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## Subsets

<table>
<thead>
<tr>
<th>Time Period:</th>
<th>Provider State Code</th>
<th>Diagnosis Principal</th>
<th>Diagnosis Code Principal</th>
<th>Patients</th>
<th>Jun 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-of-State Residential Treatment Center Placements for Children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Diagnosis Principal

- Attention-deficit hyperactivity disorder, combined type
- Attention-deficit hyperactivity disorder, predominantly hyperactive type
- Attention-deficit hyperactivity disorder, predominantly inattentive type
- Attention-deficit hyperactivity disorder, unspecified type
- Bipolar disorder, unspecified
- Bipolar disorder, current episode manic severe with psychotic features, severe
- Bipolar disorder, current episode manic w/o psychotic features, severe
- Bipolar disorder, current episode manic w/o psychotic features, unspecified
- Bipolar disorder, current episode mixed, moderate
- Bipolar disorder, current episode mixed, severe with psychotic features
- Bipolar disorder, current episode mixed, unspecified
- Bipolar disorder, in partial remission, most recent episode depressed
- Bipolar disorder, unspecified
- Cannabis abuse with unspecified cannabis-induced disorder
- Child sexual abuse, suspected, subsequent encounter
- Conduct disorder, childhood-onset type
- Disinhibited attachment disorder of childhood
- DysthyMIC disorder
- Exhibitionism
- Generalized anxiety disorder
- Intermittent explosive disorder
- Major depressive disorder, recurrent severe without psychotic features
- Major depressive disorder, recurrent, mild
- Major depressive disorder, recurrent, moderate
- Major depressive disorder, recurrent, severe with psychotic symptoms
- Major depressive disorder, single episode, mild
- Major depressive disorder, single episode, moderate
- Major depressive disorder, single episode, unspecified
- Major depressive disorder, single episode, unSpecified
- Major depressive disorder, with psychotic features
- Major depressive disorder, with psychotic features
- Obsessive-compulsive disorder
- Oppositional defiant disorder
- Other depressive episodes
- Other persistent mood [affective] disorders
- Other sexual disorders
- Paranoid schizophrenia
- Post-traumatic stress disorder, chronic
- Post-traumatic stress disorder, unspecified
- Reaction to severe stress, unspecified
- Reactive attachment disorder of childhood
- Schizo affective disorder, bipolar type
- Schizo affective disorder, depressive type
- Schizo affective disorder, unspecified
- Unspecified mental disorder due to known physiological condition
- Unspecified mood [affective] disorder

### Patients

<table>
<thead>
<tr>
<th></th>
<th>AL</th>
<th>AR</th>
<th>AZ</th>
<th>CO</th>
<th>GA</th>
<th>MI</th>
<th>MO</th>
<th>MT</th>
<th>NM</th>
<th>OR</th>
<th>TN</th>
<th>TX</th>
<th>UT</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>161004 OOS RTC Enrollees</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>33</td>
<td>142</td>
<td>208</td>
</tr>
</tbody>
</table>

### Notes

- **ICD-10-CM diagnosis codes became effective on October 1, 2015**

The report indicates the number of out-of-state Fee for Service RTC patients. Patients appear on this report only if the billing and/or servicing provider indicated a principle diagnosis on the submitted claim form. Diagnosis information may or may not appear on claim forms for patients with long-term medical conditions (e.g., diabetes). Patient counts are based upon when the service occurred and not when the service was paid.

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Total Patient Count may contain duplications (i.e. patients may have more than one primary diagnosis within the timeframe specified).
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The report indicates the number of in-state and out-of-state fee for service RTC patients. Patient counts are based upon when the service occurred and not when the service was paid.

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<table>
<thead>
<tr>
<th>Dimension/Measure</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>161004 OOS RTC Enrollees</td>
<td>Custom built subset that combines <strong>Provider Type Claim NV Code = 63</strong> (Residential Treatment Center), and <strong>Provider State Code &lt;&gt; NV</strong>; excludes voided claims</td>
</tr>
<tr>
<td>Diagnosis Principal</td>
<td>The principal diagnosis description for a service, claim, or lab result.</td>
</tr>
<tr>
<td>Net Pay Per Pat</td>
<td>The average net amount paid, per patient, for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.</td>
</tr>
<tr>
<td>Net Payment</td>
<td>The net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.</td>
</tr>
<tr>
<td>Patients</td>
<td>The unique count of members who received facility, professional, or pharmacy services.</td>
</tr>
<tr>
<td>Provider State Code</td>
<td>The current state abbreviation for the provider of service.</td>
</tr>
<tr>
<td>Provider Type Claim NV Code</td>
<td>The Nevada specific code for the servicing provider type on the claim record.</td>
</tr>
<tr>
<td>Service Count Paid</td>
<td>The sum of the units paid across professional and facility claims.</td>
</tr>
</tbody>
</table>