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)

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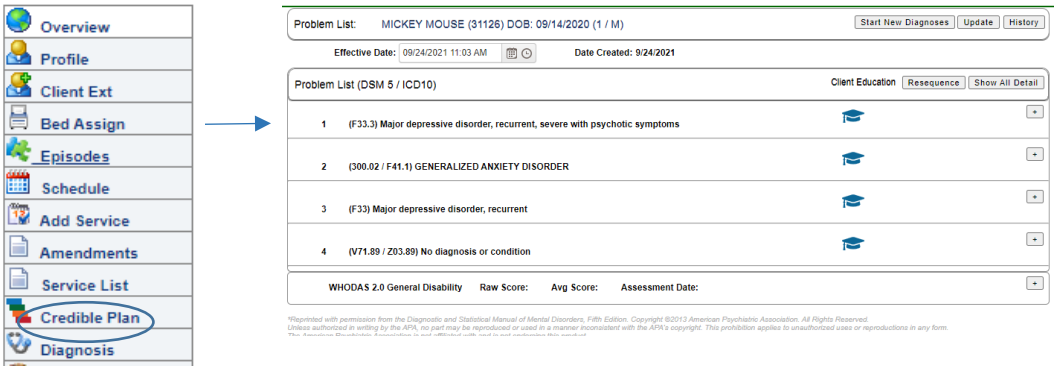
1. Enter client's record by clicking on Client Tab (enter identifying information, name, DOB, etc), filter, and select client.

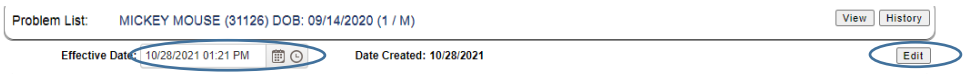
2. On the Navigation Bar (located to the left on the Client Overview), Click **Diagnosis.** This will bring you to Client's Problem List (list of diagnoses).



Adding an Internal Diagnosis

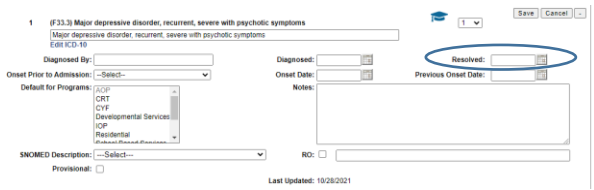
1. Click **Start New Diagnosis** 

***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

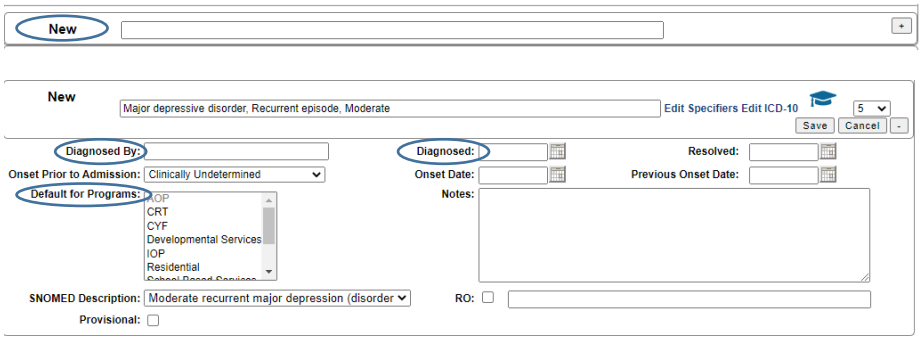


3. Review ALL current diagnoses

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)

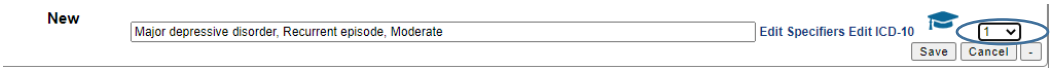


4. Add New Diagnosis: *Diagnoses are only entered by those with appropriate credential or within the scope of their practice; with the exception of DS eligibility determinations).*
    a. Type into the box labeled **New** and select from drop down menu



        i. Ensure that 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.

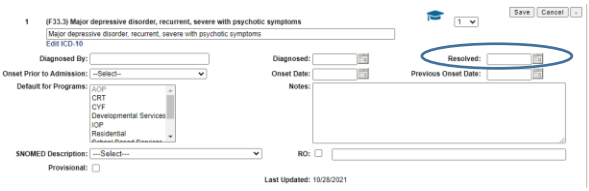


    a. 1 – Primary, 2 – Secondary, 3 – tertiary
    b. Click **Resequence** to update

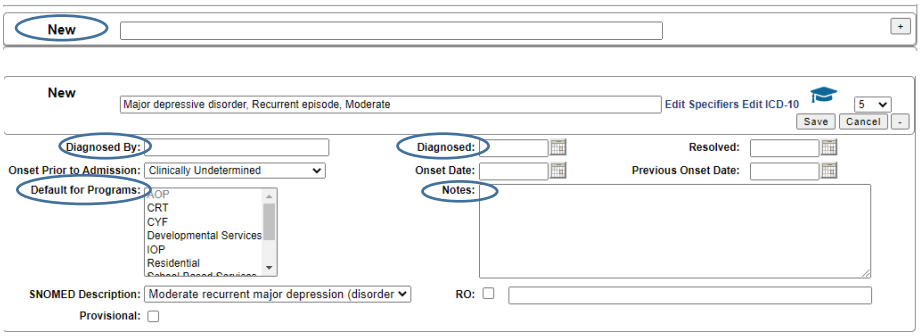
Adding an External Diagnosis: *A diagnosis from another source*

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 <u>ALL</u> 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)



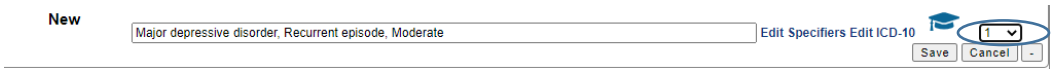
4. Add New Diagnosis: *Diagnoses are only entered by those with appropriate credential or within the scope of their practice; with the exception of DS eligibility determinations.*
    a. Type into the box labeled **New** and select from drop down menu



        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.



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