NEW
EVAL

RevFlow

EMR: Required Fields in the First Visit Note in a Case

Checklist

- - VERY IMPORTANT - -
- - - - EVERY VISIT - - - -

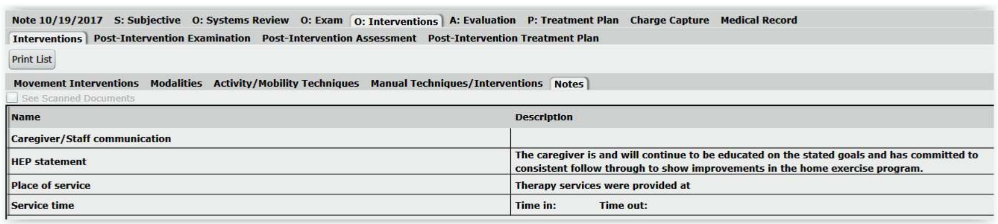
You must complete these fields in the **Initial Visit Note** and in a **Follow up Re-evaluation Visit Note** (when transitioning a current patient's documentation into RevFlow mid-episode).

S: Subjective

* * in the O: Interventions > Notes tab
* * MAKE SURE you enter the Caregiver Communication, the Place of Service, D/C Criteria, & the TIME IN & TIME OUT

Current Problems > Problem List

- Problem
- Onset date
- Mechanism of onset



Red Flags

Medications

Safety Considerations

- Allergies
- Precautions

O: Interventions > Interventions > Notes - 5 lines (including time in/out)

A: Evaluation

Candidacy for therapy services

Assessment INCLUDE : (1) "Candidate" (2) your Ax statement, (3) why skilled tx required

Diagnosis code(s) [*enter this information prior to selecting charge codes for the visit*] edit, reorder, & text to PIC

Goals/Rehab Potential

- Goals
- Rehab Potential Good or Very Good only

Medicare Functional Reporting (if tab is present)

- Current functional limitation code
- Current severity modifier
- Goal severity modifier
- Severity modifier justification

For KY Medicaid, Straight Medicaid, EPSDT, and MPW - anything we get a PA for - you will need to align the POC date with the PA approval dates. In other words, whatever your PA date is, you will need to use as the POC date. We want our POC dates and PA dates to match.
**FIRST - Click "Add Schedule" to add a line, and choose the frequency and duration
*Then - Change the Plan of Care Start and Exp dates to match the PA -AFTER- it auto calculates
*D/C Plans - with an S - add in the bottom line

P: Treatment Plan

Treatment Schedule

- Treatment frequency and duration

Planned Interventions [*use text field OR procedure code selection option*]

PQRS (if tab is present)

PLEASE LOOK AT THE YELLOW LINE just below the client's name for the Procedure Code to use in the Charge Capture tab and in the Treatment Plan tab

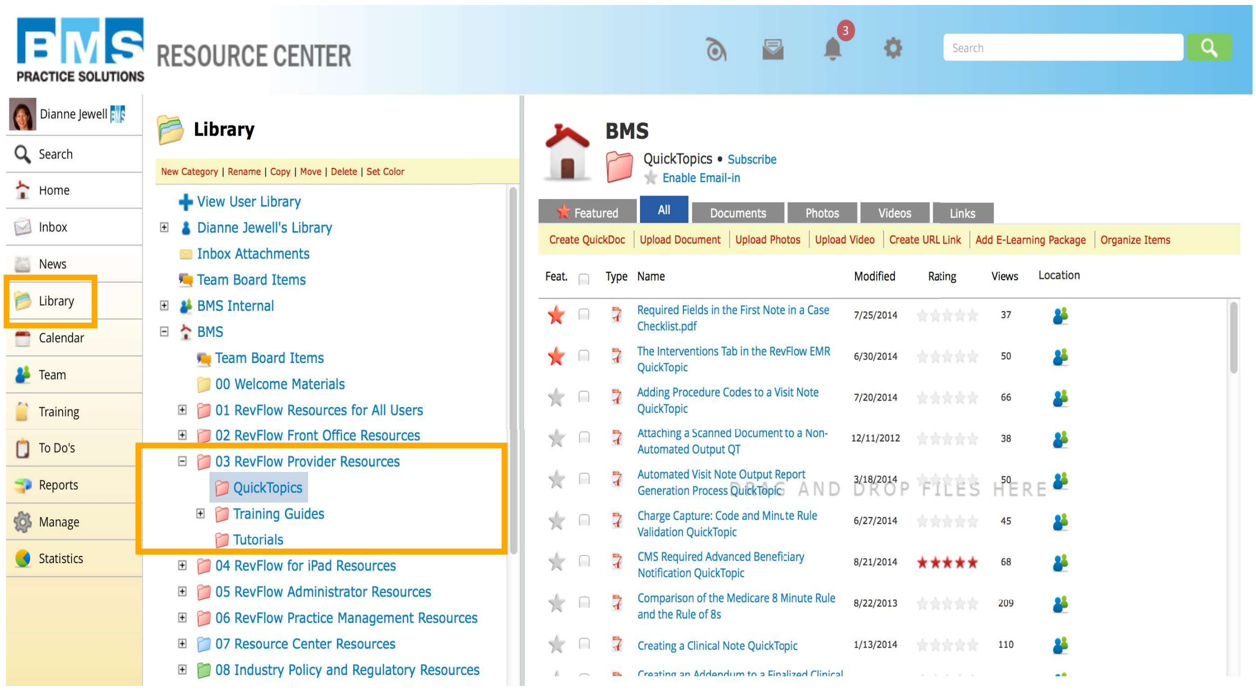
- G-code for reporting and supporting clinical documentation

** In Charge Capture screen: PUT ALL OF YOUR MINUTES in the Direct HANDS ON Treatment Minutes box. For all payor sources. (do not break it down in to hands on, not hands on, etc.)

For More Information

If you need more information about Medicare reporting in the RevFlow EMR, go to the **Library** on the BMS Resource Center.

Under BMS, expand the **RevFlow Provider Resources** folder and then click on the **QuickTopics** or **Tutorials** folder.



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