Diagnosis (Avatar)

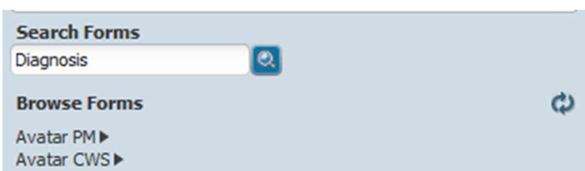
The purpose of this desk reference is to provide guidance in how to manage a client's diagnosis record.

Details

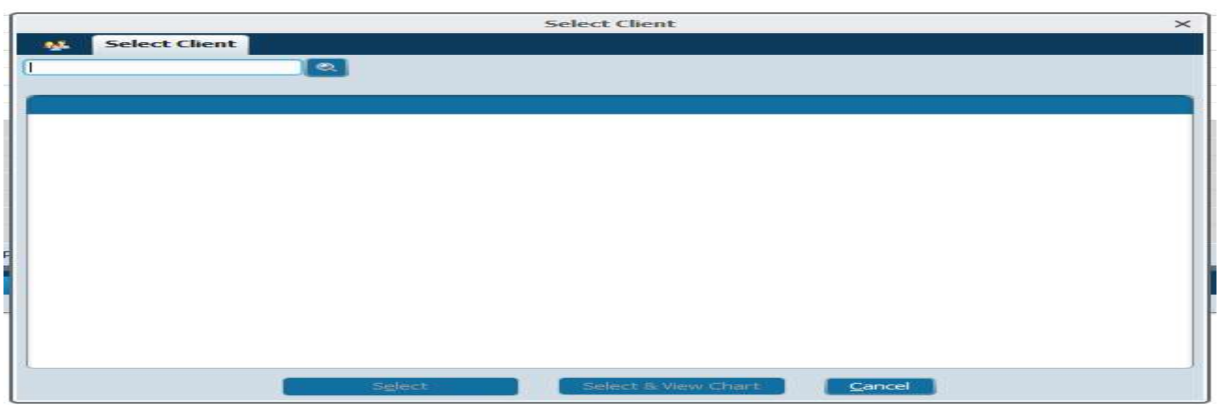
- Diagnosis data is filed by date and uses the Problem List, DSM-5 and ICD-10 searchable descriptive codes. Please refer to the **Clinical Instructional Guide- DSM-5 & ICD-10**.
- Diagnosis entries that are resolved will maintain a bill order and will be used on claims where the service date is prior to the "Resolved Date".

Steps

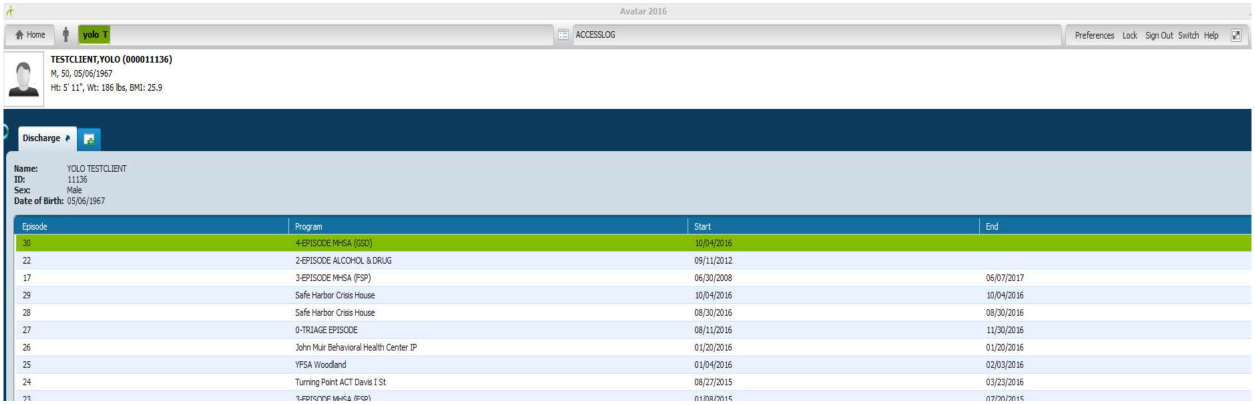
1. From the Home view, click Avatar PM > Client Management > Client information or you can enter "Diagnosis" under Search Forms.



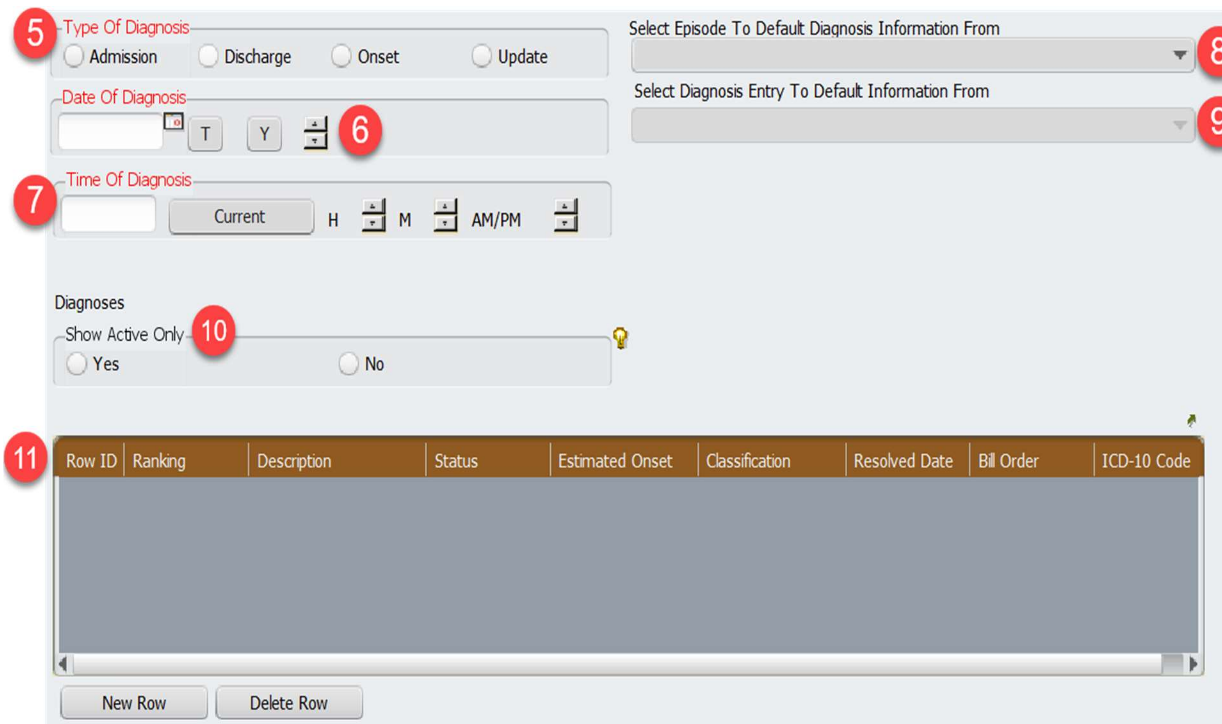
2. In the "Select Client" screen, enter the client's medical record number, Last Name, First Name or client's social security number (ssn format xxx-xx-xxxx), click the "Search" icon, and select the corresponding entry.



3. If the client has multiple episodes the episode pre-display shows. Select the applicable episode, click OK.



4. The “Diagnosis” form will be launched.



5. In the “Type Of Diagnosis” field, select how the diagnosis is associated with the client. The Admission selection should be made when there is no existing diagnosis in the episode.
The selection in this field cannot be changed when editing an existing diagnosis.

6. In the Date Of Diagnosis field, enter the diagnosis date. Selecting Admission or Discharge populates the client's admission or discharge date in the Date of Diagnosis field. **DO NOT change the date of diagnosis when these selections are made.**

7. In the Time Of Diagnosis field, enter the diagnosis time. Click current to enter the current time.

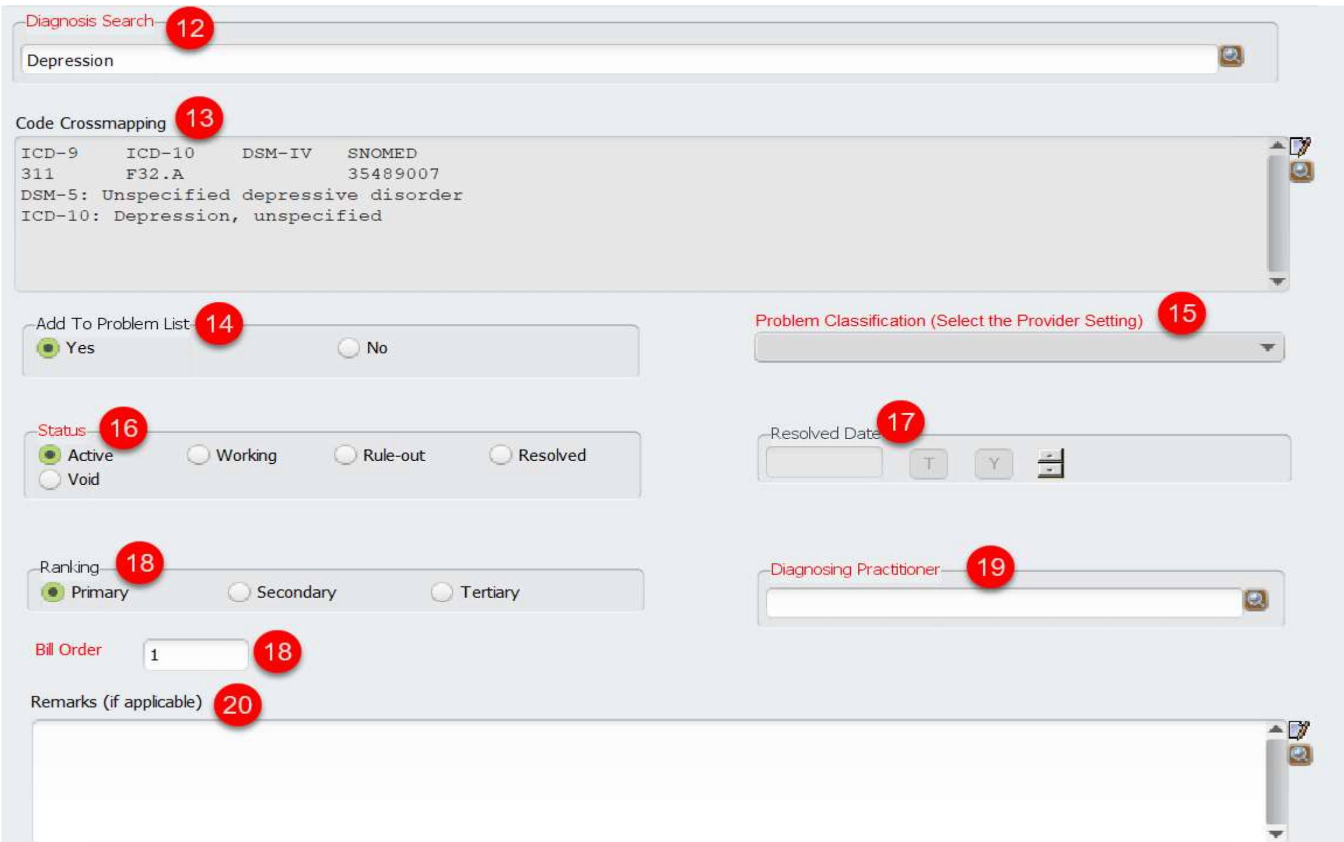
8. **<u>Optional:</u>** The diagnosis can be defaulted in from another episode, if needed. In the “Select Episode To Default Diagnosis Information From” field, select the episode that includes the desired diagnosis information, to be carried forward.

9. **<u>Optional (continuation from step 6):</u>** In the “Select Diagnosis Entry to Default Information From” field, select the desired diagnosis entry to carry forward (for example, Admission Date of Diagnosis: 10/1/2013).

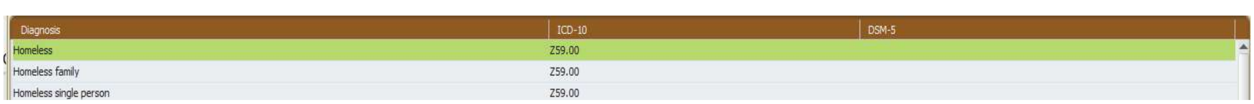
10. In the “Show Active Only” field, select Yes to restrict the grid to display only those entries with a status of Active or Working. Selecting No includes all entries in the grid.

    Any rows that are missing a required field will not be removed, regardless of their status and newly entered rows with any status remain on the grid until Yes is selected again.

11. The Diagnoses grid controls the diagnosis records for the client. Voided diagnoses appear with a strikethrough. Use the New Row and Delete Row buttons to add or remove records as appropriate.



12. In the “Diagnosis Search” field, enter a term to describe the client's condition, problem, or enter an ICD-10 code (e.g. Depression or F32.A) and click on the “Search” icon. The search results will return the following:
    a) Diagnosis Description
    b) ICD-10 code
    c) DSM-5 Code (Descriptor/term)



13. The Code Crossmapping field displays the ICD-9 code, ICD-10 code, DSM-IV code, SNOMED code and the DSM-5 for the selected search item. Refer to the **Clinical Instructional Guide- DSM-5 & ICD-10** for diagnosis nomenclature to use.

14. In the "Add To Problem List?" field, Yes will default so that the diagnosis is added to the Problem List. If the diagnosis does not need to be added to the Problem List, select No.

15. In the "Problem Classification (Select the Provider Setting)" field, select either Mental Health Setting or SUD Provider Setting. Please refer to guidance issued from Quality Management.

16. In the "Status" field, select whether the diagnosis is Active, Working, Rule-out, Resolved or Void.

    a) Active - A diagnosis for which the client is currently being treated. The diagnosis will be included in claim information.
    b) Working - A diagnosis for which the client is currently being treated to confirm whether they are active or should be ruled out. The diagnosis will be included in claim information.
    c) Rule-out - A diagnosis that was in a working state but has now been ruled out. The diagnosis will not be included in claim information.
    d) Resolved - A diagnosis for which the client is no longer being treated. The diagnosis will not be included in claim information if the date of service is past the date entered in the Resolved Date field. The diagnosis 'Bill Order' cannot be edited for diagnoses with a status of Resolved and should not have a bill order value.
    e) Void - A diagnosis that was saved to a client's record in error. The diagnosis will not be included in claim information. This option replaces the ability to delete diagnoses from a client's record. The diagnosis 'Bill Order' cannot be edited for Void diagnoses and should not have a bill order value. All other diagnosis field values are also unavailable.

17. If the diagnosis has been updated to a status of Resolved, enter the date the diagnosis was resolved in the "Resolved Date" field.

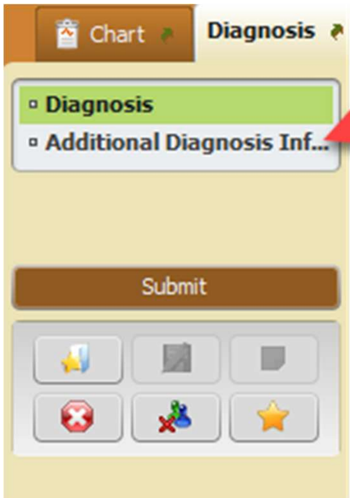
18. In the" Bill Order" field, enter the order in which the diagnoses will appear on a claim. The entry marked as Primary in the "Ranking" field will default to a billing order of '1'. The system will calculate billing based on the diagnosis billing order. This can be adjusted regardless of the diagnosing practitioner and will be recalculated for the remaining entries.

19. In the "Diagnosing Practitioner" field, enter the clinician responsible for the client's diagnosis. This value should default for each individual diagnosis entered within a session.

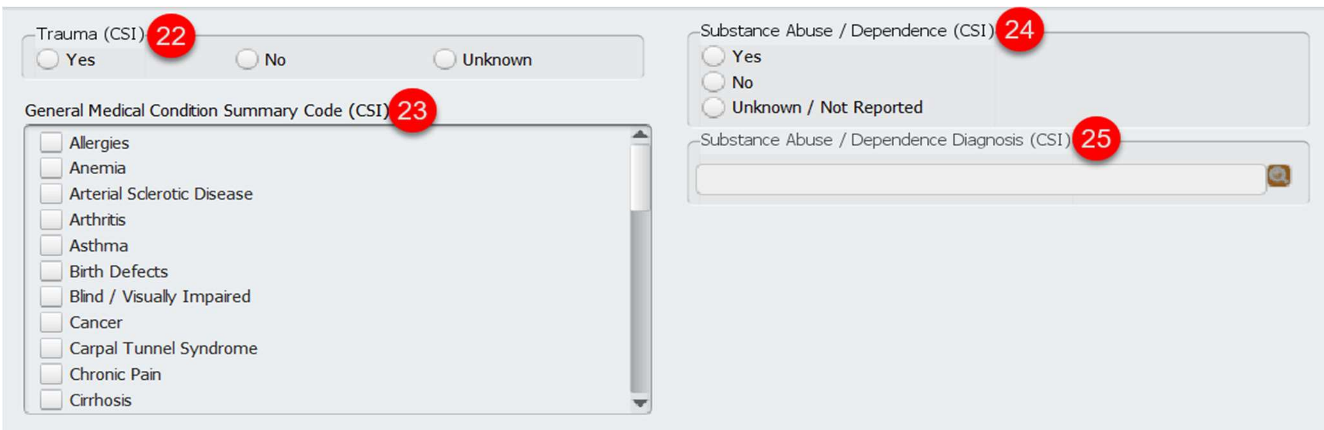
    The diagnosing practitioner can be someone other than the user entering the diagnosis to account for users who enter records on another user's behalf.

20. In the Remarks field, enter specific diagnosis remarks.

21. Select “Additional Diagnosis information” tab located in the left-hand corner, to enter data required for state submissions.



22. In the “Trauma (CSI)” field, enter if the client has experienced any Trauma. Options available are Yes, No or Unknown.



23. In the “General Medical Condition Summary Code (CSI)” field, select all medical conditions the client has had and/or is currently experiencing.

24. In the “Substance Abuse/Dependence (CSI)” field, enter if the client has a substance use diagnosis. Options available are Yes, No or Unknown.

25. If “Yes” is selected in the “Substance Abuse/Dependence (CSI)” field, then the “Substance Abuse/Dependence Diagnosis (CSI)” field will require an entry. In the Substance Abuse/Dependence Diagnosis (CSI) field, enter a term to describe the client's condition, or enter an ICD-10 code (e.g. Alcohol Abuse or F10.10).

The “Substance Abuse/Dependence Diagnosis (CSI)” field should match exactly to a Substance Abuse/Dependence diagnosis entered in the “Diagnosis” tab. If “No or Unknown” is selected and there is a Substance Abuse/Dependence diagnosis entered in the “Diagnosis” tab, this will cause a CSI Error.

26. Click Submit to save.