Important Instructions: Clerical- After input into InSyst return to clinician for Assessment update

Alameda County Behavioral Health Care Services
Mental Health Division

CLIENT EPISODE ICD10 UPDATE
Confidential Patient Information
See Welfare & Institution Code 5328

Clerical Initials: ___ ___ ___

Updated in InSyst on: ___ ___ / ___ ___ / ___ ___ ___ ___

Client Number: _____ **RU:** _____

Client Name: Last: _____ **First:** _____ **MI:** ____

1: **Client Address:** `Address will auto populate from client registration`

(Print Legibly)

Street No: _____ Direction: _____ Street Name: _____ Type: _____ Apt: _____

City: _____ State: __ __ Zip Code: __ __ __ __ __ + __ __ __ __ Ph#(__ __ __) __ __ __ - __ __ __ __

(*) **Opening Date:** ___ ___ / ___ ___ / ___ ___ ___ ___ 2: (*) **Referral From:** __ __ __ __ __ 3: (*) **Legal:** __ __ __ __ __ 4:(*) **Trauma:** ___
Y=Yes, N= No, U= Unk

ONE TIME UPDATE FORM

DO NOT REMOVE If DSM4 Dx value in Axis 1 and 2 - Tab to the ICD10 Dx 1 to 5 field

~~**Axis 1:**~~ __ __ __ . __ __   ~~**Axis 2:**~~ __ __ __ . __ __
Back

5. **Veteran Status:** ___ (Refer to Codes on Back)

As of April 1st 2017 enter the ICD10 Codes per the QA guidelines.

To Update the ICD10 "Ctrl J" the existing value and enter the new value

6: (*) **Substance Abuse/Dependence**
SA Depend: _____ Dx: _____ `ONLY ICD10`
Y=yes requires Dx, N= No Dx

ICD10 Dx 1 to 5: _____ , _____ , _____ , _____ , _____

Primary Dx: Diagnosis description auto populates from Dx field 1
Secondary Dx: Diagnosis description auto populates from Dx field 2

7: **GMC:** ___ ___, ___ ___, ___ ___
(General Medical Codes on back)

8. (*) **Clinical ID:** __ __ __ __ __   11. (*) (**) **Living Situation:** __ __   14. Admission Hour: 99   17. Scheduled: N

9. Physician ID: __ __ __ __ __   12. (*) (**) **Employment Status:** __ __   15. (*) (**) **Legal Consent:** __   18. DNR: N

(Physician Assistant and Nurse Practitioner also allowed)

`Conservatorship`

10. Source of Income: __   13. Type of Employment: __   ~~16. Research Item: Field not used~~

Inpatient Only

19: Patient Location: __ __ __ __ __ __ __   20: Effective: ___ ___ / ___ ___ / ___ ___ ___ ___

THE CURRENT PRIMARY WORKER SIGNS AND DATES THE FORM

Completed by: _____ Date: _____
Clinician/ MD Name

Highlighted fields are mandatory.
(*) Fields are required for CSI data collection.
(**) CSI Periodic data must be entered on the CSI Periodic Screen in ADDITION to Client Registration Screen.

CLIENT EPISODE ICD10 UPDATE CODES

1: **Client Address** - Enter client's address in the address fields. If address is on file, it will be displayed in these fields. Review and correct if necessary.

2: **Referral From** - The codes below **are 2 and up to 6 digit** program/agency referral codes. **Must enter data on this filed**

01	Self	13	Psychiatric SNF	33	Private MH Practice	46	Alcohol Abuse Program
02	Family	14	Alternative to Hospitalization	37	Case Management	47	School/College
03	Friends	15	CRTS Program	38	Homeless Program	48	Vocational Rehab Program
04	Employer	17	Jail	40	Medical Inpatient	49	Veterans Administration
05	Other	20	Acute Day Treatment	41	Medical Outpatient	50	Clergy or Religious Org.
06	County Resident	21	Habilitative Day Treatment	42	Convalescent Hosp	51	Other Human Service Org.
10	State Hospital MH	30	Emergency Psychiatric	43	Dept. Social Services	81092	ERMS
11	State Hospital DD	31	Suicide & Crisis	44	Criminal Justice	40061	ACCESS
12	Other Psychiatric Hosp	32	Outpatient Clinic	45	Drug Abuse Program		

3: **Legal Status-** The codes below are only the most commonly used Legal Status codes. **Must enter data on this field**

W60000	Voluntary	W52700	30 Day Extension for Grave Disability	W53551	Permanent Conservatorship Extension
W51500	72 Hour Hold	W53000	180 Day Post Certification	P10260	Not Guilty by Reason of Insanity
W55850	72 Hour Hold for Minor	W53520	Temporary Conservatorship	P13680	Incompetent To Stand Trial
W52500	First 14 Day Hold	W53521	Temporary Conservatorship Extension		
W52600	Second 14 Day Hold	W53550	Permanent Conservatorship		

5: **Veteran Status-**

1	Yes	2	No	3	Unknown

7: **General Medical Condition Summary Codes**: Enter up to three General Medical Condition Summary Codes.

01	Arterial Sclerotic Disease	11	Cirrhosis	21	Osteoporosis	31	Physical Disability
02	Heart Disease	12	Diabetes	22	Cancer	32	Stroke
03	Hypercholesterolemia	13	Infertility	23	Blind / Visually Impaired	33	Tinnitus
04	Hyperlipidemia	14	Hyperthyroid	24	Chronic Pain	34	Ear Infections
05	Hypertension	15	Obesity	25	Deaf / Hearing Impaired	35	Asthma
06	Birth Defects	16	Anemia	26	Epilepsy / Seizures	36	Sexually Transmitted Disease (STD)
07	Cystic Fibrosis	17	Allergies	27	Migraines	37	Other
08	Psoriasis	18	Hepatitis	28	Multiple Sclerosis	99	Unknown/Not Reported General Medical Cond
09	Digestive Disorder	19	Arthritis	29	Muscular Dystrophy	00	No General Medical Condition
10	Ulcers	20	Carpal Tunnel Syndrome	30	Parkinson's Disease		

10: **Source of Income- Must enter data on this field**

0	Not Collected	3	Disability	6	Other (V.A, Rent, Interest, Dividends, etc.)
1	None	4	Retirement	7	Unknown
2	Earned thru Employment	5	General or Public Assistance		

11: **Living Situation- Must enter data on this field**

05	Foster family home (for children)	20	Small Board & Care home (6 beds or less)	36	Mental Health Rehabilitation Center
06	Single room (motel, rooming	21	Large Board & Care home (7 beds or more)	37	PHF/Inpatient Psych
07	Group quarters (dorm, migrant	22	Residential Treatment Center	40	Drug Abuse Facility
08	Group home	23	Community Treatment Facility	41	Alcohol Abuse Facility
09	CRTs long-term or transitional	24	Adult Residential / Social Rehabilitation	42	Justice Related
10	Satellite housing	31	State Hospital	50	Temporary Arrangement
13	House or Apartment	32	VA Hospital	51	Homeless, no identifiable county residence
14	House or Apt. w/support	33	SNF/ICF/IMD, for Psychiatric reasons	52	Homeless, in transit
15	House or Apt. w/supervision	34	SNF/ICF/Nursing home for physical health reasons	98	Other
16	Supported housing	35	General hospital	99	Unknown

12: **Employment Status- Must enter data on this field**

01	Competitive job market, 35 hours or more per	07	Rehabilitative work, 20 to 35 hours per	13	Unemployed, not actively seeking work
02	Competitive job market, less than 20 hours per	08	School, full-time	14	Retired
03	Competitive job market, 20 to 35 hours per week	09	Job training, full-time	15	Not in the labor force
04	Full-time home making responsibility	10	Part time school / job training	16	Unknown
05	Rehabilitative work, 35 hours or more per week	11	Volunteer work	17	Resident / Inmate
06	Rehabilitative work , less than 20 hours per week	12	Unemployed, actively seeking work		

13: **Type of Employment- Must enter data on this filed**

0	Not Collected	2	Production, Inspection, Repair, Craft, Handlers	4	Farming, Forestry, Fishing
1	Executive, Admin., Managerial	3	Sales, Service	5	Unemployed

15: **Legal Consent-** Identifies whether or not the client has a conservatorship or juvenile court status. **Must enter data**

0	Unknown	C	Murphy Conservator ship	G	Juvenile Court, Dependent of Court
9	Not Applicable	D	Probate	H	Juvenile Court, Ward Status Offender
A	Temporary Conservatorship	E	PC 2974	I	Juvenile Court, Ward Juvenile Offender
B	Lanterman-Petris-Short	F	Representative Payee w/out Conservator		