

GO TO auth.webpt.com and log in. In the top right corner, click in the white **Search my Patients** box, and type in your patient name (first or last), then click **Search**.



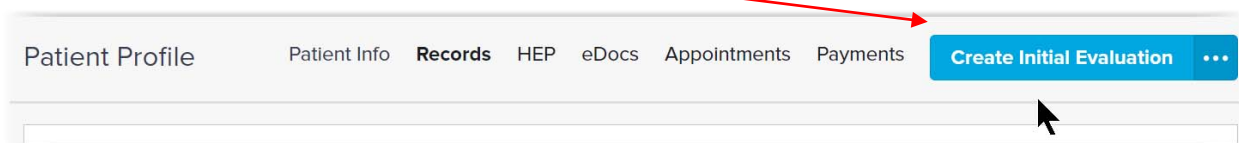
Your patient should come up automatically. If not, double click on their name on the list.

First, make sure you are in the correct case for the patient (ST, OT, or PT).

(if you are not, click on **Case** in blue to see a list of cases that you can choose from.



1 – Click **Create Initial Evaluation**



2 – ADD PROFILES - Click on the 3 dots beside the word Sign, to access the Menu. Then click **Add Content**.

Records > Signed Initial Evaluation

Initial Evaluation

Visit No: 1
Date of Initial Evaluation: 07/10/2020
Insurance Name: MEDICAID PO Box 2101

Date of Original Evaluation: 07/10/2020
Alt ID: [REDACTED]

Medical Diagnosis: 827.8: Other lack of coordination; 853.1: Weakness; 773.6: Limitation of activities due to disability; 773.4: Inadequate social skills, not elsewhere classified; 593.1

HOW TO ADD PROFILES:

Once you click in to the line below Eval/Note Profile, you will see the PIC OT, PIC PT, & PIC SLP Profiles. **Click the profile (OT, PT, or SLP) for your discipline.**

Add Content

Eval/Note Profile

Search...

☐ PIC OT

☐ PIC PT

☐ PIC SLP

WebPT Profiles

☐ Ankle Exam

After you select your discipline, you should see it in grey and checked. **After you see your profile listed in grey and checked, click [Apply](#).**

Add Content

Eval/Note Profile

PIC SLP Search...

☐ PIC OT

☐ PIC PT

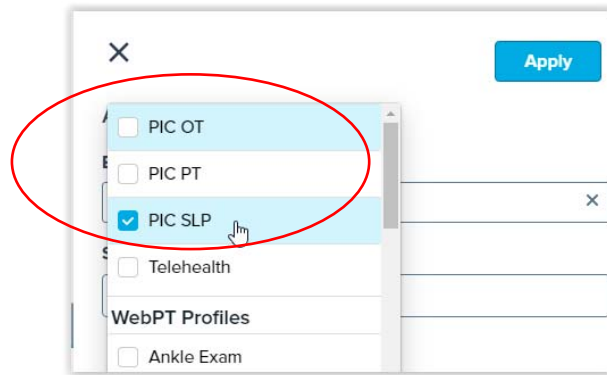
☒ PIC SLP

WebPT Profiles

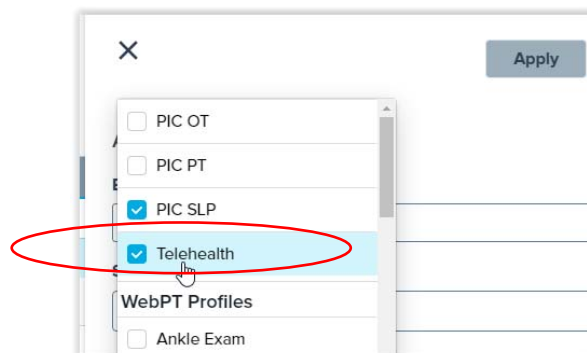
☐ Ankle Exam

Apply

MAKE SURE that you see the Profile listed for your discipline in grey. (This Profile houses all of our required boxes/statements that Medicaid requires. If you accidentally delete any of those statements, or they disappear, please delete the Profile, Apply, and re-add the PIC ST, OT, or PT Profiles to get the statements to come back in.)



TELEHEALTH – if you see the client on telehealth, click in the checkbox beside **Telehealth** to add the **Telehealth** profile. This will bring in your Place of Service, Telehealth consent, and Doxy statements, which need to be on there if you are seeing through telehealth.



OTHER PROFILES –

There are a LOT of Profiles that you can add to help you evaluate your patient in more detail. For example, there are a LOT of ADL, Manual Muscle Tests, and Special Tests available.

CAUTION – once you add a Profile (with the exception of our PIC ST, OT, & PT, & Telehealth profiles) you **CANNOT DELETE it**. Thus, I would highly recommend testing Profiles in your Test Client, so that you can see what they are, and if you would like to use them for future patients.

To add another profile, click either in the Search Content to Search, or click the dropdown beside **Objective** to see all of the available Profiles.

The screenshot shows two overlapping dialog boxes. The background dialog box is titled 'Add Content' and has an 'Apply' button. It contains a section 'Eval/Note Profile' with a search bar labeled 'PIC OT x Search...' and a section 'Search Content' with a dropdown menu currently showing 'ADL'. The foreground dialog box is a dropdown menu for the 'Objective' category, also with an 'Apply' button. It lists 'Subjective' and 'Objective' (which is selected and circled in red). Under 'Objective', there are three items: 'Inspection' (Description), 'Standing Exam' (Compensated Squat, Partial Squat, Full Squat, Heel Walking, Toe Raises, Additional Comments), and 'Prone Exam'.

When you find a Profile that you definitely want to add, click the box beside it, and hit **Apply**.

Examples of available Profiles:

The screenshot shows two columns of profile examples. The left column lists four 'Activities of Daily Living (ADLs)' profiles: 'Bed Mobility', 'Transfers', 'Carrying, Moving, and Handling Objects', and 'Ambulation'. Each profile has a checkbox and a description. The right column lists four 'Manual Muscle Tests (MMTs)' profiles: 'Jaw', 'Cervical', 'Shoulder', and 'Upper Arm'. Each profile has a checkbox and a description.

3 – Confirm your **Date of Visit**, then Enter in the **Start and End Time**

Records ▾ > Initial Evaluation

Date of Visit (required) 07/10/2021

Start Time 12 : 00 AM ▾

End Time 12 : 00 AM ▾

4 – **Place of Service** – should ALWAYS be **Home**, unless you are seeing the client through Telehealth. If you are seeing them through **Telehealth**, choose Telehealth.

Records ▾ > Initial Evaluation

Date of Visit (required) 07/10/2021

Start Time 12 : 00 AM ▾

End Time 12 : 00 AM ▾

Place of Service

12 — Home ✕

5 – **SUBJECTIVE** - Scroll down to **Subjective**, **Patient Presentation** section. Click on **Patient Presentation** to enable editing. Type your **Subjective comments** in the Patient/Caregiver Report box. Enter any **Primary Concerns**, **Pt/CG Goals**, and **Date of Injury/Onset**.

Subjective

> Patient Report (You can always ignore and skip this first Patient Report, IF you see it – go down to **Patient Presentation** to document your Subjective Comments.)

✓ Patient Presentation

Patient/Caregiver Report enter Subjective Comments here

Primary Concern

Date of Injury/Onset MM/DD/YYYY

Patient/Caregiver Goals

Other Services Received

6 – Enter your **COVID-19 temperature.**

– Enter the **FULL ADDRESS** (city, state, and zip) of where you physically saw the client in the **PLACE OF SERVICE** line.

Example: PLACE OF SERVICE: Therapy services were provided at client's home at 123 Sunshine Lane, Louisville, KY 40245

OR

PLACE OF SERVICE: Therapy services were provided via telehealth while client was in their home at 123 Sunshine Lane, Louisville, KY 40245

The screenshot shows a 'Patient/Caregiver Report' form. It includes fields for 'enter Subjective Comments here', 'Primary Concern', 'Date of Injury/Onset', 'Patient/Caregiver Goals', and 'Other Services Received'. The 'Other Services Received' field contains text about COVID-19 precautions and a temperature entry. Below this is an 'Additional Comments' section with two lines of text. Red boxes and arrows highlight specific parts: one box around the temperature entry is labeled 'COVID Temperature'; another box around the first 'PLACE OF SERVICE' line is labeled 'PLACE OF SERVICE line for NON-TELEHEALTH'; and a third box around the second 'PLACE OF SERVICE' line is labeled 'Doxy / PLACE OF SERVICE lines for TELEHEALTH (these will show if you have added the Telehealth Profile)'. A large red arrow points from the text '*Please use this specific PLACE OF SERVICE line if you are seeing the client on Telehealth.' to the second 'PLACE OF SERVICE' line.

Patient/Caregiver Report

enter Subjective Comments here

Primary Concern

Date of Injury/Onset

Patient/Caregiver Goals

MM/DD/YYYY

Other Services Received

COVID-19 PRECAUTIONS: Client Temperature: Therapist & Client wore masks during the session. Client responded "no" to all COVID-19 screening questions. Materials and surfaces were sanitized before and after client use. 6-feet distance was maintained.

COVID Temperature

Additional Comments

PLACE OF SERVICE: Therapy services were provided at LIST FULL ADDRESS

PLACE OF SERVICE line for NON-TELEHEALTH

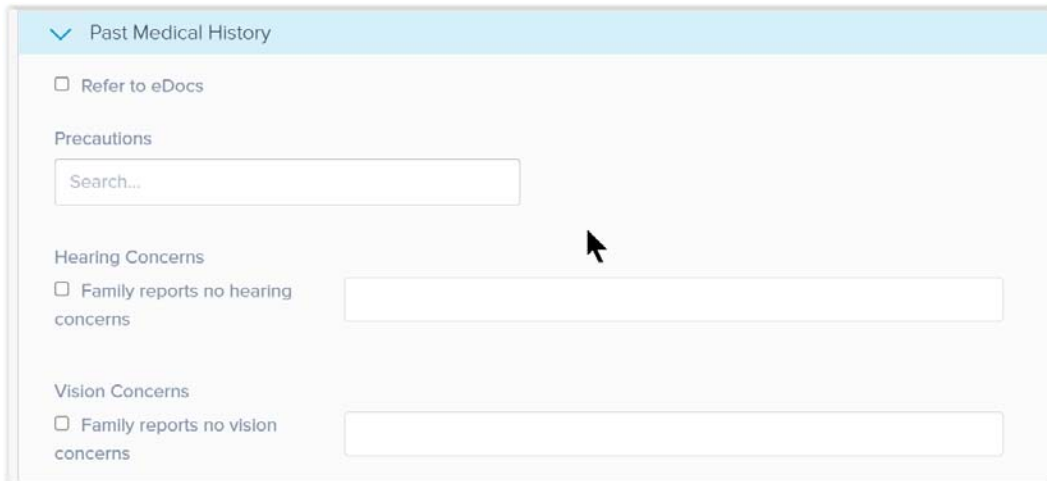
Patient initiated therapy through Doxy.me, a HIPAA compliant telehealth platform. Patient consented to receiving services through telehealth/e-visit. This is part of a Coronavirus/COVID-19 prevention plan. Client/caregivers have requested no-contact or less-contact treatment at this time.

PLACE OF SERVICE: Therapy services were provided via telehealth while client was in their home at: LIST FULL ADDRESS

Doxy / PLACE OF SERVICE lines for **TELEHEALTH** (these will show if you have added the Telehealth Profile)

***Please** use this specific PLACE OF SERVICE line if you are seeing the client on Telehealth.

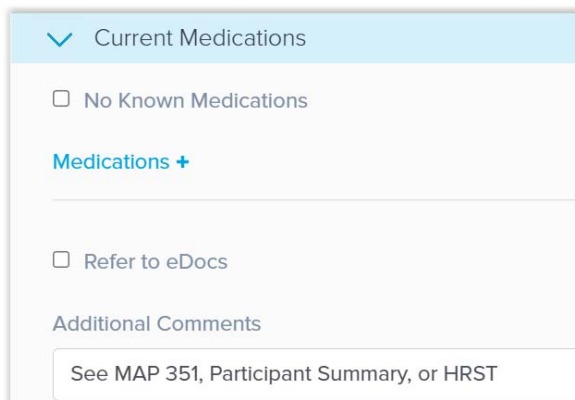
7– **PAST MEDICAL HISTORY** - Scroll down to **Past Medical History** section. Click on **Past Medical History** to enable editing. Fill in any concerns and scroll down to finish completing the **Past Medical History** section.



The screenshot shows the 'Past Medical History' section of a medical form. It has a light blue header with a dropdown arrow and the text 'Past Medical History'. Below the header, there is a checkbox labeled 'Refer to eDocs'. Underneath is a section titled 'Precautions' with a text input field containing the placeholder 'Search...'. Further down is a section titled 'Hearing Concerns' with a checkbox labeled 'Family reports no hearing concerns' and an adjacent text input field. Below that is a section titled 'Vision Concerns' with a checkbox labeled 'Family reports no vision concerns' and an adjacent text input field. A mouse cursor is pointing at the text input field for 'Hearing Concerns'.

8– **MEDICATIONS** - Scroll down to **Current Medications** section. Click on **Current Medications** section to enable editing. Make sure the additional comments say **“See MAP 351, Participant Summary, or HRST”** (If they do not – it is probably because you have not added a PIC Profile. Go to Step 2 above to add the PIC Profile.)

You do not need to add any medications here, unless you want to. You may want to document a medication if it impacts your Plan of Care.



The screenshot shows the 'Current Medications' section of a medical form. It has a light blue header with a dropdown arrow and the text 'Current Medications'. Below the header, there is a checkbox labeled 'No Known Medications'. Underneath is a section titled 'Medications +' with a text input field. Further down is a checkbox labeled 'Refer to eDocs'. Below that is a section titled 'Additional Comments' with a text input field containing the text 'See MAP 351, Participant Summary, or HRST'.

9 – **OBJECTIVE** - Scroll down to the **Objective** section. Click in **Objective Findings** to enable editing.

Add any summary of **Objective** Findings (you may need to complete the rest of the Objective sections first).

Enter any **Standardized Tests** (required for Medicare, and good to get in the habit of doing for everyone!)

Objective

✓ Objective Findings

Summary

Mild receptive language impairment, Moderate expressive language impairment

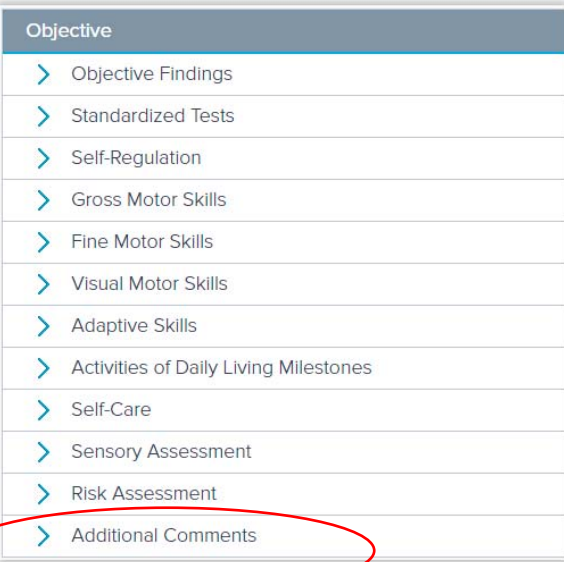
Additional Comments

> Standardized Tests

Scroll down and complete all sections in the Objective section. Examples of Objective sections are below.

Objective	
> Objective Findings	> Standardized Tests
> Standardized Tests	> Speech/Sound Development
> Self-Regulation	> Receptive/Expressive Language
> Gross Motor Skills	> Fluency
> Fine Motor Skills	> Voice
> Visual Motor Skills	> Language/Communication Development
> Adaptive Skills	> Cognitive-Communication
> Activities of Daily Living Milestones	> Social Communication, Behavior, and Play
> Self-Care	> Oromyofunctional Assessment
> Sensory Assessment	> Dysphagia
> Risk Assessment	
> Additional Comments	

10 – **OBJECTIVE/INTERVENTIONS** - Scroll down to the **Objective, Additional Comments** section. THIS is where WebPT is advising to put your **Interventions**, if you used the Notes > Interventions tab in Revflow. If you did not use the Notes > Interventions tab in Revflow, you can skip this step.



Objective
> Objective Findings
> Standardized Tests
> Self-Regulation
> Gross Motor Skills
> Fine Motor Skills
> Visual Motor Skills
> Adaptive Skills
> Activities of Daily Living Milestones
> Self-Care
> Sensory Assessment
> Risk Assessment
> Additional Comments

11 – **FLWSHEETS** – this is an optional section. You may use this section if you choose to add Activities (kind of similar to the Notes > Interventions tab in Revflow).



Flowsheet

✓ Activities/Interventions

Precautions

Search...

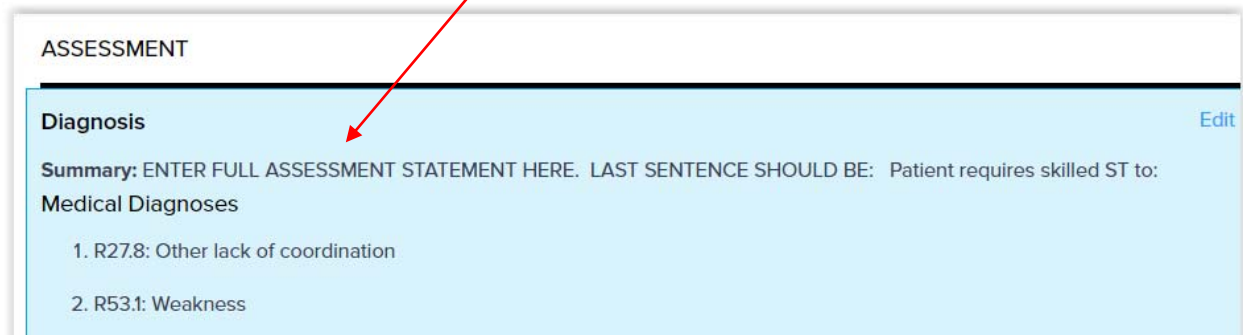
+ Add activity

+ Add flowsheet from profile

12 – **ASSESSMENT** - Scroll down to the **Assessment** section. Click on the **Assessment, Diagnosis** Section to enable editing.

Under Diagnosis Summary – enter your **Assessment Statement**.

Please don't forget to always **end with the statement “Skilled ST/OT/PT is required to what & why.”**



ASSESSMENT

Diagnosis [Edit](#)

Summary: ENTER FULL ASSESSMENT STATEMENT HERE. LAST SENTENCE SHOULD BE: Patient requires skilled ST to:

Medical Diagnoses

1. R27.8: Other lack of coordination
2. R53.1: Weakness

13 – **Enter your Diagnoses** – Some diagnoses may pre-populate.

A – clean up your Diagnoses, if needed. Delete any treatment diagnoses from the medical section, so that just medical diagnoses are left in the medical section. Delete any medical diagnoses from the treatment section, so that just treatment diagnoses are left in the treatment section.

B – Add any Treatment and Medical Diagnoses needed – you need to add your Treatment Diagnoses to identify what you are treating and the Medical Diagnoses that are causing the problems that you are treating.. * You do need at least one Diagnosis in the Medical section and one Diagnosis in the Treatment section.

Diagnosis

Summary

ENTER FULL ASSESSMENT STATEMENT HERE. LAST SENTENCE SHOULD BE: Patient requires skilled ST to:

Medical Diagnoses (required)

R27.8: Other lack of coordination ▼

R53.1: Weakness ▼

Z73.6: Limitation of activities due to disability ▼

Z73.4: Inadequate social skills, not elsewhere classified ▼

G93.1: Anoxic brain damage, not elsewhere classified ▼

G80.9: Cerebral palsy, unspecified ▼

F70: Mild intellectual disabilities ▼

Medical Diagnosis +

Treating Diagnoses (required)

R27.8: Other lack of coordination ▼

R53.1: Weakness ▼

Copy All Medical Diagnoses to Treating Diagnoses

Move Up

Move Down

Delete

14 - **Root Cause** and any Diagnoses that impact the POC – Add these in the **Additional Comments** section

Treating Diagnosis +

Additional Comments

ROOT CAUSE = CP

EXAMPLE OF DIAGNOSES SECTION:

Medical Diagnoses *(required)*

G80.9: Cerebral palsy, unspecified ▾

Medical Diagnosis +

Treating Diagnoses *(required)*

M62.421: Contracture of muscle, right upper arm ▾


M62.422: Contracture of muscle, left upper arm ▾

Z99.3: Dependence on wheelchair ▾

Treating Diagnosis +

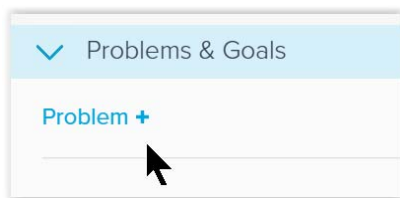
Additional Comments

ROOT CAUSE = CP

Copy All Medical Diagnoses to Treating Diagnoses 

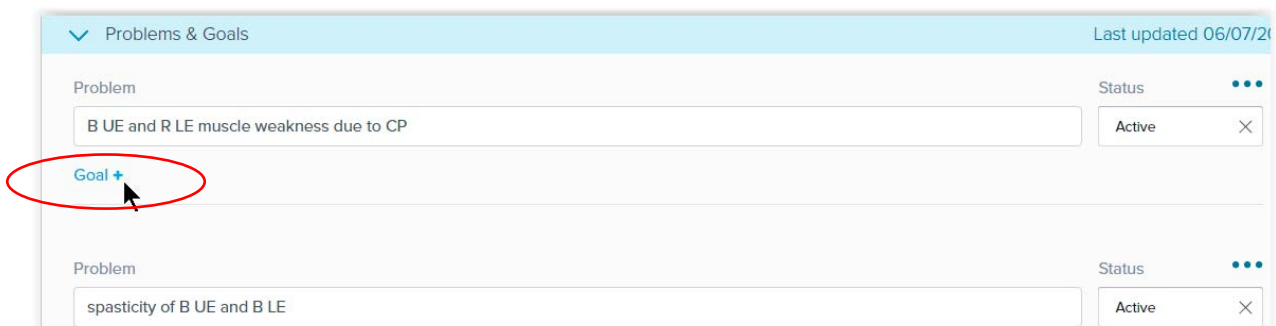
15 – **ADD PROBLEMS & GOALS** - Scroll down to the **Problems & Goals** section. Click on the **Problems & Goals** section to enable editing.

Add your Problems (just like you would have in the Subjective section > Problem List in Revflow) by clicking on the **Problem+ in blue**. Keep clicking the **Problem+ in blue** to add more problems.



Add each STG and LTG goal by clicking on the **Goal+ in blue** that corresponds with the **appropriate problem**. This will look differently than it did in Revflow. Instead of seeing all of your goals at once, you will see them (and need to add them) in relation to what problem they are addressing.

Make sure to add **Type**, **Timeframe (3 mo)**, and **Status**.



16 – document Baseline Data on Goals - Use the Progress section to enter baseline data on Goals.

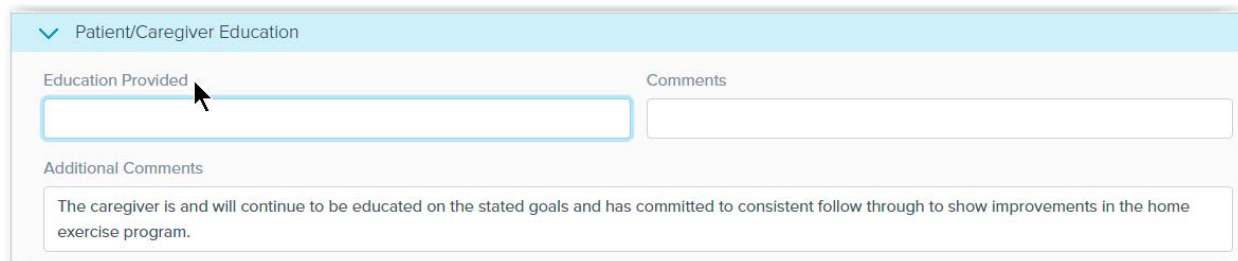
EXAMPLE

The screenshot shows the 'Problems & Goals' form. The first problem is 'No formal communication system' with status 'Active'. Below it, there are two goal entries circled in red. The first goal has a type of 'Short term', a description of 'enter full STG here', a target timeframe of 'Three months', a progress of 'enter goal data/comments here (e.g., with min verbal cues required)', and a status of '56-60%'. The second goal has a type of 'Long term', a description of 'enter full LTG here', a target timeframe of 'Three months', a progress of 'enter goal data/comments here (e.g., with min verbal cues required)', and a status of '36-40%'. The second problem is 'Mild oropharyngeal dysphagia' with status 'Active'.

17 – Scroll down to Rehabilitation Potential. Enter Rehab Potential and additional comments
(why you are choosing the Rehab Potential that you are choosing.)

The screenshot shows the 'Rehabilitation Potential' section of the form. The 'Rehabilitation Potential' dropdown is set to 'Good'. The 'Additional Comments' text box contains the text 'd/t high patient motivation, good caregiver involvement'. A 'Done' button is visible at the bottom right.

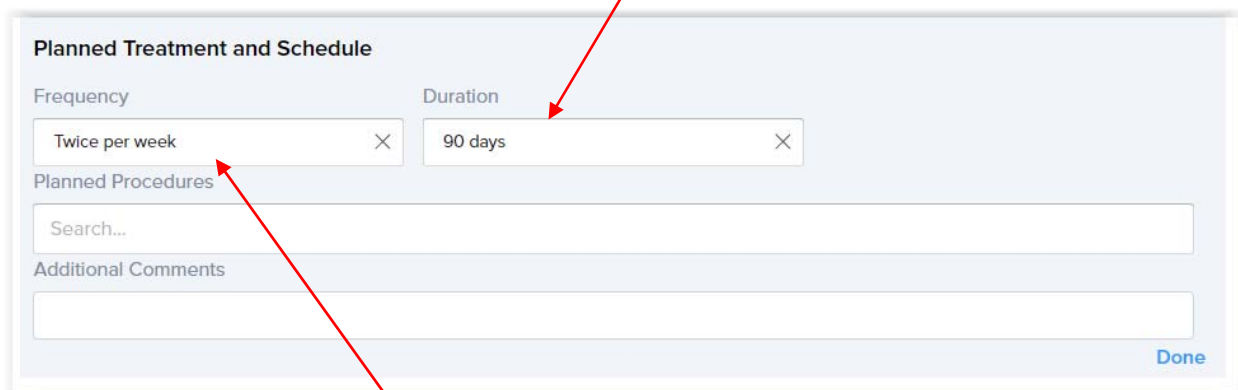
18 – Scroll down to **Patient/Caregiver Education**. Click on it to edit. Document any patient/caregiver education here (like you would have in the Notes > Interventions tab in Revflow) . Make sure that the Additional Comments below are showing (these need to stay in there for compliance purposes.)



The screenshot shows a form titled "Patient/Caregiver Education" with a blue header. It contains three main sections: "Education Provided" with a text input field, "Comments" with a text input field, and "Additional Comments" with a larger text area. The "Additional Comments" section contains the text: "The caregiver is and will continue to be educated on the stated goals and has committed to consistent follow through to show improvements in the home exercise program."

19 – Scroll down to PLAN – **Planned Treatment and Schedule**. Click on **Planned Treatment and Schedule** to edit.

Enter your Frequency and Duration . **ALWAYS make the Duration 90 days.**



The screenshot shows a form titled "Planned Treatment and Schedule" with a light blue header. It contains four main sections: "Frequency" with a dropdown menu showing "Twice per week", "Duration" with a dropdown menu showing "90 days", "Planned Procedures" with a search bar, and "Additional Comments" with a text area. A red arrow points from the text "ALWAYS make the Duration 90 days." to the "Duration" dropdown menu. Another red arrow points from the text "Enter your Frequency and Duration ." to the "Frequency" dropdown menu. A "Done" button is located at the bottom right of the form.

Frequency – many of you like to write the **Frequency in visits per month**, so that you can have a little more flexibility with your visits. This is still fine. To do this, click in the **Frequency** box, click **Other**, and then type **"Five per month"** or **"Nine per month"**

20 – Click in **Planned Procedures** and add the **planned treatment procedure codes**

(e.g., therapeutic activity; neuromuscular; SLP treatment, individual)

***DO NOT add Eval codes here !**

Planned Treatment and Schedule

Frequency: Twice per week X Duration: 90 days X

Planned Procedures

SLP Treatment; individual X

Search...

- ☒ SLP Treatment; individual
- ☐ SLP treatment; group
- ☐ Evaluation of speech fluency
- ☐ Evaluation of speech sound production
- ☐ Evaluation of speech sound production including language comprehension and expression

Done

21 – Scroll down to **Plan of Care Dates**.

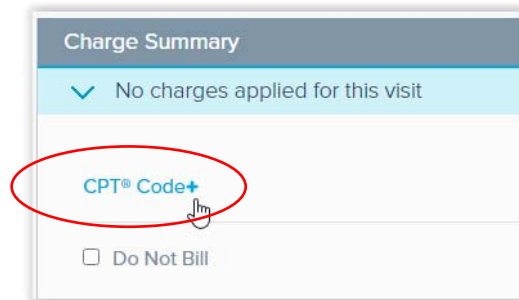
- The start date should be the day after you are doing the evaluation
- e.g., if you do the eval on 7-12-21, then the start date should be 7-13-21
- (WebPT should automatically compute the next 90 day period for you, once you enter the start date)

✓ Plan of Care Dates

Plan of Care Effective Dates

From: 07/05/2021 To: 10/03/2021

22 – **ENTER CHARGES** – Scroll down to Charge Summary. Hit CPT Code+ to add charges.



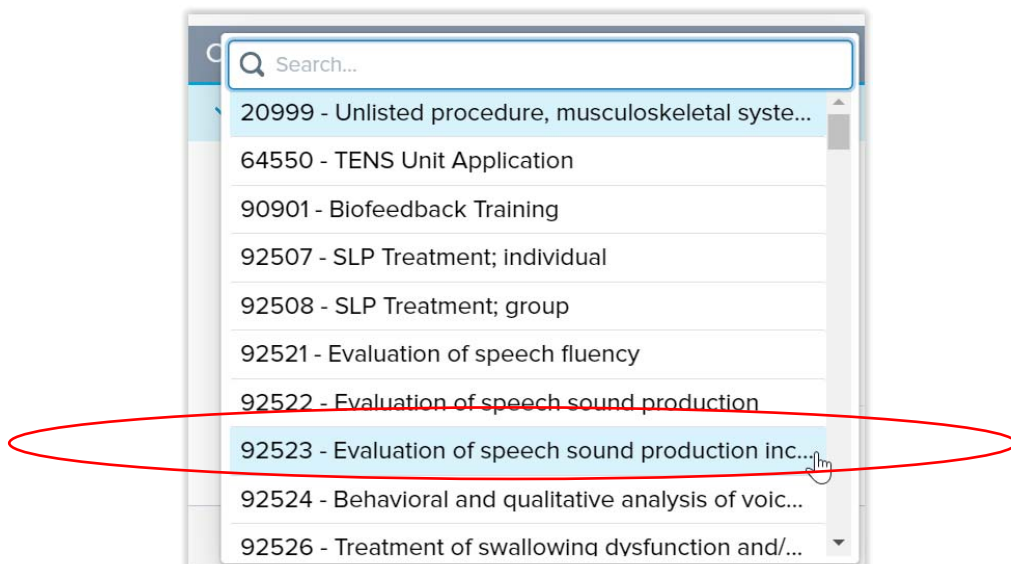
Charge Summary

✓ No charges applied for this visit

CPT® Code+

☐ Do Not Bill

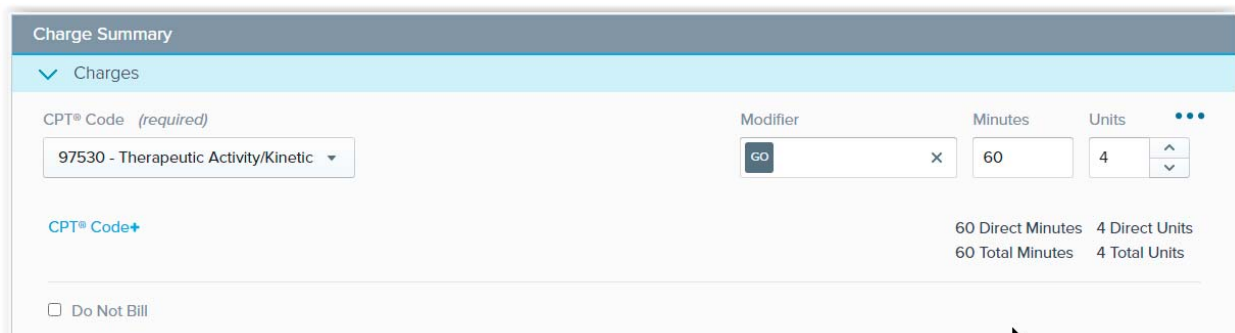
Click **None selected**, and it will pop up codes for you to search and choose from.



Search...

- 20999 - Unlisted procedure, musculoskeletal syste...
- 64550 - TENS Unit Application
- 90901 - Biofeedback Training
- 92507 - SLP Treatment; individual
- 92508 - SLP Treatment; group
- 92521 - Evaluation of speech fluency
- ~~92522 - Evaluation of speech sound production~~
- 92523 - Evaluation of speech sound production inc...
- 92524 - Behavioral and qualitative analysis of voic...
- 92526 - Treatment of swallowing dysfunction and/...

EXAMPLE OF CHARGE SUMMARY SCREEN. **DO NOT TRY TO DELETE OR ADD ANY MODIFIERS!**



Charge Summary

✓ Charges

CPT® Code (required)	Modifier	Minutes	Units
97530 - Therapeutic Activity/Kinetic	GO	60	4

CPT® Code+

60 Direct Minutes 4 Direct Units
60 Total Minutes 4 Total Units

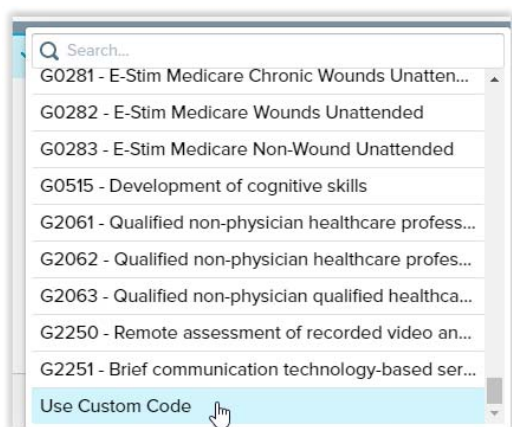
☐ Do Not Bill

EPSDT, MPW, AND SELF PAY CODES - INSTRUCTIONS

****EPSDT, MPW, and Self Pay (use CASHVIS) codes should have automatically popped up from your last visit. If they did not, please enter them as a Custom Code, EXACTLY as listed below.**

EPSDTST
EPSDTOT
DWMPWOT
CASHVIS

To do this, scroll ALL the way to the bottom of the code list (or you can start typing “Custom”), where it says **“Use Custom Code.”**



Click **“Use Custom Code.”**

EPSDTST or **EPSDTOT** – type **EPSDTST** or **EPSDTOT** in the Code field, and leave the button for **Untimed Code** selected.

A screenshot of a "Custom Code" dialog box. The "Code" field contains the text "EPSDTOT". Below the field, there are two radio buttons: "Untimed Code" (which is selected) and "Direct Timed Code". A red circle is drawn around the "Untimed Code" radio button and the "Code" field. At the bottom of the dialog box, there are "Cancel" and "Apply" buttons.

EPSDTST
EPSDTOT

CASHVIS or DWMPWOT – type CASHVIS or DWMPWOT in the Code field, and select the button for **Direct Timed Code**.

Custom Code

Code

CASHVIS

☐ Untimed Code ☒ Direct Timed Code

Description

Cancel Apply

DWMPWOT
CASHVIS

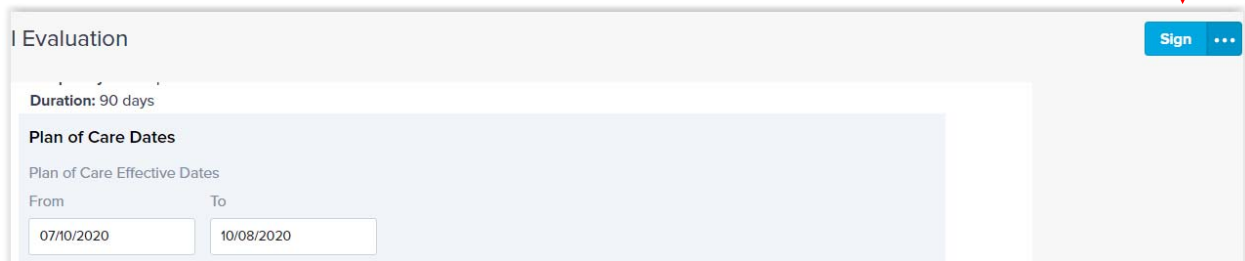
These custom codes should carry over to your next note, so you should not have to put them in again, unless you delete them out.

(In the future - if you are just doing a recert with no billed charges for treatment that day - select **Do Not Bill** instead of deleting charges.)

23 – **BEFORE YOU SIGN** - **Double check that the following are showing on your current note:**

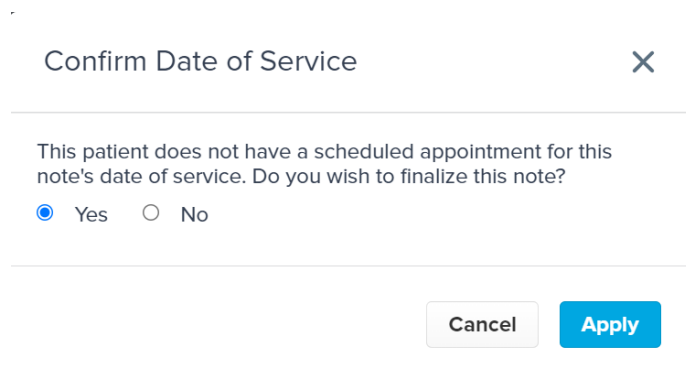
- ☐ The **Subjective > Patient Presentation** section includes:
 - Subjective comments
 - COVID Precautions
 - Place of Service full address detail
 - (and Telehealth statement if seeing through telehealth).
- ☐ The **Objective** section includes:
 - any Standardized/Functional Measurements that you have administered
 - completed information from your evaluation in each section
- ☐ The **Assessment > Diagnosis** section includes:
 - Medical AND TREATMENT DIAGNOSES
 - **ROOT CAUSE = XXX** (list in Additional Comments)
- ☐ The **Problems & Goals** section includes:
 - Problems
 - Goals
 - Rehab Potential & Comments
- ☐ The **Patient/Caregiver Education** section include the following statement:
 - The caregiver is and will continue to be educated on the stated goals and has committed to consistent follow through to show improvements in the home exercise program.
- ☐ **Planned Treatment and Schedule AND Plan of Care Dates** sections have been completed
- ☐ **Discharge Summary** section includes Plan AND ORDERS:
 - DISCHARGE PLAN : Discharge to caregivers when short-term and long-term goals are met or maximum rehabilitation potential has been achieved.
 - **ORDER: ST TREATMENT X 6 MO (or OT/PT TREATMENT X 6 MO)**
- ☐ **Charges** section has been completed.

24 – **SIGN** - After double checking that you have completed all of the above steps, click **Sign** in blue.



The screenshot shows a web form titled "Evaluation". In the top right corner, there is a blue button labeled "Sign" with a three-dot menu icon to its right. A red arrow points to the "Sign" button. Below the title, the form contains a section for "Plan of Care Dates" with a "Duration: 90 days" label. Under "Plan of Care Effective Dates", there are two input fields: "From" with the date "07/10/2020" and "To" with the date "10/08/2020".

Click **Yes** on the below scheduling error to Confirm the Date of Service. We are still working to get clients on to your schedules.

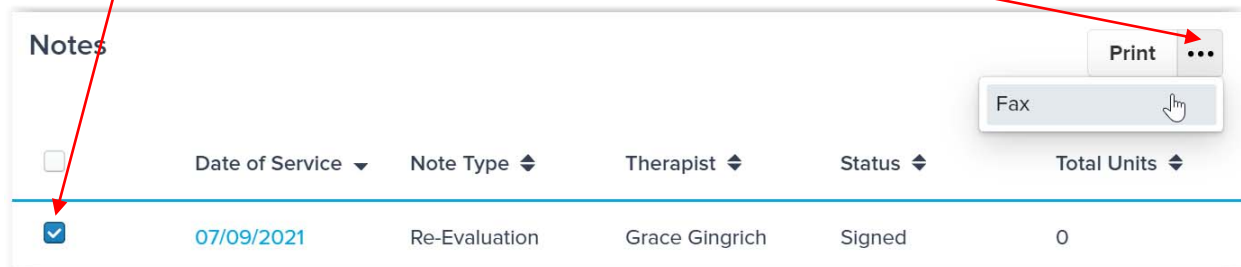


The screenshot shows a modal dialog box titled "Confirm Date of Service" with a close button (X) in the top right corner. The message inside reads: "This patient does not have a scheduled appointment for this note's date of service. Do you wish to finalize this note?". Below the message are two radio buttons: "Yes" (which is selected) and "No". At the bottom of the dialog are two buttons: "Cancel" and "Apply".

DON'T FORGET TO -- FAX EVAL TO DOCTOR – SEE NEXT PAGE

25 – **FAX EVAL TO DOCTOR** – after you sign, your note will be showing at the top of the Notes screen.

- Click the checkbox next to your note to select it.
- Click the button with 3 dots, and chose Fax.

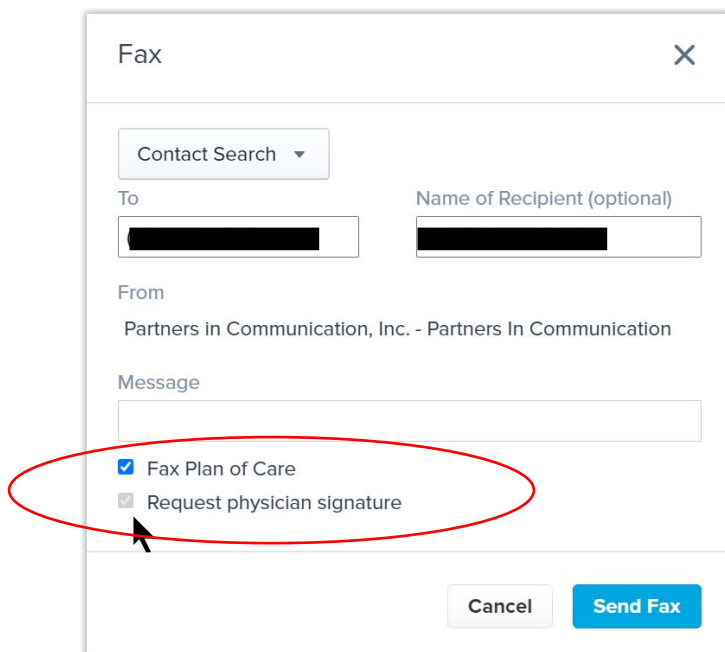


	Date of Service ▼	Note Type ◆	Therapist ◆	Status ◆	Total Units ◆
<input checked="" type="checkbox"/>	07/09/2021	Re-Evaluation	Grace Gingrich	Signed	0

The Doctor for your patient will automatically pre-populate.

Click to check **"Fax Plan of Care,"** (which should also make the "Request Physician signature" box be checked).

Message line – you do not need to fill in unless this is a **Corrected Recert Report**. If it is, PLEASE type **CORRECTED REPORT** in the Message line.



Fax

Contact Search ▼

To: [Redacted] Name of Recipient (optional): [Redacted]

From: Partners in Communication, Inc. - Partners In Communication

Message: [Redacted]

☒ Fax Plan of Care
☒ Request physician signature

Cancel Send Fax

Click **Send Fax**.

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