

**GO TO [auth.webpt.com](http://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**.



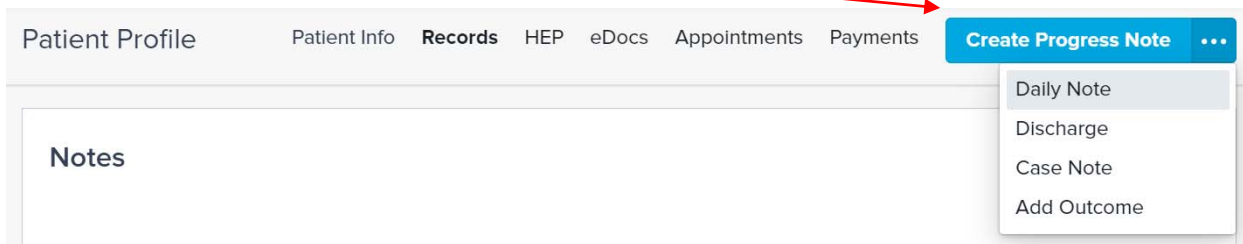
Your patient should come up automatically. If not, double click on their name on the list.

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

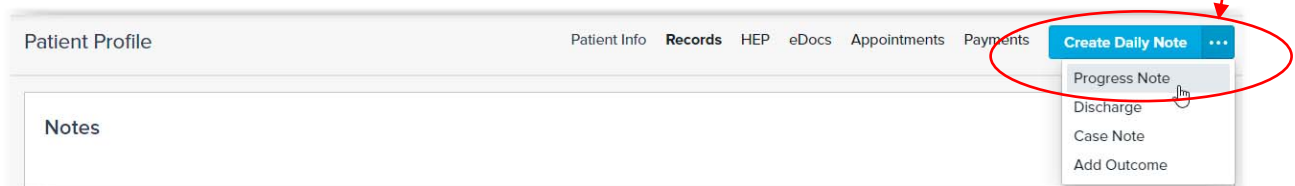
(if you are not, click on **Case** in blue to see a list of cases that you can choose from.)



1 – Click **Create Progress Note**

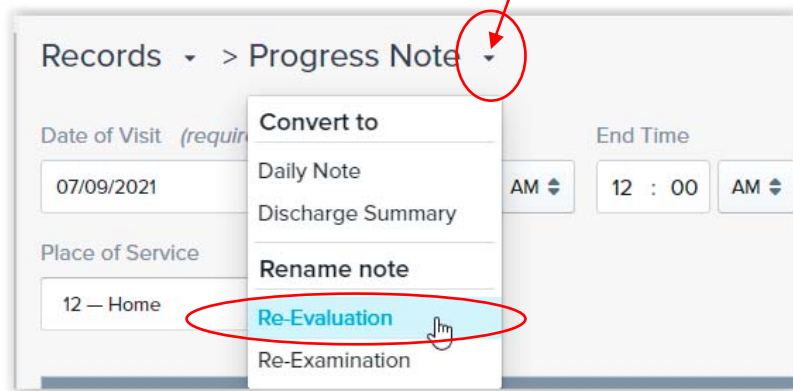


If you don't see Create Progress note, click the button with 3 dots and select **Progress Note**.

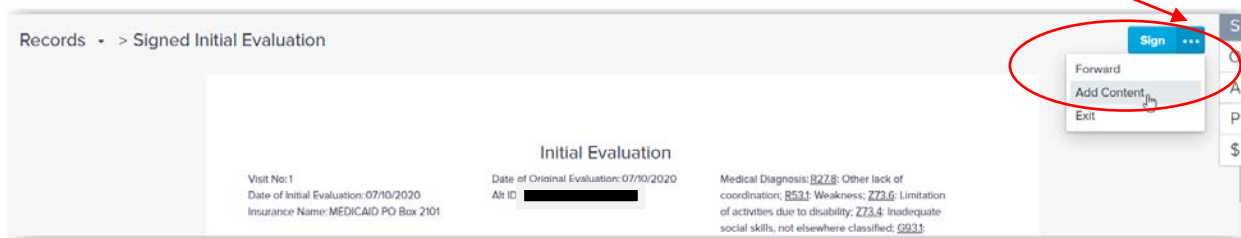


**2 – Convert the Progress Note to a RE-EVALUATION note**

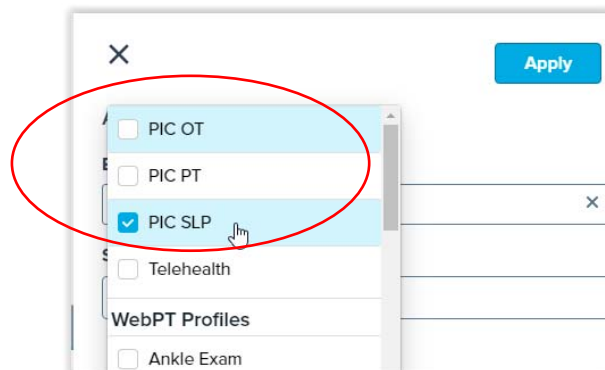
Click the dropdown arrow beside Progress Note, and select **RE-EVALUATION**



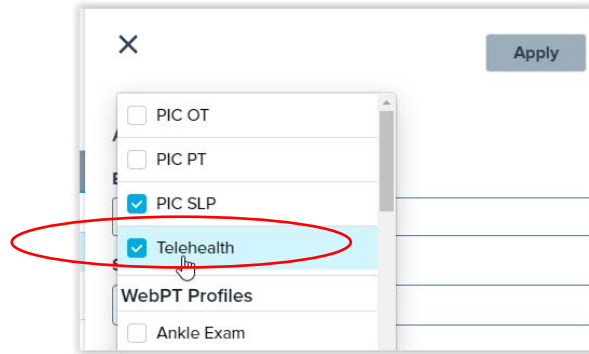
**3 – PROFILES - Click on the 3 dots beside the word Sign, to access the Menu. Then click Add Content.**



**MAKE SURE that you see the Profile listed for your discipline in grey. If you do not, please see the next page for how to add it.** (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.)

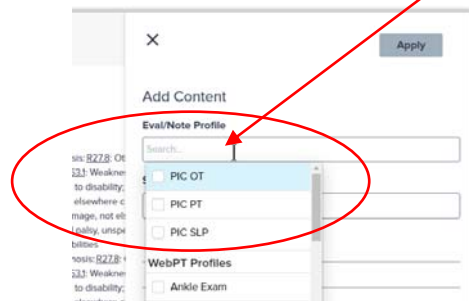


**TELEHEALTH** – if you see the client on telehealth, click in the checkbox beside **Telehealth** to add the **Telehealth** profile. This will bring in your Place of Service, Telehealth consent, and Doxy statements, which need to be on there if you are seeing through telehealth.

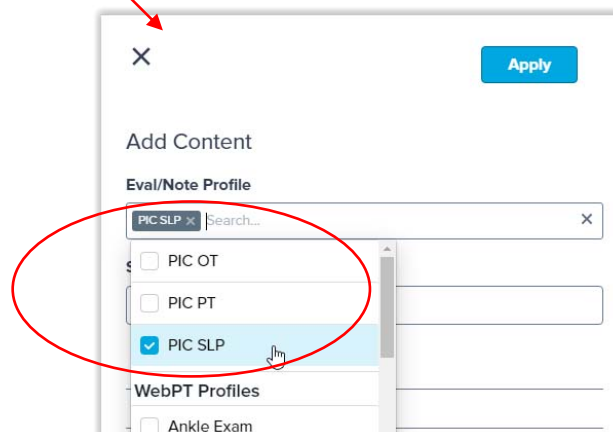


#### HOW TO ADD PROFILES:

**IF YOU DO NOT SEE YOUR PROFILE IN GREY** - 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.**



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](#).**



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

Records ▾ > Re-Evaluation ▾

Date of Visit *(required)* Start Time End Time

07/09/2021 12 : 00 AM 12 : 00 AM

5 – **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 ▾ > Re-Evaluation ▾

Date of Visit *(required)* Start Time End Time

07/09/2021 12 : 00 AM 12 : 00 AM

Place of Service

12 – Home X

6 – **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.

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 Primary Concern

enter Subjective Comments here

Date of Injury/Onset Patient/Caregiver Goals

MM/DD/YYYY

Other Services Received

7 – Enter your **COVID-19 temperature**, and change the **PLACE OF SERVICE** line **IF needed**

(e.g, if you switch back and forth with telehealth/in-person, or change the physical location of where you provide therapy)

Patient/Caregiver Report		Primary Concern
enter Subjective Comments here		
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-foot 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.

**IMPORTANT – TEXT IN BLUE WILL ONLY SHOW ON THE CURRENT NOTE AND CARRY OVER TO THE NEXT NOTE IF YOU EDIT IT, OR IF YOU CLICK ADD TO NOTE.**

✓ Patient Presentation Last updated 06/07/2021  
 Date of Injury/Onset: 08/25/1994  
 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-foot distance was maintained.  
 Additional Comments: PLACE OF SERVICE: Therapy services were provided at patient's home at 2040 Fox Trail Drive, Lagrange, KY 40031  
Add to Note

**IF YOU DO NOT EDIT THE TEXT , OR HIT ADD TO NOTE, INFORMATION IN BLUE WILL NOT SHOW IN YOUR CURRENT NOTE OR CARRY FORWARD TO YOUR NEXT NOTE. If you do not edit text in a section PLEASE hit [Add to Note](#), so that the info will show in the current note and carry over to the next note.**

**ALSO – ANYWHERE you see a “Last updated Date” – PLEASE CLICK IN TO THAT SECTION AND HIT ADD TO NOTE. If you do not do this, these fields will not carry over, and you will not have them when you need them on your next recert.**

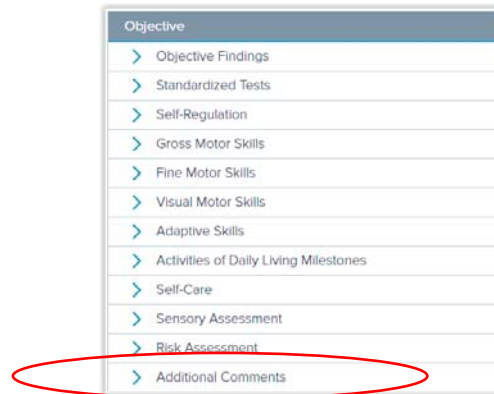
After you do your first recert in this system, you will really only need to do this “Adding to Note” on all fields on subsequent recerts (not every daily note). (data flows from recert-to-recert, and daily note – to – daily note. )

> Patient Presentation	Last updated 07/06/2021
> Current Functional Limitations Impacting Prior Level of Function ⓘ	Last updated 06/07/2021
> Past Medical History	
> Current Medications	Last updated 06/22/2021
> Plan of Care Dates	Last updated 07/05/2021
> Discharge Summary	Last updated 06/22/2021

✓ Current Medications Last updated 06/22/2021  
 Additional Comments: See MAP 351, Participant Summary, or HRST  
Add to Note

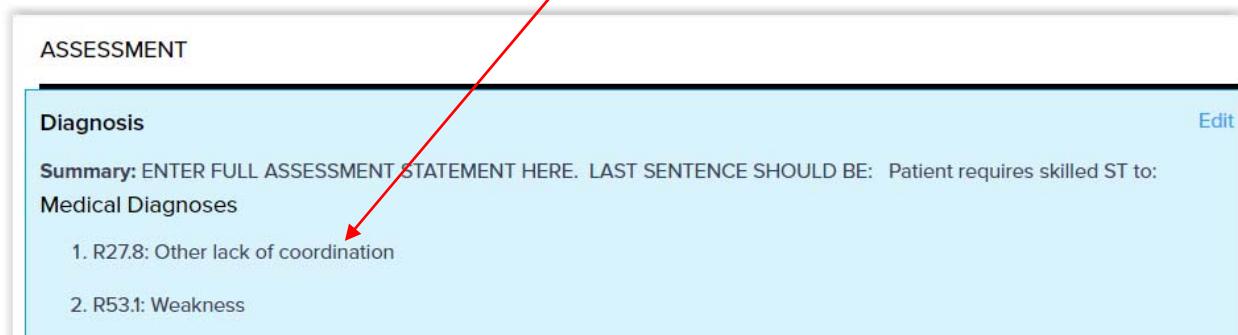
8 – **OBJECTIVE/INTERVENTIONS** - Scroll down to the **Objective, Additional Comments** section. THIS is where WebPT is advising to put/update your **Interventions**, if you used the Notes > Interventions tab in Revflow. If you did not use the Notes > Interventions tab in Revflow, you can skip this step.



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

Under **Diagnosis Summary** – enter your **Assessment Statement**. for today’s treatment visit **AND FOR YOUR LAST 90 DAYS FOR THE RECERT.**

Please don’t forget to always **leave/add** the last “**Skilled ST is required to what & why**” **sentence.**



9a – **ASSESSMENT > DIAGNOSIS > Root Cause** and any Diagnoses that impact the POC – Add these in the **Additional Comments** of the Diagnosis section.



**10 – document Progress on Goals** - Scroll down to the **Problems & Goals** section. Click on the **Problems & Goals** section to enable editing. Use the **Progress** section to enter progress like you would have in Revflow.

EXAMPLE

**Problems & Goals**

Problem: No formal communication system | Status: Active

Goals

Type	Description	Target Timeframe	Progress	Status
Short term	enter full STG here	Three months	enter goal data/comments here (e.g., with min verbal cues required)	56-60%
Long term	enter full LTG here	Three months	enter goal data/comments here (e.g., with min verbal cues required)	36-40%

Problem: Mild oropharyngeal dysphagia | Status: Active

11 – 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)

✓ Patient/Caregiver Education

Education Provided: [Input Field] | Comments: [Input Field]

Additional Comments: 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.



12 – Scroll down to **Plan of Care dates**. **Change the Plan Of Care dates** to reflect the next / future 90 day PA / POC period for which you are asking for authorization (i.e., what you want your next PA to be)

- the **Start date** should be the day after your current PA ends, the end date should be 90 days from the start date
- e.g., if POC / PA ends on 7-12-21, new POC should start on 7-13-21
- **End date**: WebPT computes this for you, but due to a glitch, the system computes 91 days instead of 90. PLEASE pay attention to what the **POC Dates section** computes for an **end date**, and **then change the end date to a day before that day, to make the requested date period to equal 90 days.**
- FOR EXAMPLE - you put the **Planned Treatment and Schedule Duration** in as 90 days. In the **POC Dates** section, you put a start date of 8/20/21. WebPT will auto compute the end date to 11/18. Since that is 91 days, **you need to change the end date to be the day before**, which is 11/17. So, your POC dates should be 8/20/21 – 11/17/21.

Plan of Care Dates

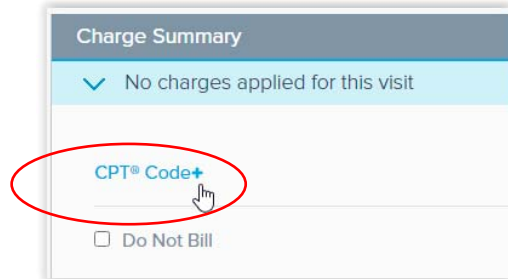
Plan of Care Effective Dates

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

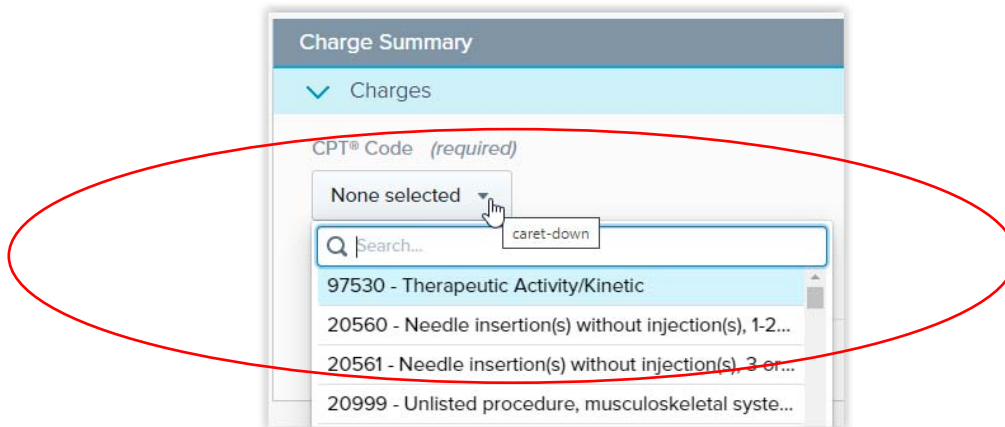
WebPT auto computed this to 10/03 - This should be 10/2 – PLEASE MANUALLY CHANGE and DOUBLE CHECK your START and END dates!

13 – **ENTER CHARGES IF you saw the patient for treatment also.** If you have entered charges from a previous visit, they will carry over, and you won't need to add them again.

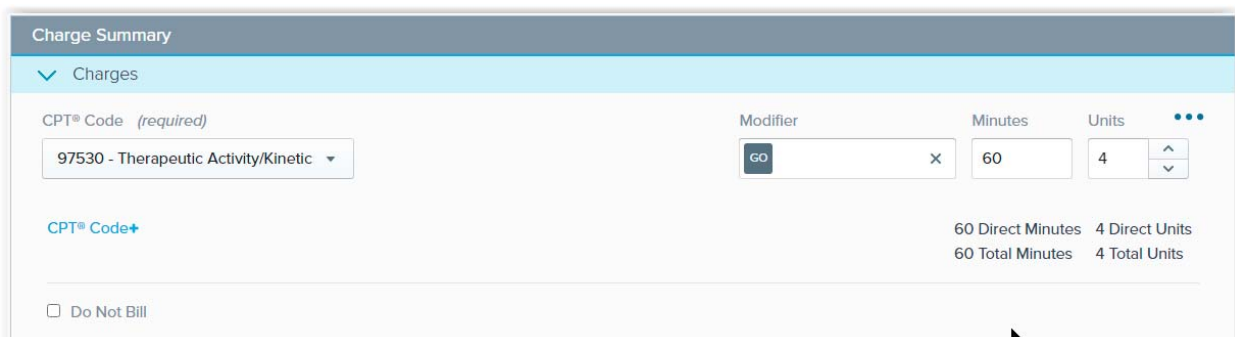
Scroll down to Charge Summary. Hit CPT Code+ to add charges for this visit.



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



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

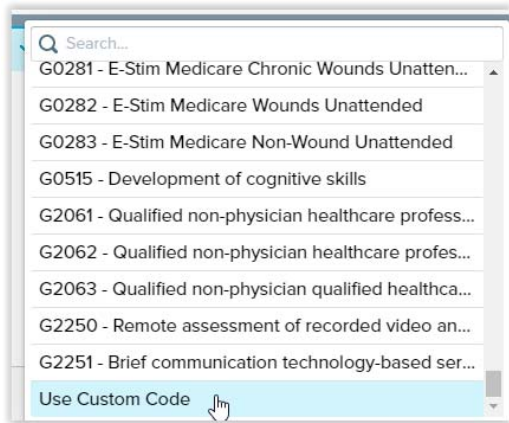


## EPSDT, MPW, AND SELF PAY CODES - INSTRUCTIONS

\*\*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.

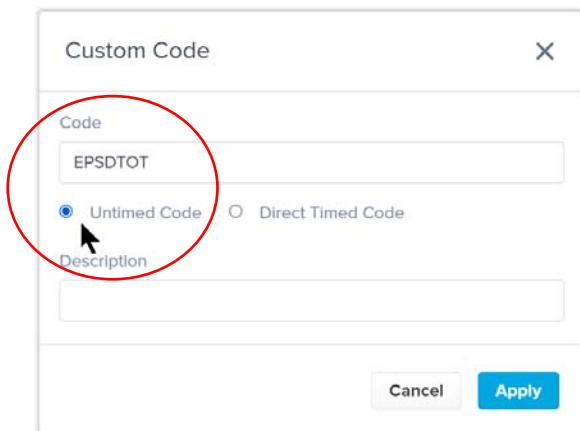
<b>EPSDTST</b>
<b>EPSDTOT</b>
<b>DWMPWOT</b>
<b>CASHVIS</b>

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.**”



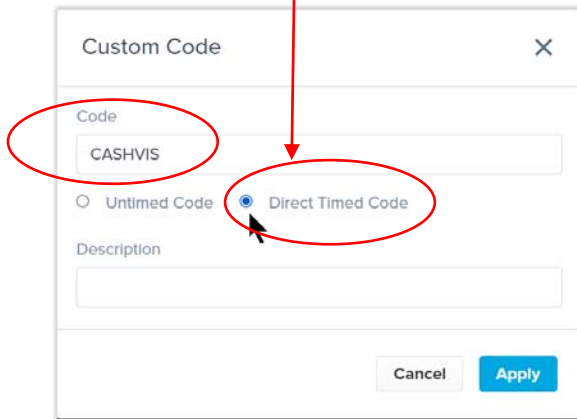
Click “**Use Custom Code.**” Then see next page.

**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 'EPSDTOT'. Below the field, there are two radio buttons: 'Untimed Code' (which is selected) and 'Direct Timed Code'. A red circle highlights the 'Code' field and the 'Untimed Code' radio button. At the bottom of the dialog, there are 'Cancel' and 'Apply' buttons.

<b>EPSDTST</b>
<b>EPSDTOT</b>

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

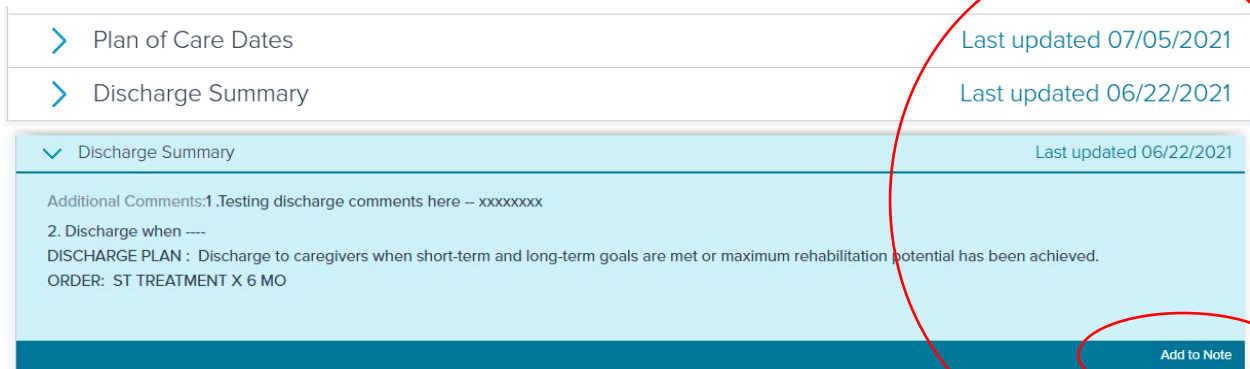


DWMPWOT
CASHVIS

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.)

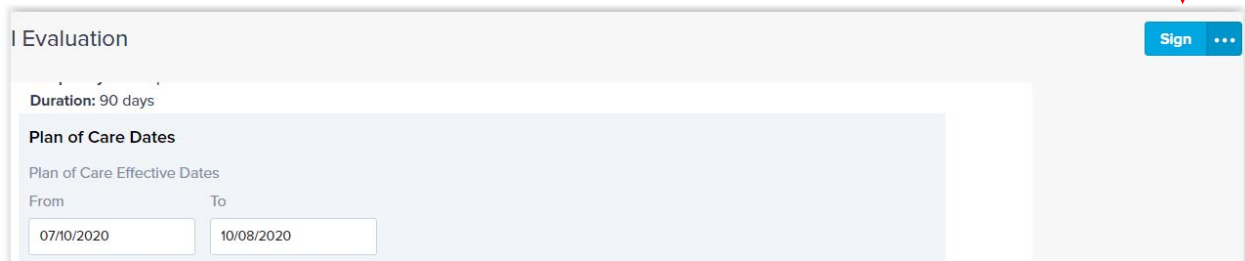
**14 – don't forget – ANYWHERE you see a "Last updated Date" – PLEASE CLICK IN TO THAT SECTION AND HIT ADD TO NOTE. If you do not do this, these fields will not carry over, and you will not have them when you need them on your next recert.**



15 – **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 > Standardized Tests** section includes any Standardized/Functional Measurements that you are administering
  
- The **Assessment > Diagnosis** section includes:
  - **1 – an ASSESSMENT statement – explaining the progress for the last 90 days and why skilled treatment continues to be required**
  - **2 – ROOT CAUSE = XXX (list in Additional 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.
  
- Plan of Care Dates** – make sure you have changed to next **90 day period** (start date should be date after current PA ends, and end date should be only 90 days after start date – not 91 ! )
  
- 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)**

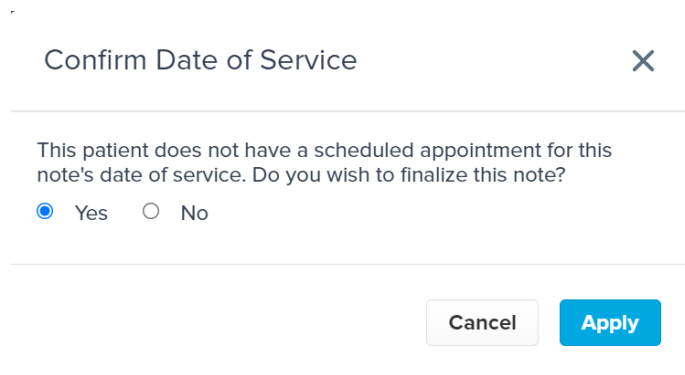
16 – **SIGN** - After double checking that you have completed all of the above steps, click **Sign** in blue.



The screenshot shows a web interface for an "Evaluation" form. At the top right, there is a blue button labeled "Sign" with a three-dot menu icon to its right. A red arrow points to this button. Below the button, the form contains the following fields:

- Duration: 90 days
- Plan of Care Dates
- Plan of Care Effective Dates
- From: 07/10/2020
- To: 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 dialog box titled "Confirm Date of Service" with a close button (X) in the top right corner. The text inside the dialog 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 text are two radio buttons: "Yes" (which is selected) and "No". At the bottom of the dialog are two buttons: "Cancel" and "Apply".

17 – **FAX RECERT 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.

<input type="checkbox"/>	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: [Empty text box]

Fax Plan of Care  
 Request physician signature

Cancel Send Fax

Click **Send Fax**.

**YOU ARE NOW DONE WITH YOUR RECERT !! 😊**