0 vs. 3.2 percent).

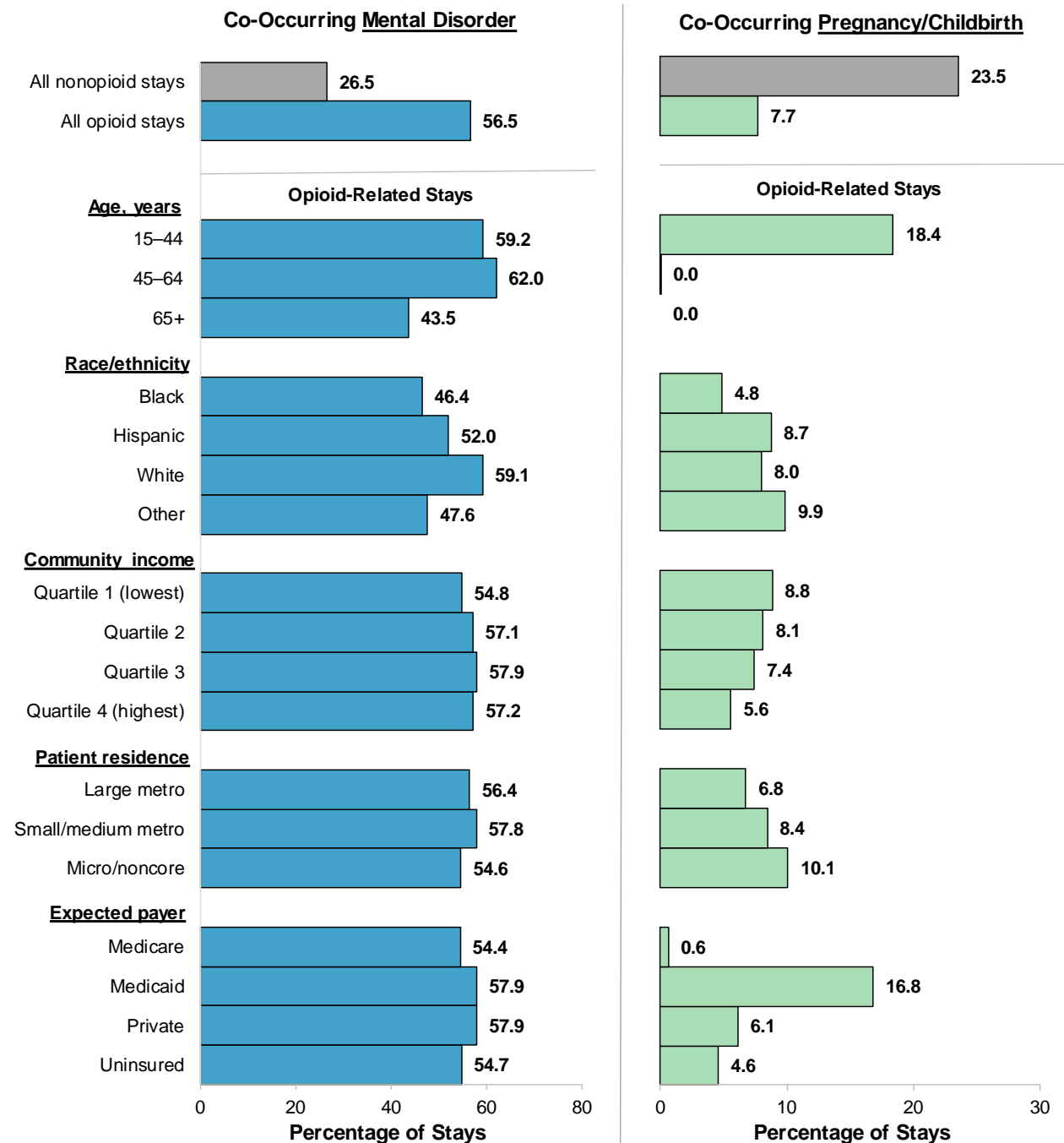
- **A lower percentage of opioid-related stays than nonopioid stays were among older women, racial/ethnic minority women, women in the highest income quartile, and women with Medicare or private insurance.**

Compared with non-opioid-related stays, a lower percentage of opioid-related stays involved women aged 65 years and older (23.1 vs. 39.5 percent). Non-White women also constituted a lower percentage of opioid-related than non-opioid-related stays (Black: 12.5 vs. 14.9 percent; Hispanic: 6.2 vs. 11.4 percent; Other race/ethnicity: 3.6 vs. 6.5 percent). A lower percentage of opioid-related than nonopioid stays were among women who resided in the highest income quartile (16.9 vs. 19.5 percent) and women who with stays billed to Medicare (38.3 vs. 43.3 percent) or private insurance (18.5 vs. 30.0 percent).

There were no noteworthy differences by patient residence location.

Figure 2 presents the percentage of opioid-related stays among women with a co-occurring mental disorder or pregnancy/childbirth by patient characteristics in 2016. The percentage of non-opioid-related stays with a co-occurring mental disorder or pregnancy/childbirth is provided across all patient subgroups at the top, for comparison.

Figure 2. Co-occurring mental disorder or pregnancy/childbirth for opioid-related inpatient stays among women, by patient characteristics, 2016



Abbreviations: Metro, metropolitan; micro, micropolitan

Notes: Mental disorder included a range of mental disorders and related diagnoses (e.g., anxiety, bipolar, depressive, personality, schizophrenia, somatic, and suicidal ideation/attempt); see the separate appendix (www.hcup-us.ahrq.gov/reports/statbriefs/sb247-appendix.pdf) for a full list of diagnosis codes used. Pregnancy/childbirth was defined using Major Diagnostic Category 14 (pregnancy, childbirth, and puerperium).

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2016

- **The percentage of stays involving a co-occurring mental disorder was more than twice as high for opioid-related stays as for nonopioid stays.**

More than half of opioid-related stays involved a mental disorder (56.5 percent) compared with only one-fourth of non-opioid-related stays (26.5 percent). The percentage of opioid-related stays with a co-occurring mental disorder was higher among younger women (aged 15–44 years: 59.2 percent; aged 45–64 years: 62.0 percent) than among women aged 65 years and older (43.5 percent). A higher percentage of opioid stays among White women also involved a co-occurring mental disorder (59.1 percent) compared with other racial/ethnic groups (range: 46.4–52.0 percent, depending on the group).

- **Nearly one in five opioid-related stays among women of reproductive age involved co-occurring pregnancy/childbirth.**

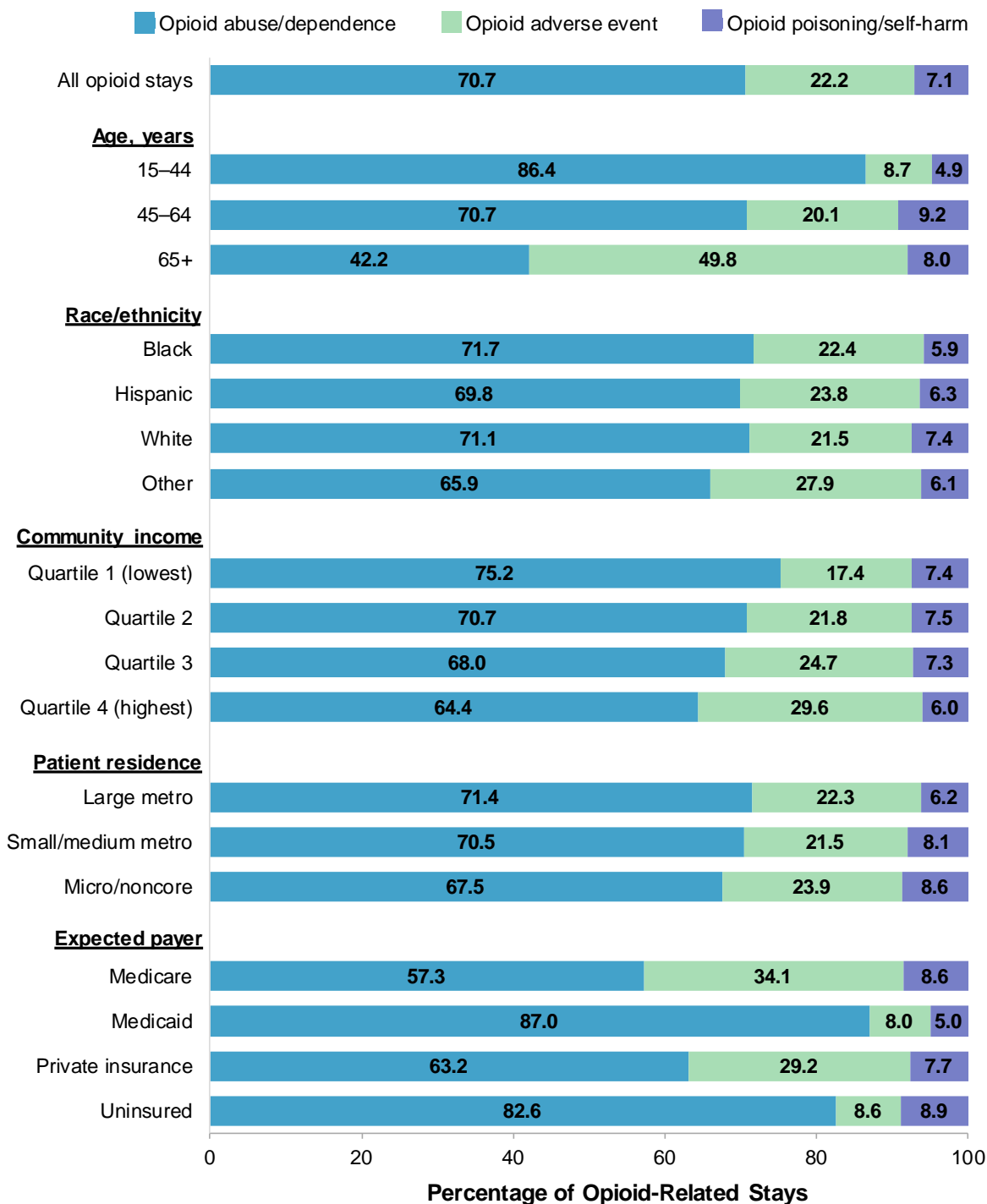
Among women aged 18–44 years, 18.4 percent of opioid-related stays involved co-occurring pregnancy/childbirth.

- **Co-occurring pregnancy/childbirth with opioid-related stays was more common among women with Medicaid and less common among Black women, women in higher income areas, and women residing in large metropolitan areas.**

Compared with non-opioid-related stays, the percentage of opioid-related stays that involved a co-occurring pregnancy/childbirth was one-third as high (7.7 vs. 23.5 percent). Women with stays billed to Medicaid had the highest percentage of co-occurring pregnancy/childbirth (16.8 percent vs. 0.6–6.1 percent for other payer types). The percentage of opioid-related stays involving a co-occurring pregnancy/childbirth was lower among Black women (4.8 percent) than among women of other races/ethnicities (8.0–9.9 percent). The percentage of opioid-related stays with a co-occurring pregnancy/childbirth decreased with community-level income, from 8.8 percent in the lowest income quartile to 5.6 percent in the highest income quartile. Conversely, the percentage of opioid-related stays with a co-occurring pregnancy/childbirth increased with rurality of patient residence location, from 6.8 percent in large metropolitan areas to 10.1 percent in micropolitan/noncore areas.

Figure 3 presents the distribution of the type of opioid diagnosis (abuse/dependence, adverse event, or poisoning/self-harm) for opioid-related stays among women by patient characteristics in 2016.

Figure 3. Type of opioid diagnosis for opioid-related inpatient stays among women, by patient characteristics, 2016



Abbreviations: Metro, metropolitan; micro, micropolitan

Note: Some discharges included more than one opioid diagnosis type. For this figure, discharges were categorized into only one opioid diagnosis type category using the following hierarchy: abuse/dependence, adverse effect, and poisoning/self-harm.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2016

- **The percentage of opioid-related stays with an opioid abuse/dependence diagnosis decreased with age, whereas the percentage of stays with an opioid adverse event diagnosis increased with age.**

The percentage of opioid-related stays with an opioid abuse/dependence diagnosis decreased with age, from 86.4 percent for women aged 15–44 years to 42.2 percent for women aged 65 years and older. Conversely, the percentage of opioid stays with an opioid adverse event diagnosis increased with age, from 8.7 percent for women aged 15–44 years to 49.8 percent for women aged 65 years and older.

- **The percentage of opioid-related stays with an opioid abuse/dependence diagnosis decreased with income, whereas the percentage of stays with an opioid adverse event diagnosis increased with income.**

The percentage of opioid-related stays with an opioid abuse/dependence diagnosis decreased with community-level income, from 75.2 percent for women residing in the lowest income communities to 64.4 percent for women residing in the highest income communities. Conversely, the percentage of opioid stays with an opioid adverse event diagnosis increased with income, from 17.4 percent for women residing in the lowest income communities to 29.6 percent for women residing in the highest income communities.

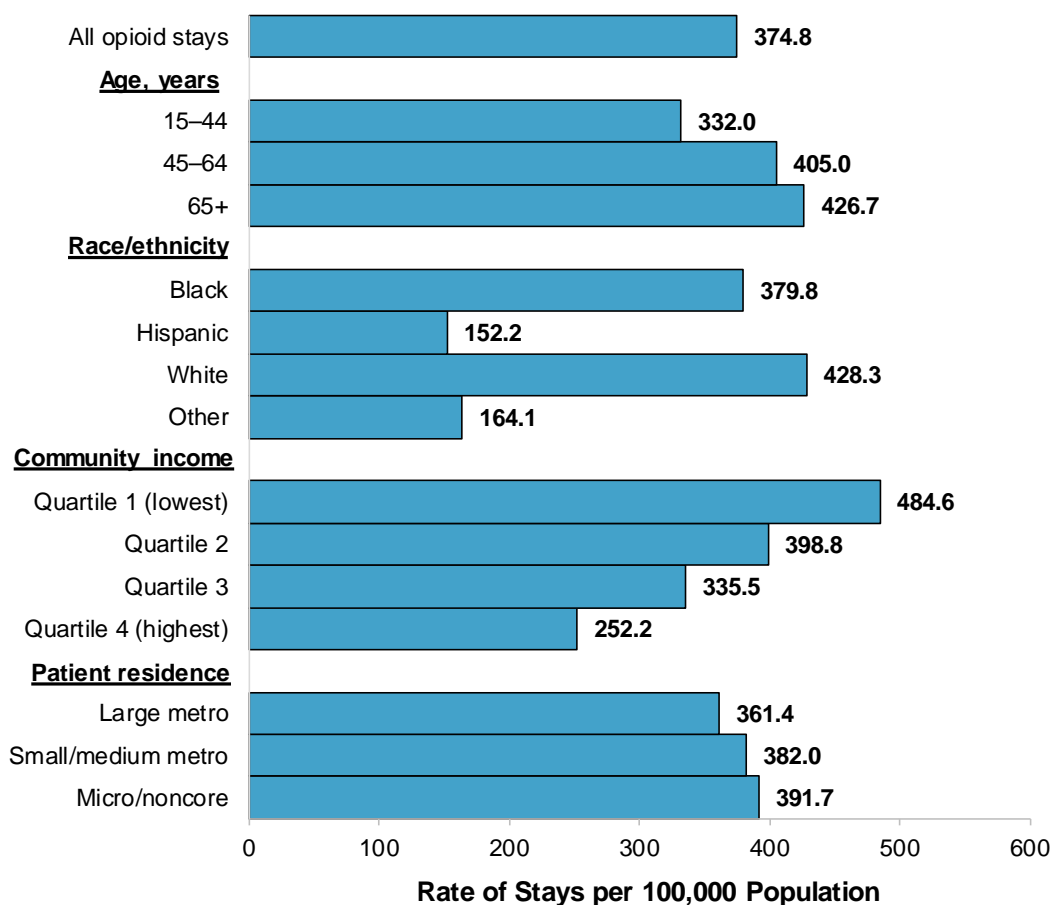
- **The percentage of opioid-related stays with an opioid abuse/dependence diagnosis was higher for women with Medicaid or who were uninsured, whereas the percentage of stays with an opioid adverse event diagnosis was higher for women with Medicare or private insurance.**

The percentage of opioid-related stays with an opioid abuse/dependence diagnosis was higher for women with Medicaid or who were uninsured (87.0 and 82.6 percent, respectively) than for women with Medicare or private insurance (57.3 and 63.2 percent, respectively). Conversely, the percentage of opioid stays with an opioid adverse event diagnosis was higher for women with Medicare or private insurance (34.1 and 29.2 percent, respectively) than for women with Medicaid or who were uninsured (8.0 and 8.6 percent, respectively).

Population rate of opioid-related inpatient stays among women by patient characteristics, 2016

Figure 4 presents the rate per 100,000 population of opioid-related stays among women overall and by age, race/ethnicity, community-level income, and patient residence in 2016.

Figure 4. Population rate of opioid-related inpatient stays among women overall and by patient characteristics, 2016



Abbreviations: Metro, metropolitan; micro, micropolitan

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2016

- **The rate of opioid-related hospitalizations increased with patient age and decreased with community-level income.**

Overall the rate of opioid-related stays was 374.8 per 100,000 population. The rate of opioid stays was higher among older patients aged 65+ years and aged 45–64 years (426.7 and 405.0 per 100,000 population, respectively) than among patients aged 15–44 years (332.0 per 100,000 population). The rate of opioid-related stays decreased with community-level income, from 484.6 per 100,000 population in the lowest income quartile to 252.2 per 100,000 in the highest income quartile.

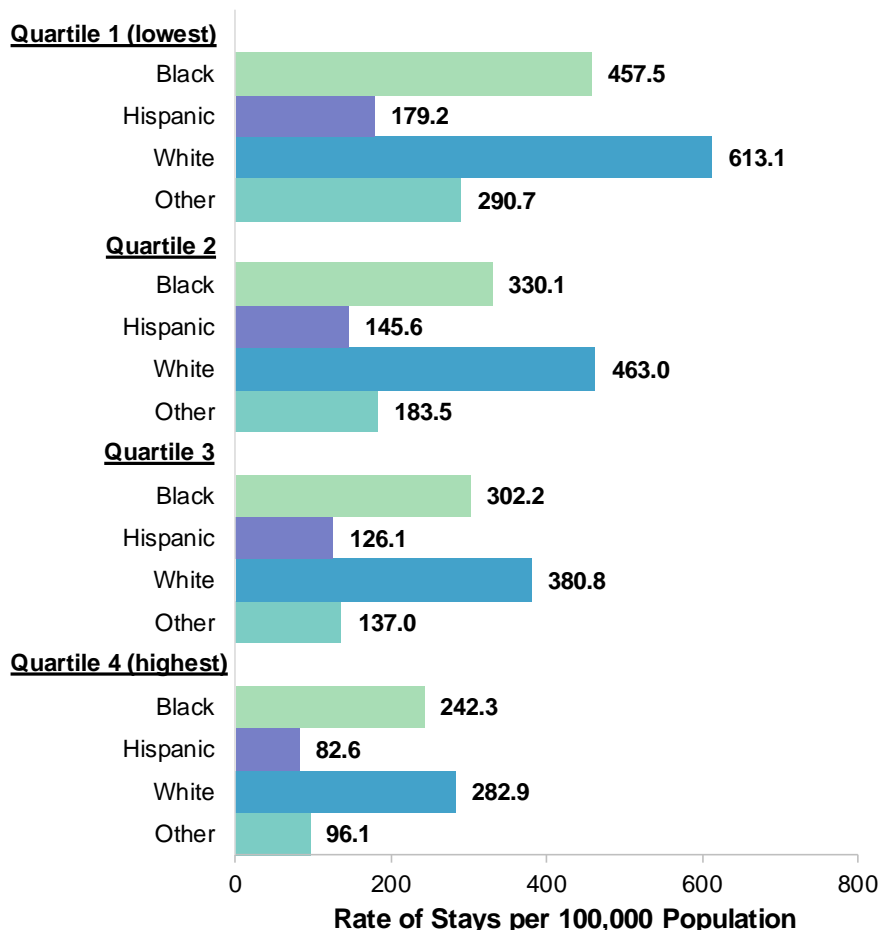
- **The rate of opioid-related stays was higher among White women than among women of other races/ethnicities.**

The rate of opioid-related hospitalizations was highest among White women (428.3 per 100,000 population), followed by Black women (379.8 per 100,000 population). The rate was less than half as high among Hispanic women or women of other races/ethnicities (152.2 and 164.1 per 100,000 population, respectively).

There were no noteworthy differences by patient residence location.

Figure 5 presents the rate per 100,000 population of opioid-related stays among women by community-level income quartile and race/ethnicity in 2016.

Figure 5. Population rate of opioid-related inpatient stays among women by community-level income quartile and race/ethnicity, 2016



Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2016

- **The rate of opioid-related stays among women decreased by income quartile for each racial/ethnic group.**

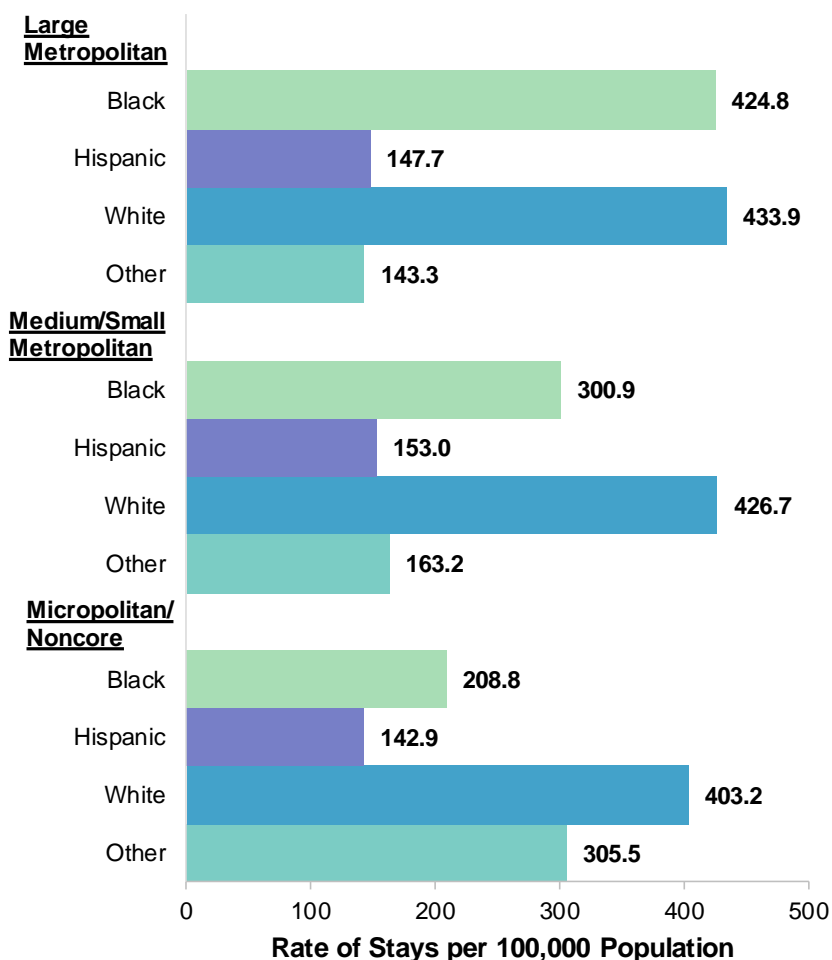
Across racial/ethnic groups, the rate of opioid-related stays among women decreased as community-level income increased. For instance, among White women, the rate decreased from 613.1 per 100,000 population in the lowest income quartile to 282.9 per 100,000 population in the highest income quartile.

- **Regardless of income quartile, White women had the highest rate of opioid-related stays.**

For each income quartile, White women had the highest rate of opioid-related stays compared with other racial/ethnic groups. Black women had the second highest rate of opioid stays in each income quartile. Notably, the difference between White and Black women decreased as community-level income increased, from a 34 percent difference between White and Black women in the lowest income quartile (613.1 vs. 457.5 per 100,000 population) to a 17 percent difference between White and Black women in the highest income quartile (282.9 vs. 242.3 per 100,000 population).

Figure 6 presents the rate per 100,000 population of opioid-related stays among women by patient residence and race/ethnicity in 2016.

Figure 6. Population rate of opioid-related inpatient stays among women by patient residence and race/ethnicity, 2016



Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2016

- **White women had a consistently high rate of opioid-related stays across patient residence type, but the rate of stays for Black women was higher in urban areas than in rural areas.**

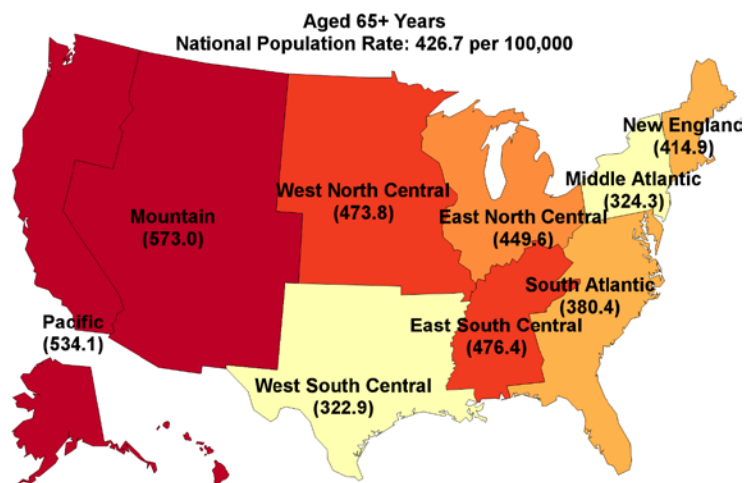
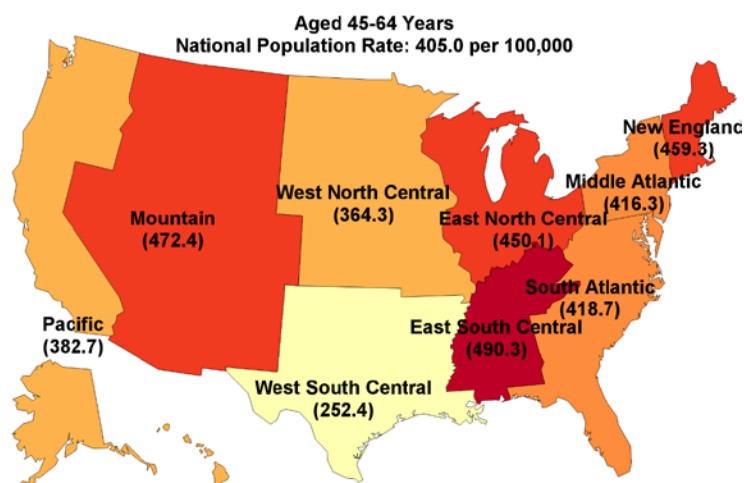
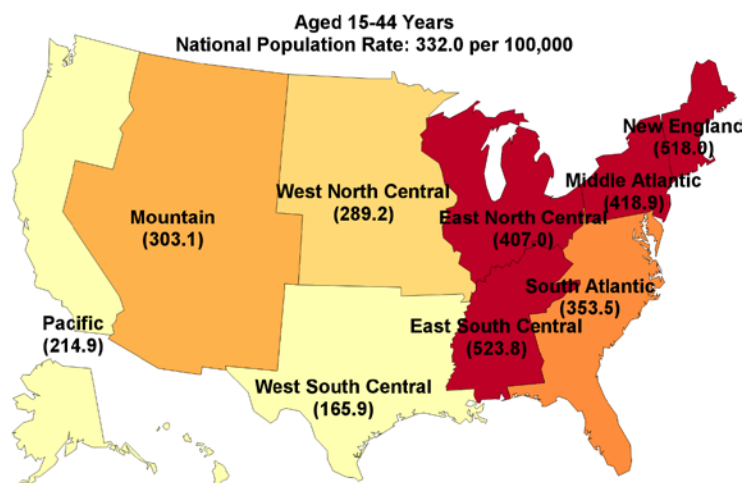
Regardless of patient residence, White women had the highest rate of opioid-related stays compared with other racial/ethnic groups, at over 400 stays per 100,000 population. In large metropolitan areas, the rate of stays was similar for White and Black women (433.9 and 424.8 per 100,000 population, respectively). However, as the rurality of patient residence increased, White women continued to have high rates of opioid-related stays, whereas Black women had lower rates of opioid stays (e.g., 208.8 per 100,000 population in micropolitan and noncore areas).

In micropolitan/noncore areas, women of “Other” race/ethnicity had the second highest rate of opioid-related stays (305.5 per 100,000 population) behind White women (403.2 per 100,000 population).

Regional variation in opioid-related inpatient stays among women by age, 2016

Figure 7 provides the population rate of opioid-related inpatient stays among women aged 15–44 years, 45–64 years, and 65 years and older by U.S. census division in 2016. The ratio of each census division rate to the national rate also is provided in the figure and is reflected in the color-coding of the maps.

Figure 7. Population rate of opioid-related inpatient stays among women by age group and census division, and ratio of census division to national rate, 2016



Ratio of Census Division Rate (in parentheses) to National Rate for the Age Group

■ <0.80
 ■ 0.80-0.89
 ■ 0.90-0.99
 ■ 1.00-1.09
 ■ 1.10-1.19
 ■ >=1.20

- **The West South Central division had the lowest rate of opioid stays among women.**

The rate of opioid-related stays among women in the West South Central division was more than 30 percent lower than the national population rate for all three age groups.

- **The rate of opioid stays increased with age in the Pacific, Mountain, and West North Central divisions.**

In the western and north central United States, the rate of opioid stays was lower among younger women and higher among older women. For instance, in the Pacific division, women aged 15–44 years had a rate of opioid stays that was more than 50 percent lower than the national rate, whereas women aged 65 years and older had a rate of opioid stays that was more than 25 percent higher than the national rate.

- **The rate of opioid stays decreased with age in the New England, Middle Atlantic, and East North Central divisions.**

In the northeastern United States, the rate of opioid stays was higher among younger women and lower among older women. For instance, in the Middle Atlantic division, women aged 15–44 years had a rate of opioid stays that was more than 25 percent higher than the national rate, whereas women aged 65 years and older had a rate of opioid stays that was more than 20 percent lower than the national rate.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), National Inpatient Sample (NIS), 2016

About Statistical Briefs

Healthcare Cost and Utilization Project (HCUP) Statistical Briefs provide basic descriptive statistics on a variety of topics using HCUP administrative health care data. Topics include hospital inpatient, ambulatory surgery, and emergency department use and costs, quality of care, access to care, medical conditions, procedures, and patient populations, among other topics. The reports are intended to generate hypotheses that can be further explored in other research; the reports are not designed to answer in-depth research questions using multivariate methods.

Data Source

The estimates in this Statistical Brief are based upon data from the HCUP 2016 National Inpatient Sample (NIS). Supplemental sources included population denominator data for use with HCUP databases, derived from information available from Claritas, a vendor that compiles and adds value to data from the U.S. Census Bureau.¹⁰

Definitions

Diagnoses, ICD-10-CM/PCS, and major diagnostic categories (MDCs)

The *principal diagnosis* is that condition established after study to be chiefly responsible for the patient's admission to the hospital. *Secondary diagnoses* are concomitant conditions that coexist at the time of admission or develop during the stay. *All-listed diagnoses* include the principal diagnosis plus these additional secondary conditions.

ICD-10-CM/PCS is the International Classification of Diseases, Tenth Revision, Clinical Modification/Procedure Coding System. In October 2015, ICD-10-CM/PCS replaced the ICD-9-CM diagnosis coding system with the ICD-10-CM diagnosis coding system for most inpatient and outpatient medical encounters. There are over 70,000 ICD-10-CM diagnosis codes.

MDCs assign ICD-10-CM principal diagnosis codes to 1 of 25 general diagnosis categories.

Case definition

Opioid-related hospital use was identified using the all-listed ICD-10-CM diagnosis codes shown in Table 1.

¹⁰ Claritas. Claritas Demographic Profile by ZIP Code. <https://claritas360.claritas.com/mybestsegments/>. Accessed June 6, 2018.

Table 1. ICD-10-CM diagnosis codes defining different opioid-related conditions

Type of opioid-related condition	ICD-10-CM diagnosis codes
Abuse or dependence	F11 series: Opioid-related disorders (except F11.21)
Adverse event	T40.0X5: Adverse effect of opium T40.2X5: Adverse effect of other opioids T40.3X5: Adverse effect of methadone T40.4X5: Adverse effect of other synthetic narcotics T40.605: Adverse effect of unspecified narcotics T40.695: Adverse effect of other narcotics
Poisoning, including self-harm	T40.0X1, 0X2, 0X3, 0X4: Poisoning by opium—accidental, intentional self-harm, assault, or undetermined T40.1X1, 1X2, 1X3, 1X4: Poisoning by heroin—accidental, intentional self-harm, assault, or undetermined T40.2X1, 2X2, 2X3, 2X4: Poisoning by other opioids—accidental, intentional self-harm, assault, or undetermined T40.3X1, 3X2, 3X3, 3X4: Poisoning by methadone—accidental, intentional self-harm, assault, or undetermined T40.4X1, 4X2, 4X3, 4X4: Poisoning by other synthetic narcotics—accidental, intentional self-harm, assault, or undetermined T40.601–T40.604: Poisoning by unspecified narcotics—accidental, intentional self-harm, assault, or undetermined T40.691–T40.694: Poisoning by other narcotics—accidental, intentional self-harm, assault, or undetermined

Abbreviation: ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification

Co-occurring mental disorders were defined using the ICD-10-CM codes provided in the separate appendix associated with this Statistical Brief on the HCUP-US website at www.hcup-us.ahrq.gov/reports/statbriefs/sb247-appendix.pdf. Co-occurring pregnancy/childbirth was defined as MDC 14 (pregnancy, childbirth and puerperium).

Types of hospitals included in the HCUP National Inpatient Sample

The National Inpatient Sample (NIS) is based on data from community hospitals, which are defined as short-term, non-Federal, general, and other hospitals, excluding hospital units of other institutions (e.g., prisons). The NIS includes obstetrics and gynecology, otolaryngology, orthopedic, cancer, pediatric, public, and academic medical hospitals. Excluded are long-term care facilities such as rehabilitation, psychiatric, and alcoholism and chemical dependency hospitals. Beginning in 2012, long-term acute care hospitals are also excluded. However, if a patient received long-term care, rehabilitation, or treatment for a psychiatric or chemical dependency condition in a community hospital, the discharge record for that stay will be included in the NIS.

Unit of analysis

The unit of analysis is the hospital discharge (i.e., the hospital stay), not a person or patient. This means that a person who is admitted to the hospital multiple times in 1 year will be counted each time as a separate discharge from the hospital.

Location of patients' residence

Place of residence is based on the urban-rural classification scheme for U.S. counties developed by the National Center for Health Statistics (NCHS) and based on the Office of Management and Budget (OMB) definition of a metropolitan service area as including a city and a population of at least 50,000 residents:

- Large Central Metropolitan: Counties in a metropolitan area with 1 million or more residents that satisfy at least one of the following criteria: (1) containing the entire population of the largest principal city of the metropolitan statistical area (MSA), (2) having their entire population contained within the largest principal city of the MSA, or (3) containing at least 250,000 residents of any principal city in the MSA
- Large Fringe Metropolitan: Counties in a metropolitan area with 1 million or more residents that do not qualify as large central metropolitan counties

- Medium Metropolitan: Counties in a metropolitan area of 250,000–999,999 residents
- Small Metropolitan: Counties in a metropolitan area of 50,000–249,999 residents
- Micropolitan: Counties in a nonmetropolitan area of 10,000–49,999 residents
- Noncore: Counties in a nonmetropolitan and nonmicropolitan area

Community-level income

Community-level income is based on the median household income of the patient's ZIP Code of residence. Quartiles are defined so that the total U.S. population is evenly distributed. Cut-offs for the quartiles are determined annually using ZIP Code demographic data obtained from Claritas, a vendor that adds value to data from the U.S. Census Bureau.¹¹ The value ranges for the income quartiles vary by year. The income quartile is missing for patients who are homeless or foreign.

Payer

Payer is the expected payer for the hospital stay. To make coding uniform across all HCUP data sources, payer combines detailed categories into general groups:

- Medicare: includes fee-for-service and managed care Medicare
- Medicaid: includes fee-for-service and managed care Medicaid
- Private Insurance: includes Blue Cross, commercial carriers, and private health maintenance organizations (HMOs) and preferred provider organizations (PPOs)
- Uninsured: includes an insurance status of no insurance, self-pay, no charge, charity, research (e.g., clinical trial or donor), refusal to pay, and no payment
- Other: includes Workers' Compensation, TRICARE/CHAMPUS, CHAMPVA, Title V, and other government programs

Hospital stays billed to the State Children's Health Insurance Program (SCHIP) may be classified as Medicaid, Private Insurance, or Other, depending on the structure of the State program. Because most State data do not identify patients in SCHIP specifically, it is not possible to present this information separately.

For this Statistical Brief, when more than one payer is listed for a hospital discharge, the first-listed payer is used.

Division

Division corresponds to the location of the hospital and is one of the nine divisions defined by the U.S. Census Bureau:

- New England: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
- Middle Atlantic: New York, New Jersey, Pennsylvania
- East North Central: Ohio, Indiana, Illinois, Michigan, Wisconsin
- West North Central: Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas
- South Atlantic: Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida
- East South Central: Kentucky, Tennessee, Alabama, Mississippi
- West South Central: Arkansas, Louisiana, Oklahoma, Texas
- Mountain: Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada
- Pacific: Washington, Oregon, California, Alaska, Hawaii

Reporting of race and ethnicity

Data on Hispanic ethnicity are collected differently among the States and also can differ from the census methodology of collecting information on race (White, Black, Asian/Pacific Islander, American Indian/Alaska Native, Other [including mixed race]) separately from ethnicity (Hispanic, non-Hispanic). State data organizations often collect Hispanic ethnicity as one of several categories that include race. Therefore, for multistate analyses, HCUP creates the combined categorization of race and ethnicity for data from States that report ethnicity separately. When a State data organization collects Hispanic

¹¹ Claritas. Claritas Demographic Profile by ZIP Code. <https://claritas360.claritas.com/mybestsegments/>. Accessed June 6, 2018.

ethnicity separately from race, HCUP uses Hispanic ethnicity to override any other race category to create a Hispanic category for the uniformly coded race/ethnicity data element, while also retaining the original race and ethnicity data. This Statistical Brief reports race/ethnicity for the following categories: Hispanic, non-Hispanic White, non-Hispanic Black, and other race/ethnic groups (which includes Asian/Pacific Islander, American Indian/Alaska Native, and non-Hispanic Other).

About HCUP

The Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup") is a family of health care databases and related software tools and products developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). HCUP databases bring together the data collection efforts of State data organizations, hospital associations, and private data organizations (HCUP Partners) and the Federal government to create a national information resource of encounter-level health care data. HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. These databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, State, and local market levels.

HCUP would not be possible without the contributions of the following data collection Partners from across the United States:

Alaska Department of Health and Social Services
Alaska State Hospital and Nursing Home Association
Arizona Department of Health Services
Arkansas Department of Health
California Office of Statewide Health Planning and Development
Colorado Hospital Association
Connecticut Hospital Association
Delaware Division of Public Health
District of Columbia Hospital Association
Florida Agency for Health Care Administration
Georgia Hospital Association
Hawaii Health Information Corporation
Illinois Department of Public Health
Indiana Hospital Association
Iowa Hospital Association
Kansas Hospital Association
Kentucky Cabinet for Health and Family Services
Louisiana Department of Health
Maine Health Data Organization
Maryland Health Services Cost Review Commission
Massachusetts Center for Health Information and Analysis
Michigan Health & Hospital Association
Minnesota Hospital Association
Mississippi State Department of Health
Missouri Hospital Industry Data Institute
Montana Hospital Association
Nebraska Hospital Association
Nevada Department of Health and Human Services
New Hampshire Department of Health & Human Services
New Jersey Department of Health
New Mexico Department of Health
New York State Department of Health
North Carolina Department of Health and Human Services
North Dakota (data provided by the Minnesota Hospital Association)
Ohio Hospital Association

Oklahoma State Department of Health
Oregon Association of Hospitals and Health Systems
Oregon Office of Health Analytics
Pennsylvania Health Care Cost Containment Council
Rhode Island Department of Health
South Carolina Revenue and Fiscal Affairs Office
South Dakota Association of Healthcare Organizations
Tennessee Hospital Association
Texas Department of State Health Services
Utah Department of Health
Vermont Association of Hospitals and Health Systems
Virginia Health Information
Washington State Department of Health
West Virginia Department of Health and Human Resources, West Virginia Health Care Authority
Wisconsin Department of Health Services
Wyoming Hospital Association

About the NIS

The HCUP National (Nationwide) Inpatient Sample (NIS) is a nationwide database of hospital inpatient stays. The NIS is nationally representative of all community hospitals (i.e., short-term, non-Federal, nonrehabilitation hospitals). The NIS includes all payers. It is drawn from a sampling frame that contains hospitals comprising more than 95 percent of all discharges in the United States. The vast size of the NIS allows the study of topics at the national and regional levels for specific subgroups of patients. In addition, NIS data are standardized across years to facilitate ease of use. Over time, the sampling frame for the NIS has changed; thus, the number of States contributing to the NIS varies from year to year. The NIS is intended for national estimates only; no State-level estimates can be produced. The unweighted sample size for the 2016 NIS is 7,135,090 (weighted, this represents 35,675,421 inpatient stays).

For More Information

For other information on mental and substance abuse disorders, refer to the HCUP Statistical Briefs located at www.hcup-us.ahrq.gov/reports/statbriefs/sb_mhsa.jsp.

For additional HCUP statistics, visit:

- HCUP Fast Stats at www.hcup-us.ahrq.gov/faststats/landing.jsp for easy access to the latest HCUP-based statistics for health care information topics
- HCUPnet, HCUP's interactive query system, at www.hcupnet.ahrq.gov/

For more information about HCUP, visit www.hcup-us.ahrq.gov/.

For a detailed description of HCUP and more information on the design of the National Inpatient Sample (NIS) please refer to the following database documentation:

Agency for Healthcare Research and Quality. Overview of the National (Nationwide) Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP). Rockville, MD: Agency for Healthcare Research and Quality. Updated February 2018. www.hcup-us.ahrq.gov/nisoverview.jsp. Accessed February 12, 2018.

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AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other HCUP data and tools, and to share suggestions on how HCUP products might be enhanced to further meet your needs. Please e-mail us at hcup@ahrq.gov or send a letter to the address below:

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Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, Statistical Brief #247: Opioid-Related Hospital Stays Among Women in the United States, 2016 (Weiss AJ, McDermott KW, Heslin KC)

APPENDIX: ICD-10-CM codes defining mental disorders and related diagnoses, by category

Code	Mental disorder or related diagnosis
Anxiety disorders	
F06.4	Anxiety disorder due to known physiological condition
F40.00	Agoraphobia, unspecified
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F40.10	Social phobia, unspecified
F40.11	Social phobia, generalized
F40.210	Arachnophobia
F40.218	Other animal type phobia
F40.220	Fear of thunderstorms
F40.228	Other natural environment type phobia
F40.230	Fear of blood
F40.231	Fear of injections and transfusions
F40.232	Fear of other medical care
F40.233	Fear of injury
F40.240	Claustrophobia
F40.241	Acrophobia
F40.242	Fear of bridges
F40.243	Fear of flying
F40.248	Other situational type phobia
F40.290	Androphobia
F40.291	Gynephobia
F40.298	Other specified phobia
F40.8	Other phobic anxiety disorders
F40.9	Phobic anxiety disorder, unspecified
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F42.2	Mixed obsessional thoughts and acts
F42.3	Hoarding disorder
F42.4	Excoriation (skin-picking) disorder
F42.8	Other obsessive-compulsive disorder
F42.9	Obsessive-compulsive disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F93.0	Separation anxiety disorder of childhood
F94.0	Selective mutism
R46.6	Undue concern and preoccupation with stressful events
Bipolar disorders	
F06.33	Mood disorder due to known physiological condition with manic features
F06.34	Mood disorder due to known physiological condition with mixed features

Code	Mental disorder or related diagnosis
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disorder, current episode manic, without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic, without psychotic features, mild
F31.12	Bipolar disorder, current episode manic, without psychotic features, moderate
F31.13	Bipolar disorder, current episode manic, without psychotic features, severe
F31.2	Bipolar disorder, current episode manic, severe with psychotic features
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.73	Bipolar disorder, in partial remission, most recent episode manic
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F34.0	Cyclothymic disorder
Depressive disorders	
F06.30	Mood disorder due to known physiological condition, unspecified
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.8	Other depressive episodes
F32.81	Premenstrual dysphoric disorder
F32.89	Other specified depressive episodes

Code	Mental disorder or related diagnosis
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent, severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.41	Major depressive disorder, recurrent, in partial remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
F34.1	Dysthymic disorder
F34.8	Other persistent mood [affective] disorders
F34.81	Disruptive mood dysregulation disorder
F34.89	Other specified persistent mood disorders
F34.9	Persistent mood [affective] disorder, unspecified
F39.	Unspecified mood [affective] disorder
O90.6	Postpartum mood disturbance
Disruptive, impulse-control, and conduct disorders	
F63.1	Pyromania
F63.2	Kleptomania
F63.81	Intermittent explosive disorder
F63.89	Other impulse disorders
F63.9	Impulse disorder, unspecified
F91.0	Conduct disorder confined to family context
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders
F91.9	Conduct disorder, unspecified
Eating disorders	
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.8	Other eating disorders
F50.81	Binge eating disorder
F50.82	Avoidant/restrictive food intake disorder
F50.89	Other specified eating disorder
F50.9	Eating disorder, unspecified
F98.21	Rumination disorder of infancy
F98.29	Other feeding disorders of infancy and early childhood
F98.3	Pica of infancy and childhood
Obsessive-compulsive disorders	
F42	Obsessive-compulsive disorder
F45.21	Hypochondriasis
F45.22	Body dysmorphic disorder
F63.3	Trichotillomania
R46.81	Obsessive-compulsive behavior
Personality disorders	
F07.0	Personality change due to known physiological condition

Code	Mental disorder or related diagnosis
F21.	Schizotypal disorder
F60.0	Paranoid personality disorder
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.4	Histrionic personality disorder
F60.5	Obsessive-compulsive personality disorder
F60.6	Avoidant personality disorder
F60.7	Dependent personality disorder
F60.81	Narcissistic personality disorder
F60.89	Other specific personality disorders
F60.9	Personality disorder, unspecified
F68.11	Factitious disorder with predominantly psychological signs and symptoms
F68.12	Factitious disorder with predominantly physical signs and symptoms
F68.13	Factitious disorder with combined psychological and physical signs and symptoms
F68.8	Other specified disorders of adult personality and behavior
F69	Unspecified disorder of adult personality and behavior
Schizophrenia and related disorders	
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.1	Catatonic disorder due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
Somatic symptom disorders	
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
F45.0	Somatization disorder
F45.1	Undifferentiated somatoform disorder
F45.20	Hypochondriacal disorder, unspecified

Code	Mental disorder or related diagnosis
F45.29	Other hypochondriacal disorders
F45.41	Pain disorder exclusively related to psychological factors
F45.42	Pain disorder with related psychological factors
F45.8	Other somatoform disorders
F45.9	Somatoform disorder, unspecified
F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
F68.10	Factitious disorder, unspecified
Suicidal ideation or attempt	
R45.851	Suicidal ideations
T14.91	Suicide attempt (through FY 2017)
T14.91XA	Suicide attempt, initial encounter
T36.0X2A	Poisoning by penicillins, intentional self-harm, initial encounter
T36.1X2A	Poisoning by cephalosporins and other beta-lactam antibiotics, intentional self-harm, initial encounter
T36.2X2A	Poisoning by chloramphenicol group, intentional self-harm, initial encounter
T36.3X2A	Poisoning by macrolides, intentional self-harm, initial encounter
T36.4X2A	Poisoning by tetracyclines, intentional self-harm, initial encounter
T36.5X2A	Poisoning by aminoglycosides, intentional self-harm, initial encounter
T36.6X2A	Poisoning by rifampicins, intentional self-harm, initial encounter
T36.7X2A	Poisoning by antifungal antibiotics, systemically used, intentional self-harm, initial encounter
T36.8X2A	Poisoning by other systemic antibiotics, intentional self-harm, initial encounter
T36.92XA	Poisoning by unspecified systemic antibiotic, intentional self-harm, initial encounter
T37.0X2A	Poisoning by sulfonamides, intentional self-harm, initial encounter
T37.1X2A	Poisoning by antimycobacterial drugs, intentional self-harm, initial encounter
T37.2X2A	Poisoning by antimalarials and drugs acting on other blood protozoa, intentional self-harm, initial encounter
T37.3X2A	Poisoning by other antiprotozoal drugs, intentional self-harm, initial encounter
T37.4X2A	Poisoning by anthelmintics, intentional self-harm, initial encounter
T37.5X2A	Poisoning by antiviral drugs, intentional self-harm, initial encounter
T37.8X2A	Poisoning by other specified systemic anti-infectives and antiparasitics, intentional self-harm, initial encounter
T37.92XA	Poisoning by unspecified systemic anti-infective and antiparasitics, intentional self-harm, initial encounter
T38.0X2A	Poisoning by glucocorticoids and synthetic analogues, intentional self-harm, initial encounter
T38.1X2A	Poisoning by thyroid hormones and substitutes, intentional self-harm, initial encounter
T38.2X2A	Poisoning by antithyroid drugs, intentional self-harm, initial encounter
T38.3X2A	Poisoning by insulin and oral hypoglycemic drugs, intentional self-harm, initial encounter
T38.4X2A	Poisoning by oral contraceptives, intentional self-harm, initial encounter
T38.5X2A	Poisoning by other estrogens and progestogens, intentional self-harm, initial encounter
T38.6X2A	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, intentional self-harm, initial encounter

Code	Mental disorder or related diagnosis
T38.7X2A	Poisoning by androgens and anabolic congeners, intentional self-harm, initial encounter
T38.802A	Poisoning by unspecified hormones and synthetic substitutes, intentional self-harm, initial encounter
T38.812A	Poisoning by anterior pituitary hormones, intentional self-harm, initial encounter
T38.892A	Poisoning by other hormones and synthetic substitutes, intentional self-harm, initial encounter
T38.902A	Poisoning by unspecified hormone antagonists, intentional self-harm, initial encounter
T38.992A	Poisoning by other hormone antagonists, intentional self-harm, initial encounter
T39.012A	Poisoning by aspirin, intentional self-harm, initial encounter
T39.092A	Poisoning by salicylates, intentional self-harm, initial encounter
T39.1X2A	Poisoning by 4-Aminophenol derivatives, intentional self-harm, initial encounter
T39.2X2A	Poisoning by pyrazolone derivatives, intentional self-harm, initial encounter
T39.312A	Poisoning by propionic acid derivatives, intentional self-harm, initial encounter
T39.392A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], intentional self-harm, initial encounter
T39.4X2A	Poisoning by antirheumatics, not elsewhere classified, intentional self-harm, initial encounter
T39.8X2A	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, intentional self-harm, initial encounter
T39.92XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, intentional self-harm, initial encounter
T40.5X2A	Poisoning by cocaine, intentional self-harm, initial encounter
T40.7X2A	Poisoning by cannabis (derivatives), intentional self-harm, initial encounter
T40.8X2A	Poisoning by lysergide, intentional self-harm, initial encounter
T40.902A	Poisoning by unspecified psychodysleptics, intentional self-harm, initial encounter
T40.992A	Poisoning by other psychodysleptics, intentional self-harm, initial encounter
T41.0X2A	Poisoning by inhaled anesthetics, intentional self-harm, initial encounter
T41.1X2A	Poisoning by intravenous anesthetics, intentional self-harm, initial encounter
T41.202A	Poisoning by unspecified general anesthetics, intentional self-harm, initial encounter
T41.292A	Poisoning by other general anesthetics, intentional self-harm, initial encounter
T41.3X2A	Poisoning by local anesthetics, intentional self-harm, initial encounter
T41.42XA	Poisoning by unspecified anesthetic, intentional self-harm, initial encounter
T41.5X2A	Poisoning by therapeutic gases, intentional self-harm, initial encounter
T42.0X2A	Poisoning by hydantoin derivatives, intentional self-harm, initial encounter
T42.1X2A	Poisoning by iminostilbenes, intentional self-harm, initial encounter
T42.2X2A	Poisoning by succinimides and oxazolidinediones, intentional self-harm, initial encounter
T42.3X2A	Poisoning by barbiturates, intentional self-harm, initial encounter
T42.4X2A	Poisoning by benzodiazepines, intentional self-harm, initial encounter
T42.5X2A	Poisoning by mixed antiepileptics, intentional self-harm, initial encounter
T42.6X2A	Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter

Code	Mental disorder or related diagnosis
T42.72XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.8X2A	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, intentional self-harm, initial encounter
T43.012A	Poisoning by tricyclic antidepressants, intentional self-harm, initial encounter
T43.022A	Poisoning by tetracyclic antidepressants, intentional self-harm, initial encounter
T43.1X2A	Poisoning by monoamine-oxidase-inhibitor antidepressants, intentional self-harm, initial encounter
T43.202A	Poisoning by unspecified antidepressants, intentional self-harm, initial encounter
T43.212A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, intentional self-harm, initial encounter
T43.222A	Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter
T43.292A	Poisoning by other antidepressants, intentional self-harm, initial encounter
T43.3X2A	Poisoning by phenothiazine antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.4X2A	Poisoning by butyrophenone and thiothixene neuroleptics, intentional self-harm, initial encounter
T43.502A	Poisoning by unspecified antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.592A	Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.602A	Poisoning by unspecified psychostimulants, intentional self-harm, initial encounter
T43.612A	Poisoning by caffeine, intentional self-harm, initial encounter
T43.622A	Poisoning by amphetamines, intentional self-harm, initial encounter
T43.632A	Poisoning by methylphenidate, intentional self-harm, initial encounter
T43.692A	Poisoning by other psychostimulants, intentional self-harm, initial encounter
T43.8X2A	Poisoning by other psychotropic drugs, intentional self-harm, initial encounter
T43.92XA	Poisoning by unspecific psychotropic drug, intentional self-harm, initial encounter
T44.0X2A	Poisoning by anticholinesterase agents, intentional self-harm, initial encounter
T44.1X2A	Poisoning by other parasympathomimetics, intentional self-harm, initial encounter
T44.2X2A	Poisoning by ganglionic blocking drugs, intentional self-harm, initial encounter
T44.3X2A	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, intentional self-harm, initial encounter
T44.4X2A	Poisoning by predominantly alpha-adrenoreceptor agonists, intentional self-harm, initial encounter
T44.5X2A	Poisoning by predominantly beta-adrenoreceptor agonists, intentional self-harm, initial encounter
T44.6X2A	Poisoning by alpha-adrenoreceptor antagonists, intentional self-harm, initial encounter
T44.7X2A	Poisoning by beta-adrenoreceptor antagonists, intentional self-harm, initial encounter
T44.8X2A	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, intentional self-harm, initial encounter

Code	Mental disorder or related diagnosis
T44.902A	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, intentional self-harm, initial encounter
T44.992A	Poisoning by other drug primarily affecting the autonomic nervous system, intentional self-harm, initial encounter
T45.0X2A	Poisoning by antiallergic and antiemetic drugs, intentional self-harm, initial encounter
T45.1X2A	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, initial encounter
T45.2X2A	Poisoning by vitamins, intentional self-harm, initial encounter
T45.3X2A	Poisoning by enzymes, intentional self-harm, initial encounter
T45.4X2A	Poisoning by iron and its compounds, intentional self-harm, initial encounter
T45.512A	Poisoning by anticoagulants, intentional self-harm, initial encounter
T45.522A	Poisoning by antithrombotic drugs, intentional self-harm, initial encounter
T45.602A	Poisoning by unspecified fibrinolysis-affecting drugs, intentional self-harm, initial encounter
T45.612A	Poisoning by thrombolytic drug, intentional self-harm, initial encounter
T45.622A	Poisoning by hemostatic drug, intentional self-harm, initial encounter
T45.692A	Poisoning by other fibrinolysis-affecting drugs, intentional self-harm, initial encounter
T45.7X2A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, intentional self-harm, initial encounter
T45.8X2A	Poisoning by other primarily systemic and hematological agent, intentional self-harm, initial encounter
T45.92XA	Poisoning by unspecified primarily systemic and hematological agent, intentional self-harm, initial encounter
T46.0X2A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, intentional self-harm, initial encounter
T46.1X2A	Poisoning by calcium-channel blockers, intentional self-harm, initial encounter
T46.2X2A	Poisoning by other antidysrhythmic drugs, intentional self-harm, initial encounter
T46.3X2A	Poisoning by coronary vasodilators, intentional self-harm, initial encounter
T46.4X2A	Poisoning by angiotensin-converting-enzyme inhibitors, intentional self-harm, initial encounter
T46.5X2A	Poisoning by other antihypertensive drugs, intentional self-harm, initial encounter
T46.6X2A	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, intentional self-harm, initial encounter
T46.7X2A	Poisoning by peripheral vasodilators, intentional self-harm, initial encounter
T46.8X2A	Poisoning by antivaricose drugs, including sclerosing agents, intentional self-harm, initial encounter
T46.902A	Poisoning by unspecified agents primarily affecting the cardiovascular system, intentional self-harm, initial encounter
T46.992A	Poisoning by other agents primarily affecting the cardiovascular system, intentional self-harm, initial encounter
T47.0X2A	Poisoning by histamine H2-receptor blockers, intentional self-harm, initial encounter
T47.1X2A	Poisoning by other antacids and anti-gastric-secretion drugs, intentional self-harm, initial encounter

Code	Mental disorder or related diagnosis
T47.2X2A	Poisoning by stimulant laxatives, intentional self-harm, initial encounter
T47.3X2A	Poisoning by saline and osmotic laxatives, intentional self-harm, initial encounter
T47.4X2A	Poisoning by other laxatives, intentional self-harm, initial encounter
T47.5X2A	Poisoning by digestants, intentional self-harm, initial encounter
T47.6X2A	Poisoning by antidiarrheal drugs, intentional self-harm, initial encounter
T47.7X2A	Poisoning by emetics, intentional self-harm, initial encounter
T47.8X2A	Poisoning by other agents primarily affecting gastrointestinal system, intentional self-harm, initial encounter
T47.92XA	Poisoning by unspecified agents primarily affecting the gastrointestinal system, intentional self-harm, initial encounter
T48.0X2A	Poisoning by oxytocic drugs, intentional self-harm, initial encounter
T48.1X2A	Poisoning by skeletal muscle relaxants, intentional self-harm, initial encounter
T48.202A	Poisoning by unspecified drugs acting on muscles, intentional self-harm, initial encounter
T48.292A	Poisoning by other drugs acting on muscles, intentional self-harm, initial encounter
T48.3X2A	Poisoning by antitussives, intentional self-harm, initial encounter
T48.4X2A	Poisoning by expectorants, intentional self-harm, initial encounter
T48.5X2A	Poisoning by other anti-common-cold drugs, intentional self-harm, initial encounter
T48.6X2A	Poisoning by antiasthmatics, intentional self-harm, initial encounter
T48.902A	Poisoning by unspecified agents primarily acting on the respiratory system, intentional self-harm, initial encounter
T48.992A	Poisoning by other agents primarily acting on the respiratory system, intentional self-harm, initial encounter
T49.0X2A	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, intentional self-harm, initial encounter
T49.1X2A	Poisoning by antipruritics, intentional self-harm, initial encounter
T49.2X2A	Poisoning by local astringents and local detergents, intentional self-harm, initial encounter
T49.3X2A	Poisoning by emollients, demulcents and protectants, intentional self-harm, initial encounter
T49.4X2A	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, intentional self-harm, initial encounter
T49.5X2A	Poisoning by ophthalmological drugs and preparations, intentional self-harm, initial encounter
T49.6X2A	Poisoning by otorhinolaryngological drugs and preparations, intentional self-harm, initial encounter
T49.7X2A	Poisoning by dental drugs, topically applied, intentional self-harm, initial encounter
T49.8X2A	Poisoning by other topical agents, intentional self-harm, initial encounter
T49.92XA	Poisoning by unspecified topical agent, intentional self-harm, initial encounter
T50.0X2A	Poisoning by mineralocorticoids and their antagonists, intentional self-harm, initial encounter
T50.1X2A	Poisoning by loop diuretics, intentional self-harm, initial encounter

Code	Mental disorder or related diagnosis
T50.2X2A	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, intentional self-harm, initial encounter
T50.3X2A	Poisoning by electrolytic, caloric and water-balance agents, intentional self-harm, initial encounter
T50.4X2A	Poisoning by drugs affecting uric acid metabolism, intentional self-harm, initial encounter
T50.5X2A	Poisoning by appetite depressants, intentional self-harm, initial encounter
T50.6X2A	Poisoning by antidotes and chelating agents, intentional self-harm, initial encounter
T50.7X2A	Poisoning by analeptics and opioid receptor antagonists, intentional self-harm, initial encounter
T50.8X2A	Poisoning by diagnostic agents, intentional self-harm, initial encounter
T50.902A	Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.992A	Poisoning by other drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.A12A	Poisoning by pertussis vaccine, including combinations with a pertussis component, intentional self-harm, initial encounter
T50.A22A	Poisoning by mixed bacterial vaccines without a pertussis component, intentional self-harm, initial encounter
T50.A92A	Poisoning by other bacterial vaccines, intentional self-harm, initial encounter
T50.B12A	Poisoning by smallpox vaccines, intentional self-harm, initial encounter
T50.B92A	Poisoning by other viral vaccines, intentional self-harm, initial encounter
T50.Z12A	Poisoning by immunoglobulin, intentional self-harm, initial encounter
T50.Z92A	Poisoning by other vaccines and biological substances, intentional self-harm, initial encounter
T51.0X2A	Toxic effect of ethanol, intentional self-harm, initial encounter
T51.1X2A	Toxic effect of methanol, intentional self-harm, initial encounter
T51.2X2A	Toxic effect of 2-Propanol, intentional self-harm, initial encounter
T51.3X2A	Toxic effect of fusel oil, intentional self-harm, initial encounter
T51.8X2A	Toxic effect of other alcohols, intentional self-harm, initial encounter
T51.92XA	Toxic effect of unspecified alcohol, intentional self-harm, initial encounter
T52.0X2A	Toxic effect of petroleum products, intentional self-harm, initial encounter
T52.1X2A	Toxic effect of benzene, intentional self-harm, initial encounter
T52.2X2A	Toxic effect of homologues of benzene, intentional self-harm, initial encounter
T52.3X2A	Toxic effect of glycols, intentional self-harm, initial encounter
T52.4X2A	Toxic effect of ketones, intentional self-harm, initial encounter
T52.8X2A	Toxic effect of organic solvents, intentional self-harm, initial encounter
T52.92XA	Toxic effect of unspecified organic solvent, intentional self-harm, initial encounter
T53.0X2A	Toxic effect of carbon tetrachloride, intentional self-harm, initial encounter
T53.1X2A	Toxic effect of chloroform, intentional self-harm, initial encounter
T53.2X2A	Toxic effect of trichloroethylene, intentional self-harm, initial encounter
T53.3X2A	Toxic effect of tetrachloroethylene, intentional self-harm, initial encounter
T53.4X2A	Toxic effect of dichloromethane, intentional self-harm, initial encounter

Code	Mental disorder or related diagnosis
T53.5X2A	Toxic effect of chlorofluorocarbons, intentional self-harm, initial encounter
T53.6X2A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, intentional self-harm, initial encounter
T53.7X2A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, intentional self-harm, initial encounter
T53.92XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, intentional self-harm, initial encounter
T54.0X2A	Toxic effect of phenol and phenol homologues, intentional self-harm, initial encounter
T54.1X2A	Toxic effect of corrosive organic compounds, intentional self-harm, initial encounter
T54.2X2A	Toxic effect of corrosive acids and acid-like substances, intentional self-harm, initial encounter
T54.3X2A	Toxic effect of corrosive alkalis and alkali-like substances, intentional self-harm, initial encounter
T54.92XA	Toxic effect of unspecified corrosive substance, intentional self-harm, initial encounter
T55.0X2A	Toxic effect of soaps, intentional self-harm, initial encounter
T55.1X2A	Toxic effect of detergents, intentional self-harm, initial encounter
T56.0X2A	Toxic effect of lead and its compounds, intentional self-harm, initial encounter
T56.1X2A	Toxic effect of mercury and its compounds, intentional self-harm, initial encounter
T56.2X2A	Toxic effect of chromium and its compounds, intentional self-harm, initial encounter
T56.3X2A	Toxic effect of cadmium and its compounds, intentional self-harm, initial encounter
T56.4X2A	Toxic effect of copper and its compounds, intentional self-harm, initial encounter
T56.5X2A	Toxic effect of zinc and its compounds, intentional self-harm, initial encounter
T56.6X2A	Toxic effect of tin and its compounds, intentional self-harm, initial encounter
T56.7X2A	Toxic effect of beryllium and its compounds, intentional self-harm, initial encounter
T56.812A	Toxic effect of thallium, intentional self-harm, initial encounter
T56.892A	Toxic effect of other metals, intentional self-harm, initial encounter
T56.92XA	Toxic effect of unspecified metal, intentional self-harm, initial encounter
T57.0X2A	Toxic effect of arsenic and its compounds, intentional self-harm, initial encounter
T57.1X2A	Toxic effect of phosphorus and its compounds, intentional self-harm, initial encounter
T57.2X2A	Toxic effect of manganese and its compounds, intentional self-harm, initial encounter
T57.3X2A	Toxic effect of hydrogen cyanide, intentional self-harm, initial encounter
T57.8X2A	Toxic effect of inorganic substances, intentional self-harm, initial encounter
T57.92XA	Toxic effect of unspecified inorganic substance, intentional self-harm, initial encounter
T58.02XA	Toxic effect of carbon monoxide from motor vehicle exhaust, intentional self-harm, initial encounter

Code	Mental disorder or related diagnosis
T58.12XA	Toxic effect of carbon monoxide from utility gas, intentional self-harm, initial encounter
T58.2X2A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, intentional self-harm, initial encounter
T58.8X2A	Toxic effect of carbon monoxide from other source, intentional self-harm, initial encounter
T58.92XA	Toxic effect of carbon monoxide from unspecified source, intentional self-harm, initial encounter
T59.0X2A	Toxic effect of nitrogen oxides, intentional self-harm, initial encounter
T59.1X2A	Toxic effect of sulfur dioxide, intentional self-harm, initial encounter
T59.2X2A	Toxic effect of formaldehyde, intentional self-harm, initial encounter
T59.3X2A	Toxic effect of lacrimogenic gas, intentional self-harm, initial encounter
T59.4X2A	Toxic effect of chlorine gas, intentional self-harm, initial encounter
T59.5X2A	Toxic effect of fluorine gas and hydrogen fluoride, intentional self-harm, initial encounter
T59.6X2A	Toxic effect of hydrogen sulfide, intentional self-harm, initial encounter
T59.7X2A	Toxic effect of carbon dioxide, intentional self-harm, initial encounter
T59.812A	Toxic effect of smoke, intentional self-harm, initial encounter
T59.892A	Toxic effect of gases, fumes and vapors, intentional self-harm, initial encounter
T59.92XA	Toxic effect of unspecified gases, fumes and vapors, intentional self-harm, initial encounter
T60.0X2A	Toxic effect of organophos and carbamate insecticides, intentional self-harm, initial encounter
T60.1X2A	Toxic effect of halogenated insecticides, intentional self-harm, initial encounter
T60.2X2A	Toxic effect of insecticides, intentional self-harm, initial encounter
T60.3X2A	Toxic effect of herbicides and fungicides, intentional self-harm, initial encounter
T60.4X2A	Toxic effect of rodenticides, intentional self-harm, initial encounter
T60.8X2A	Toxic effect of other pesticides, intentional self-harm, initial encounter
T60.92XA	Toxic effect of unspecified pesticide, intentional self-harm, initial encounter
T61.02XA	Ciguatera fish poisoning, intentional self-harm, initial encounter
T61.12XA	Scombroid fish poisoning, intentional self-harm, initial encounter
T61.772A	Other fish poisoning, intentional self-harm, initial encounter
T61.782A	Other shellfish poisoning, intentional self-harm, initial encounter
T61.8X2A	Toxic effect of other seafood, intentional self-harm, initial encounter
T61.92XA	Toxic effect of unspecified seafood, intentional self-harm, initial encounter
T62.0X2A	Toxic effect of ingested mushrooms, intentional self-harm, initial encounter
T62.1X2A	Toxic effect of ingested berries, intentional self-harm, initial encounter
T62.2X2A	Toxic effect of ingested (parts of) plant(s), intentional self-harm, initial encounter
T62.8X2A	Toxic effect of other specified noxious substance eaten as food, intentional self-harm, initial encounter
T62.92XA	Toxic effect of unspecified noxious substance eaten as food, intentional self-harm, initial encounter
T63.002A	Toxic effect of unspecified snake venom, intentional self-harm, initial encounter
T63.012A	Toxic effect of rattlesnake venom, intentional self-harm, initial encounter

Code	Mental disorder or related diagnosis
T63.022A	Toxic effect of coral snake venom, intentional self-harm, initial encounter
T63.032A	Toxic effect of taipan venom, intentional self-harm, initial encounter
T63.042A	Toxic effect of cobra venom, intentional self-harm, initial encounter
T63.062A	Toxic effect of venom of North and South American snake, intentional self-harm, initial encounter
T63.072A	Toxic effect of venom of Australian snake, intentional self-harm, initial encounter
T63.082A	Toxic effect of venom of African and Asian snake, intentional self-harm, initial encounter
T63.092A	Toxic effect of venom of snake, intentional self-harm, initial encounter
T63.112A	Toxic effect of venom of gila monster, intentional self-harm, initial encounter
T63.122A	Toxic effect of venom of venomous lizard, intentional self-harm, initial encounter
T63.192A	Toxic effect of venom of other reptiles, intentional self-harm, initial encounter
T63.2X2A	Toxic effect of venom of scorpion, intentional self-harm, initial encounter
T63.302A	Toxic effect of unspecified spider venom, intentional self-harm, initial encounter
T63.312A	Toxic effect of venom of black widow spider, intentional self-harm, initial encounter
T63.322A	Toxic effect of venom of tarantula, intentional self-harm, initial encounter
T63.332A	Toxic effect of venom of brown recluse spider, intentional self-harm, initial encounter
T63.392A	Toxic effect of venom of spider, intentional self-harm, initial encounter
T63.412A	Toxic effect of venom of centipede/millipede, intentional self-harm, initial encounter
T63.422A	Toxic effect of venom of ants, intentional self-harm, initial encounter
T63.432A	Toxic effect of venom of caterpillars, intentional self-harm, initial encounter
T63.442A	Toxic effect of venom of bees, intentional self-harm, initial encounter
T63.452A	Toxic effect of venom of hornets, intentional self-harm, initial encounter
T63.462A	Toxic effect of venom of wasps, intentional self-harm, initial encounter
T63.482A	Toxic effect of venom of other arthropod, intentional self-harm, initial encounter
T63.512A	Toxic effect of contact with stingray, intentional self-harm, initial encounter
T63.592A	Toxic effect of contact with other venomous fish, intentional self-harm, initial encounter
T63.612A	Toxic effect of contact with Portuguese man-o-war, intentional self-harm, initial encounter
T63.622A	Toxic effect of contact with other jellyfish, intentional self-harm, initial encounter
T63.632A	Toxic effect of contact with sea anemone, intentional self-harm, initial encounter
T63.692A	Toxic effect of contact with other venomous marine animals, intentional self-harm, initial encounter
T63.712A	Toxic effect of contact with venomous marine plant, intentional self-harm, initial encounter
T63.792A	Toxic effect of contact with other venomous plant, intentional self-harm, initial encounter

Code	Mental disorder or related diagnosis
T63.812A	Toxic effect of contact with venomous frog, intentional self-harm, initial encounter
T63.822A	Toxic effect of contact with venomous toad, intentional self-harm, initial encounter
T63.832A	Toxic effect of contact with other venomous amphibians, intentional self-harm, initial encounter
T63.892A	Toxic effect of contact with other venomous animals, intentional self-harm, initial encounter
T63.92XA	Toxic effect of contact with unspecified venomous animal, intentional self-harm, initial encounter
T64.02XA	Toxic effect of aflatoxin, intentional self-harm, initial encounter
T64.82XA	Toxic effect of mycotoxin food contaminants, intentional self-harm, initial encounter
T65.0X2A	Toxic effect of cyanides, intentional self-harm, initial encounter
T65.1X2A	Toxic effect of strychnine and its salts, intentional self-harm, initial encounter
T65.212A	Toxic effect of chewing tobacco, intentional self-harm, initial encounter
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter
T65.292A	Toxic effect of tobacco and nicotine, intentional self-harm, initial encounter
T65.3X2A	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, intentional self-harm, initial encounter
T65.4X2A	Toxic effect of carbon disulfide, intentional self-harm, initial encounter
T65.5X2A	Toxic effect of nitroglycerin and other nitric acids and esters, intentional self-harm, initial encounter
T65.6X2A	Toxic effect of paints and dyes, not elsewhere classified, intentional self-harm, initial encounter
T65.812A	Toxic effect of latex, intentional self-harm, initial encounter
T65.822A	Toxic effect of harmful algae and algae toxins, intentional self-harm, initial encounter
T65.832A	Toxic effect of fiberglass, intentional self-harm, initial encounter
T65.892A	Toxic effect of other substances, intentional self-harm, initial encounter
T65.92XA	Toxic effect of unspecified substance, intentional self-harm, initial encounter
T71.112A	Asphyxiation due to smothering under pillow, intentional self-harm, initial encounter
T71.122A	Asphyxiation due to plastic bag, intentional self-harm, initial encounter
T71.132A	Asphyxiation due to being trapped in bed linens, intentional self-harm, initial encounter
T71.152A	Asphyxiation due to smothering in furniture, intentional self-harm, initial encounter
T71.162A	Asphyxiation due to hanging, intentional self-harm, initial encounter
T71.192A	Asphyxiation due to mechanical threat to breathing due to other causes, intentional self-harm, initial encounter
T71.222A	Asphyxiation due to being trapped in a car trunk, intentional self-harm, initial encounter
T71.232A	Asphyxiation due to being trapped in a (discarded) refrigerator, intentional self-harm, initial encounter
X71.0XXA	Intentional self-harm by drowning while in bathtub, initial encounter

Code	Mental disorder or related diagnosis
X71.1XXA	Intentional self-harm by drowning while in swimming pool, initial encounter
X71.2XXA	Intentional self-harm by drowning after jump into swimming pool, initial encounter
X71.3XXA	Intentional self-harm by drowning in natural water, initial encounter
X71.8XXA	Other intentional self-harm by drowning and submersion, initial encounter
X71.9XXA	Intentional self-harm by drowning and submersion, unspecified, initial encounter
X72.XXXA	Intentional self-harm by handgun discharge, initial encounter
X73.0XXA	Intentional self-harm by shotgun discharge, initial encounter
X73.1XXA	Intentional self-harm by hunting rifle discharge, initial encounter
X73.2XXA	Intentional self-harm by machine gun discharge, initial encounter
X73.8XXA	Intentional self-harm by other larger firearm discharge, initial encounter
X73.9XXA	Intentional self-harm by unspecified larger firearm discharge, initial encounter
X74.01XA	Intentional self-harm by airgun, initial encounter
X74.02XA	Intentional self-harm by paintball gun, initial encounter
X74.09XA	Intentional self-harm by other gas, air or spring-operated gun, initial encounter
X74.8XXA	Intentional self-harm by other firearm discharge, initial encounter
X74.9XXA	Intentional self-harm by unspecified firearm discharge, initial encounter
X75.XXXA	Intentional self-harm by explosive material, initial encounter
X76.XXXA	Intentional self-harm by smoke, fire and flames, initial encounter
X77.0XXA	Intentional self-harm by steam or hot vapors, initial encounter
X77.1XXA	Intentional self-harm by hot tap water, initial encounter
X77.2XXA	Intentional self-harm by other hot fluids, initial encounter
X77.3XXA	Intentional self-harm by hot household appliances, initial encounter
X77.8XXA	Intentional self-harm by other hot objects, initial encounter
X77.9XXA	Intentional self-harm by unspecified hot objects, initial encounter
X78.0XXA	Intentional self-harm by sharp glass, initial encounter
X78.1XXA	Intentional self-harm by knife, initial encounter
X78.2XXA	Intentional self-harm by sword or dagger, initial encounter
X78.8XXA	Intentional self-harm by other sharp object, initial encounter
X78.9XXA	Intentional self-harm by unspecified sharp object, initial encounter
X79.XXXA	Intentional self-harm by blunt object, initial encounter
X80.XXXA	Intentional self-harm by jumping from a high place, initial encounter
X81.0XXA	Intentional self-harm by jumping or lying in front of motor vehicle, initial encounter
X81.1XXA	Intentional self-harm by jumping or lying in front of (subway) train, initial encounter
X81.8XXA	Intentional self-harm by jumping or lying in front of moving object, initial encounter
X82.0XXA	Intentional collision of motor vehicle with motor vehicle, initial encounter
X82.1XXA	Intentional collision of motor vehicle with train, initial encounter
X82.2XXA	Intentional collision of motor vehicle with tree, initial encounter
X82.8XXA	Other intentional self-harm by crashing of motor vehicle, initial encounter

Code	Mental disorder or related diagnosis
X83.0XXA	Intentional self-harm by crashing of aircraft, initial encounter
X83.1XXA	Intentional self-harm by electrocution, initial encounter
X83.2XXA	Intentional self-harm by exposure to extremes of cold, initial encounter
X83.8XXA	Intentional self-harm by other specified means, initial encounter
Trauma- and stressor-related disorders	
F43.0	Acute stress reaction
F43.10	Post-traumatic stress disorder, unspecified
F43.20	Adjustment disorder, unspecified
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.24	Adjustment disorder with disturbance of conduct
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F43.29	Adjustment disorder with other symptoms
F43.8	Other reactions to severe stress
F43.9	Reaction to severe stress, unspecified
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.2	Dissociative stupor
F44.81	Dissociative identity disorder
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified
F94.1	Reactive attachment disorder of childhood
F94.2	Disinhibited attachment disorder of childhood
Miscellaneous mental disorders	
F06.8	Other specified mental disorders due to known physiological condition
F09.	Unspecified mental disorder due to known physiological condition
F48.1	Depersonalization-derealization syndrome
F48.8	Other specified nonpsychotic mental disorders
F48.9	Nonpsychotic mental disorder, unspecified
F65.0	Fetishism
F65.1	Transvestic fetishism
F65.2	Exhibitionism
F65.3	Voyeurism
F65.4	Pedophilia
F65.51	Sexual masochism
F65.52	Sexual sadism
F65.81	Frotteurism
F65.89	Other paraphilias
F65.9	Paraphilia, unspecified
F93.9	Childhood emotional disorder, unspecified
F99	Mental disorder, not otherwise specified

Code	Mental disorder or related diagnosis
R45.850	Homicidal ideations