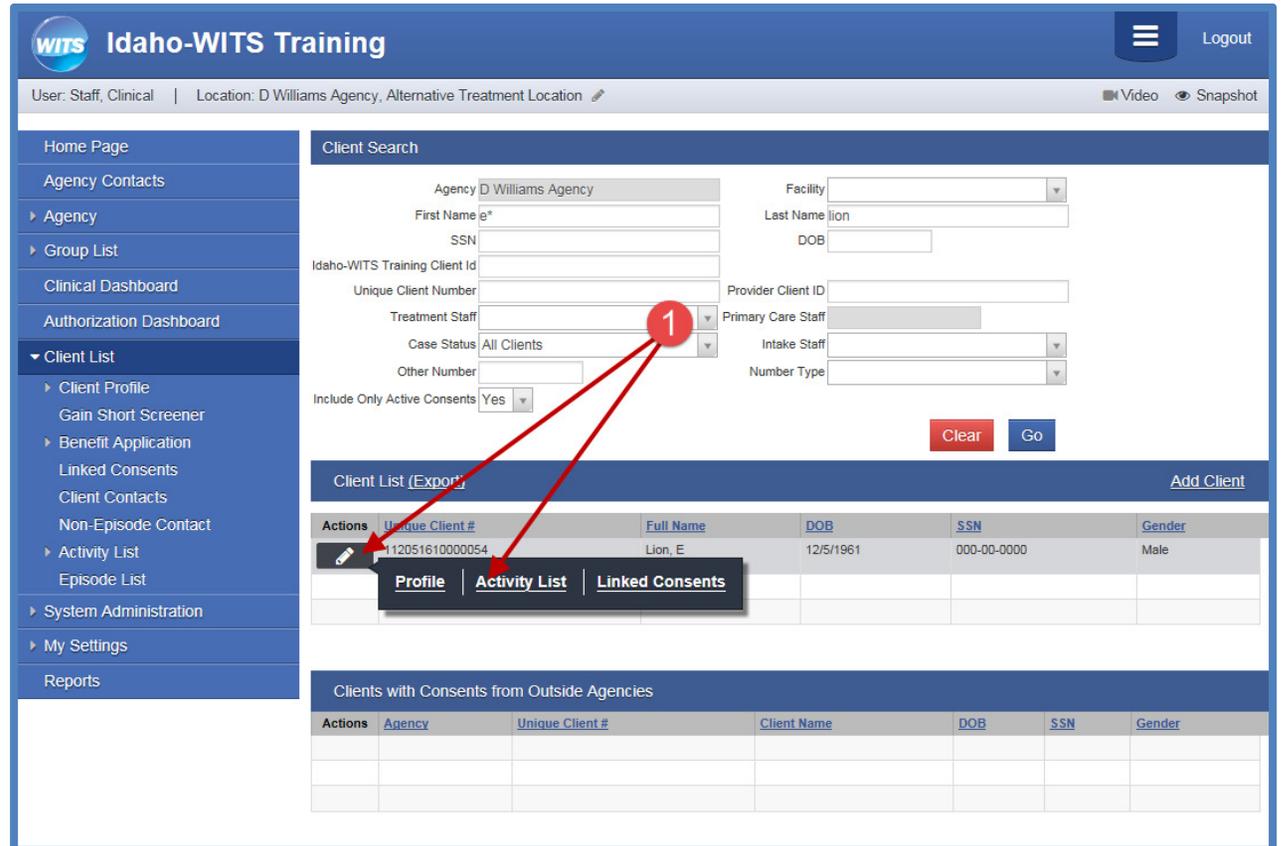


Adding a Primary Diagnosis to an Admission record (created before 9/28/15)

These instructions are to be used to add a primary diagnosis for clients with an Admissions created before 9/25/15.

1. **Getting here:** Login, select the **Facility**, select **Client List** on the Navigation Pane (left menu) to generate the Client Search Screen, find client, click  and select **Activity List**.



WITS Idaho-WITS Training

User: Staff, Clinical | Location: D Williams Agency, Alternative Treatment Location

Home Page
Agency Contacts
Agency
Group List
Clinical Dashboard
Authorization Dashboard
Client List
Client Profile
Gain Short Screener
Benefit Application
Linked Consents
Client Contacts
Non-Episode Contact
Activity List
Episode List
System Administration
My Settings
Reports

Client Search

Agency: D Williams Agency | Facility: [Dropdown]
First Name: [Text] | Last Name: Lion
SSN: [Text] | DOB: [Text]
Idaho-WITS Training Client Id: [Text]
Unique Client Number: [Text] | Provider Client ID: [Text]
Treatment Staff: [Text] | Primary Care Staff: [Text]
Case Status: All Clients (dropdown) | Intake Staff: [Text]
Other Number: [Text] | Number Type: [Text]
Include Only Active Consents: Yes (checkbox)

Clear Go

Client List (Export) Add Client

Actions	Unique Client #	Full Name	DOB	SSN	Gender
 Profile Activity List Linked Consents	112051610000054	Lion, E	12/5/1961	000-00-0000	Male

Clients with Consents from Outside Agencies

Actions	Agency	Unique Client #	Client Name	DOB	SSN	Gender
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2. Click  and **Review** the Admission.

User: Buskey, Michelle | Location: SUD Administrative Agency, Test Facility Snapshot

Client: Smith, Sue | 20516185000019U | 1 Clear Client

- Home Page
- Agency Contacts
- ▶ Agency
- ▶ Group List
- Clinical Dashboard
- Authorization Dashboard
- ▼ Client List
 - ▶ Client Profile
 - Gain Short Screener
 - ▶ Eligibility Screener
 - ▶ Benefit Application
 - Linked Consents
 - Client Contacts
 - Non-Episode Contact
 - ▼ Activity List
 - Intake
 - Fee Determination
 - ▶ Drug Testing
 - Wait List

Client Activity List		Activity Date	Created Date	Status
	Client Information (Profile)	5/5/2015	5/5/2015	Completed
	Intake Transaction	5/5/2015	5/5/2015	Completed
	Consent (MH Administrative Agency)	5/5/2015	5/27/2015	Completed
	Admission	5/29/2015	5/29/2015	In Progress [Details]
	Review Summary	5/29/2015	5/29/2015	Not Applicable
	Client Program Enrollment (Adult GAIN-I Assessment)	6/1/2015	8/20/2015	Completed
	Fee Determination	6/5/2015	6/5/2015	Completed
	Miscellaneous Note Summary	8/26/2015	8/26/2015	Not Applicable



3. Click **Diagnosis** on the Navigation Pane under Admission.

User: Buskey, Michelle | Location: SUD Administrative Agency, Test Facility | Generate Report | Snapshot

Client: Smith, Sue | 20516185000019U | 1 | Clear Client

Admission Profile

Full Name: **Smith, Sue** | Residence/Borough: **BANNOCK**
Referral Source: **Alcohol/Drug Use Program** | Race: **White/Caucasian**
Gender: **Female** | Ethnicity: **Not of Hispanic or Latino Origin**
DOB: **5/16/1985** | Age: **30**

Basis for Decision
Potential Client for SA: [] []
Potential Client for MH: [] []
Potential Client for TBI: [] []
Est. Duration of TX (days): [] Treating Here For: **Substance...**

Client Type: []
Admission Type: **Admission**
Admission Staff: **Buskey, Michelle**
Admission Date: **5/29/2015**
Codependent/Collateral: **No**

of Prior SA TX Admissions: **1**
of SA Hospitalizations in Past 6 Months: []
ER Visits for MH Issues: []
of Prior MH Hospitalizations: []
of Months Since Last Discharge: []

Latest TB Test Date: []
TB Test Results: **Positive**
Client Reported Health Status: []
Mental Health Problem: **No**
Methadone Treatment Planned: **No**
Education: **11th Grade**

of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence
No attendance in the past month

Administrative Checklist | Selected Items
Criminal Justice Release of Information
Confidentiality Agreement in Accordance with C.F.R.
Intake and Approval Form
Referral for HIV and TB Testing
DHW Release of Information

Actions
[Delete Admission](#)

Cancel Save Finish →

4. Click **Edit Axis Evaluation**.

Administrative Agency, Test Facility Generate Report | Snapshot

Client: Smith, Sue | 20516185000019U | 1 Clear Client

Client Diagnosis

Primary Based on Clinical Impressions?

Secondary Based on Clinical Impressions?

Tertiary Based on Clinical Impressions?

Axis I	Code	Description	Comments	Principal	Created/Updated

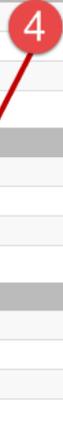
Axis II	Code	Description	Comments	Principal	Created/Updated

Axis III	Code	Description	Comments	Principal	Created/Updated

Axis IV	Code	Description	Comments	Principal	Created/Updated

Axis V

[Edit Axis Evaluation](#) Cancel Save Finish ← →



5. Select **Axis I**.
6. Select the Diagnosis.
7. Change Principal Diagnosis to **YES**.
8. Click **Add to Axis** under Axis I.

Administrative Agency, Test Facility Generate Report | Snapshot

Client: Smith, Sue | 20516185000019U | 1 Clear Client

Diagnosis

Axis 5

Diagnosis 6 Principal Diagnosis 7

Comments

Based on Clinical Impressions?

Axis I Add to Axis

Actions	Code	Description	Comments	Principal

Axis II Add to Axis

Actions	Code	Description	Comments	Principal

Axis III Add to Axis

Actions	Code	Description	Comments	Principal

Axis IV Add to Axis

Actions	Code	Description	Comments	Principal

Finish

8

9. **Add additional diagnosis if applicable** and click **Finish**.

Administrative Agency, Test Facility Generate Report | Snapshot

Client: Smith, Sue | 20516185000019U | 1 Clear Client

Diagnosis

Axis

Diagnosis Principal Diagnosis

Comments

Based on Clinical Impressions?

Axis I Add to Axis

Actions	Code	Description	Comments	Principal
	305.00	Alcohol Abuse		Yes

Axis II Add to Axis

Actions	Code	Description	Comments	Principal

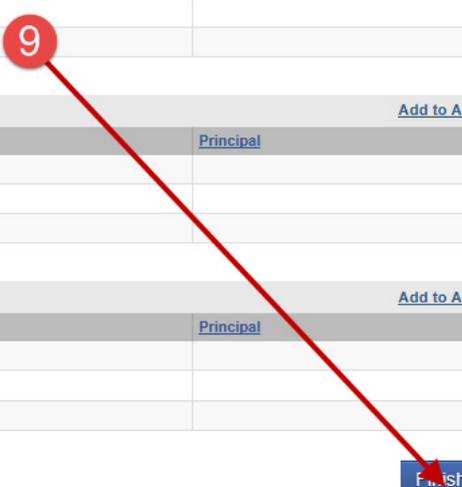
Axis III Add to Axis

Actions	Code	Description	Comments	Principal

Axis IV Add to Axis

Actions	Code	Description	Comments	Principal

Finish



10. Click **Save** and **Finish**.

Administrative Agency, Test Facility Generate Report | Snapshot

Client: Smith, Sue | 20516185000019U | 1 Clear Client

Client Diagnosis

Primary Based on Clinical Impressions?

Secondary Based on Clinical Impressions?

Tertiary Based on Clinical Impressions?

Axis I	Code	Description	Comments	Principal	Created/Updated
	305.00	Alcohol Abuse		Yes	

Axis II	Code	Description	Comments	Principal	Created/Updated

Axis III	Code	Description	Comments	Principal	Created/Updated

Axis IV	Code	Description	Comments	Principal	Created/Updated

Axis V [Edit Axis Evaluation](#)

10

Cancel Save Finish ← →

Actions