

Diagnosis Procedure

Overview

This procedure outlines the process for creating a new diagnosis, and diagnosis maintenance within a Client Record.

Directions

Preconditions:

1. Client's record has been created with initial diagnosis (Z03.89) – Intake workflow has completed
 - a. Agency admission date – current date (or time of discharge)
2. A meeting with the client to discuss their medical needs has taken place
3. A discussion with team members to determine clinical responsibility for diagnosis maintenance has occurred.
 - a. This will generally be the PRIMARY clinician
 - b. In DS it is the Area Manager (Check with DS)

1. Enter client's record by clicking on Client Tab (enter identifying information, name, DOB, etc), filter, and select client.

2. On the Navigation Bar (located to the left on the Client Overview), Click **Diagnosis**. This will bring you to Client's Problem List (list of diagnoses).

Adding an Internal Diagnosis

1. Click **Start New Diagnosis** ***Never Update**
2. Verify **effective date** (will default to today's date, it's okay to backdate)
 - a. The effective date is the date we begin treating this list of diagnoses within the episode of care. If it needs to change:
 - i. Click **Edit**
 - ii. Select desired date/time from **Effective Date** calendar tool

3. Review ALL current diagnoses

- a. Resolve diagnoses that are *no longer appropriate* by entering the date into the resolve box manually.
- b. Ensure remaining diagnoses are accurate (add specifiers if appropriate or needed)

This screenshot shows a form for entering a diagnosis. The diagnosis text is "(F33.3) Major depressive disorder, recurrent, severe with psychotic symptoms". The "Resolved" field is circled in blue, indicating where a date should be entered to mark the diagnosis as resolved. Other fields include "Diagnosed By", "Onset Prior to Admission", "Default for Programs", "SNOMED Description", "Provisional", "Onset Date", "Previous Onset Date", and "Notes".

4. Add New Diagnosis: *Diagnoses are only entered by those with appropriate credential or within the scope of their practice; with the exception of DS eligibility determinations).*

- a. Type into the box labeled **New** and select from drop down menu

This screenshot shows the "New" diagnosis entry form. The "New" label is circled in blue. Other fields circled in blue include "Diagnosed By", "Diagnosed", "Onset Date", "Previous Onset Date", "Default for Programs", and "Resolved". The form includes a text input for the diagnosis name, a dropdown for "Onset Prior to Admission", a dropdown for "Default for Programs", a text input for "SNOMED Description", a checkbox for "Provisional", and a checkbox for "RO".

- i. Ensure that the diagnosis is valid for MSR and Billing by choosing the most *specific* ICD10 code (If you are not sure, compare to the list of valid MSR Diagnoses)
 1. This list can be found by running a report in Credible (Reports→Other→HCRS ICD10 codes) *Ctrl F to navigate list
- ii. Include **DSM 5 Specifiers** (if clinically appropriate)
- iii. Enter **Diagnosed By** (person who is making the diagnosis)
- iv. Enter **Diagnosed** date field (cannot be later than effective date)
- v. Skip **Onset Prior to Admission**
- vi. Select **Default program(s)**
 1. Hold the SHIFT key to select multiple programs (if needed)
- vii. Skip **Resolved Date** and **Previous Onset Date**
- viii. If Clinically appropriate select check box from **Provisional** or Rule Out (**RO**)
 1. *RO* is if the diagnosis is under considerations with further assessment needed.
 2. *Provisional* is if provider believes the diagnosis exists but is deferring making a full diagnosis at this time.

5. After Diagnosis Review/Add Diagnosis is complete you must indicate in the numeric dropdown box. the order of each diagnosis as it relates to the individual's primary problem.

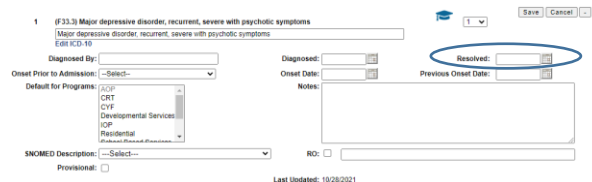
This screenshot shows the bottom of the diagnosis entry form. The numeric dropdown menu is circled in blue, showing the value "1". The form includes a "New" label, a text input for the diagnosis name, a dropdown for "Edit Specifiers Edit ICD-10", and buttons for "Save", "Cancel", and a minus sign.

- a. 1 – Primary, 2 – Secondary, 3 – tertiary
- b. Click **Resequenece** to update

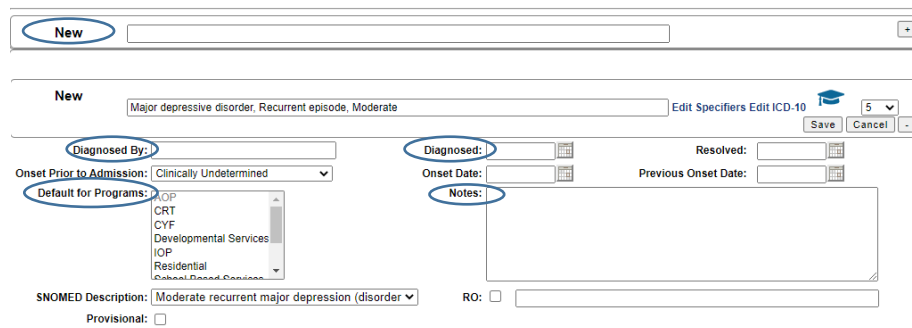
Adding an External Diagnosis: *A diagnosis from another source*

1. Click **Start New Diagnosis**  ***Never Update**
2. Verify **effective date** (will default to today's date)
 - a. The effective date must be within the current episode of care (Effective Date is the date we begin treating this group of diagnoses within this episode of care)
 - i. Date of HCRS team discussion on *external testing* or *external diagnosis*.
3. Review ALL current diagnoses

- a. Resolve diagnoses that are *no longer appropriate* by entering the date into the resolve box manually.
- b. Ensure remaining diagnoses are accurate (add specifiers if appropriate or needed)



4. Add New Diagnosis: *Diagnoses are only entered by those with appropriate credential or within the scope of their practice; with the exception of DS eligibility determinations.*
 - a. Type into the box labeled **New** and select from drop down menu



- i. Ensure that Diagnosis is valid for MSR and Billing (Compare to the list of valid MSR Diagnoses)
 1. This list can be found by running a report in Credible (Reports→other→HCRS ICD10 codes)
- ii. Include **DSM 5 Specifiers** (if clinically appropriate)
- iii. Enter **Diagnosed By** (person who is making the diagnosis)
- iv. Enter **Diagnosed** date field
- v. Skip **Onset Prior to Admission**
- vi. Select **Default program(s)**
 1. Hold the SHIFT key to select multiple programs (if needed).
- vii. Skip **Resolved Date** and **Previous Onset Date**
- viii. In the **Note** box, indicate if diagnosis is from external testing or if client was externally diagnosed:
 1. *Example: See psychological testing dated 10/21/21.*
- ix. If Clinically appropriate select check box from **Provisional** or Rule Out (**RO**)
 1. RO is if the diagnosis is under considerations with further assessment needed.

2. Provisional is if provider believes the diagnosis exists but is deferring making a full diagnosis at this time.
5. After Diagnosis Review/Add Diagnosis is complete you must indicate in the numeric dropdown box. the order of each diagnosis as it relates to the individual's treatment goals.

New [Edit Specifiers](#) [Edit ICD-10](#)    

- a. 1 – Primary, 2 – Secondary, 3 – tertiary
- b. Click **Resequence** to update