scripts

# DMEscripts Care Team and Prescriber

Care Team Members & Prescribers 20220514



# DMEscripts Care Team and Prescriber User Guide

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## Target Audience:

Care Team Members and Prescribers

#### Navigation:

From your computer browser> Go to https://orders.DMEscripts.com/login

#### **Objective:**

This document will guide users with step-by-step instructions on how to:

- Use the Workspace
- Create a new order in DMEscripts
  - o DMEscripts 2.0
  - DMEscripts Classic
- Supplier Initiated Orders
- Resubmit orders that need revision
- Direct Messaging
- Maintain User Profile
- Reporting in DMEscripts

#### Introduction to the Workspace

The landing screen in DMEscripts allows access to any part of the platform.

DME							4	Matthew Manue	el - Midtown Pulmonary C	linic			
Order Queue	Orders	Search by Order ID,	Patient Name, Mi	RN/PID, or Product/Servic	e category or Patier	t DOB in mm/dd/yyyy							
	Work Queue History All orders -												
Create Order	All U	irgent Needs R	Revision De	clined Unsigned	Incomplete	Recertification							
0	Order ID 🤝	Order Date 👻	Order Type 👻	Patient Name 👻	Provider Site 👻	Supplier Site 👻	Owner 👻	Status ~	Actions				
Messages	XJTR3P	05/13/2022 Walke		Mike Dillon	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEscripts	X Declined	Review & Edit	-			
	TFXRJD	05/13/2022	APAP/CPAP/E Level PAP	i- Mike Dillon	Midtown Pulmonary C	DME Supplies USA	🛔 Me	Unsigned	Remind to Sign	•			
Reporting	2XT46M	Thursday 05/12/2022	Oxygen	Sally Miller	Midtown Pulmonary C	DME Supplies USA	Trish DME Owner	Pending Prescriber Review	Review & Edit	•			
	ZP3DC9	Wednesday 05/11/2022	APAP/CPAP/E Level PAP	li- Deb Down	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEscripts	A Needs Revision Urgent	Review & Edit	-			
Iministration	C6F2T7	Tuesday 05/10/2022	NPWT	Matthew Brock	Midtown Pulmonary C	DME Supplies USA	Trish DME Owner	Pending Prescriber Review	Review & Edit	•			
	TZ3C6Y	Monday 05/09/2022	Diabetes Testing Suppli	Deb Down	Midtown Pulmonary C	DME Supplies USA	🚨 Me	Unsigned	Remind to Sign	-			
	XJNRKH	05/05/2022	APAP/CPAP/E Level PAP	li- Lana Dillon	Midtown Pulmonary C	DME Supplies USA	🛔 Me	Incomplete	Edit	-			



If you do not have Administration privileges, the Admin icon will not appear.

# Work Queue:

- 1. The 'Work Queue' will display all orders that require an action to be submitted to the supplier
- 2. Any order classified as urgent will appear on the top of the queue and highlighted red
- 3. Orders can be filtered by Urgent, Needs Revision, Declined, Unsigned, Incomplete and Recertification



- 4. Order Actions: Click the drop-down menu for the order and additional actions
  - a. View Order, Edit Order, Cancel Order, Remind Prescriber to Sign, Review and Sign, Take Ownership, New Order For This Patient

Work Queue	Pending Q	ueue Histo	огу					All orders 🗸
All Urgent	Needs Revision	Declined Uns	signed Incomplete	Recertification				
Order ID 🔻	Order Date 👻	Order Type 🤝	Patient Name 🔻	Provider Site 🔻	Supplier Site 🔻	Owner 👻	Status 💌	Actions
FM4X39	Yesterday 01/07/2021	Bi-level PAP	Terry Doe	Midtown Pulmonary C	DME Supplies USA	💄 Me	Unsigned Urgent	Remind to Sign
3FH9NJ	11/18/2020	Urological - Catheters	Mary Doe	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEhub	A Needs Revision Urgent	Edit Order Cancel Order
CJG46P	10/23/2020	Mobility	Daniela Doe	Midtown Pulmonary C	DME Supplies USA	💄 Me	Decline Urgent	Remind Prescriber to Sign
XRHGTY	Yesterday 01/07/2021	Diabetes Glucose Monitor and Supplies	Joy Doe	Midtown Pulmonary C	DME Supplies USA	💄 Me	Unsigne	Take Ownership New Order For This Patient
7J6RTY	Yesterday 01/07/2021	NIV	Jeannine Doe	Midtown Pulmonary C	DME Supplies USA	💄 Me	Unsigne	Sent 01/08/2021 11:51 AM PST
6FDJCP	Yesterday 01/07/2021	PAP Supplies	Laurie Doe	Midtown Pulmonary C	DME Supplies USA	💄 Me	Unsigned	Remind to Sign

- 5. Orders can be searched by:
  - a. Order Search: Search by Order ID, Patient Name, MRN/PID or Products/Service category
  - b. Facility Search: Search by User/Facility Name or NPI
  - c. Filter drop down: Order Filter: Filter orders to see 'My Orders' or 'All Orders'
  - d. Refresh: Click to refresh filter selections

Work Queue         Pending Queue         History         II									All orders 👻 🦉
All U	rgent Needs Re	evision Declin	ed Unsigned	Incomplete	Recertification				
Order ID 👻	Order Date 🔻	Order Type 🔻	Patient Name 🔻	Provider Site 👻	Supplier Site 💌	Owner 🔻		Status 🔻	Actions
XJTR3P	05/13/2022	Walkers	Mike Dillon	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEscripts	×	Declined	Review & Edit <
TFXRJD	05/13/2022	APAP/CPAP/Bi- Level PAP	Mike Dillon	Midtown Pulmonary C	DME Supplies USA	💄 Me		Unsigned	Remind to Sign 💌
2XT46M	Thursday 05/12/2022	Oxygen	Sally Miller	Midtown Pulmonary C	DME Supplies USA	Trish DME Owner		Pendin Prescri Review	Edit Order Cancel Order
ZP3DC9	Wednesday 05/11/2022	APAP/CPAP/Bi- Level PAP	Deb Down	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEscripts	4	Needs Revisic Urgent	Remind Prescriber to Sign Take Ownership
C6F2T7	Tuesday 05/10/2022	NPWT	Matthew Brock	Midtown Pulmonary C	DME Supplies USA	Trish DME Owner		Pendin Prescri Review	New Order For This Patient
DY2WMJ	Monday 05/09/2022	NIV	Deb Down	Midtown Pulmonary C	DME Supplies USA	💄 Me		Unsigned	Sent 05/13/2022 11:13 AM PDT Remind to Sign

#### Pending Queue:

The 'Pending Queue' will display all orders that have been submitted to the supplier



Work Queu	e Pending	Queue Histo	гу				All orders	s • 2
Order ID 👻	Order Date 🔻	Order Type 🤝	Patient Name 🔻	Provider Site 🤝	Supplier Site 👻	Owner 👻	Status 👻	Actions
Y2F76H	05/13/2022	Commode	Steven Miller	Midtown Pulmonary C	DME Supplies USA	💄 Me	Pending Review	View -
Y4CM62	Thursday 05/12/2022	Walkers	Patty Gaspard	Midtown Pulmonary C	DME Supplies USA	💄 Me	Pending Review	View -
D9CGMJ	Thursday 05/12/2022	APAP/CPAP/Bi- Level PAP	Erin Smith	Midtown Pulmonary C	DME Supplies USA	💄 Me	Pending Review	View -

#### History:

- 1. The 'History' will display all orders that are Accepted, Delivered, Canceled, Same or Similar or Recurring Resupply
- 2. All orders will be retained for 7 years

Work Queu	e Pending (	Queue Histor	у					All orders	•	C
Order ID 🤝	Order Date 🔻	Order Type 🤝	Patient Name 🔻	Provider Site 👻	Supplier Site 👻	Owner 👻	Status	- A	ctions	
T9GMN2	Today 05/15/2022	PAP Supplies	Shelby Wilkins	Midtown Pulmonary C	DME Supplies USA	💄 Me	Sched Resup	uled ply	View	-
RNHTCM	Thursday 05/12/2022	Oxygen	Matthew Brock	Midtown Pulmonary C	DME Supplies USA	💄 Me	Accep	ted	View	-
6NM7PT	Thursday 05/12/2022	Oxygen	Patty Gaspard	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEscripts	O Deliver	ed	View	-
MJHX32	Thursday 05/12/2022	Walkers	Tracy Miller	Midtown Pulmonary C	DME Supplies USA	💄 Me	Accep Urgent	ted	View	-
KRJGDY	Tuesday 05/10/2022	Oxygen	Mike Dillon	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEscripts	O Deliver Urgent	ed	View	•
ZNWRMK	05/06/2022	APAP/CPAP/Bi- Level PAP	Deb Down	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEscripts	O Deliver	ed	View	-
369FJN	05/06/2022	Diabetes Testing Supplies	Deb Down	Midtown Pulmonary C	DME Supplies USA	💄 Me	O Deliver	red	View	-
7KMFJH	05/06/2022	Walkers	Deb Down	Midtown Pulmonary C	DME Supplies USA	💄 Me	Same	or Similar	View	-
XC9YNZ	05/05/2022	-	Lana Dillon	Midtown Pulmonary C	DME Supplies USA	💄 Me	Cance	ed	View	•

# Order Summary and Order Notes

The order summary can be reviewed by clicking on 'View' from any queue. The order summary will include order milestones including:

- 1. Action taken (Order Type, Order Date, Date Created, Order Edited, eSigned, Date Accepted, Date Delivered and Dispositioned)
- 2. Users Name
- 3. Date and Time

Order ID: RNHTCM ORDER FOR:	Matthew Brock 01/01/	45 Male	
Order Type: Oxygen			
Order Date: Thursday, 05/12/2022			
Order Created: Thursday, 05/12/2022 at 1:09 PM	CDT by Trish DME Owner		
Order Edited: Thursday, 05/12/2022 at 1:13 PM C	DT by Trish DME Owner		
Sunday, 05/15/2022 at 1:44 PM CD	by Matthew Manuel		
Accented: Sunday, 05/15/2022 at 1:50 DM CDT by	Trich DME Owner	# 0033003300)	
Delivered: Sunday, 05/15/2022 at 4:11 PM CDT by	Trish DME Owner		
Supplier: DME Supplies USA			
Delivery Notes			
Delivery Info from DME Supplies USA			
Deliver By Sunday, 05/15/2022 at 2:11 PM C	DT Delivery Method: The pa	ent has been contacted and delivery is scheduled for later this afternoon. N	We will mark it delivered as soon as the
patient is setup.			
Date Delivered: Sunday, 05/15/2022 at 4:11	PM CDT		



# Creating Your First Order: DMEscripts 2.0

DMEscripts is releasing our new 2.0 version. New products will be available every two weeks. If the product you need to order is not listed, the order must be entered through DMEscripts Classis. The information listed below will guide Care Team Members and Prescribers through a step-by-step process to create an order in DMEscripts.

# STEP 1

#### Login to DMEscripts

- 1. Go to https://orders.DMEscripts.com/login
- 2. Enter your email address and password, then click 'Log in to DMEscripts'

Forgot your password? Click the	Forgot Your Pass	word?' text	ink and follow the steps to res	et it.
	Email Address matthewmanuel28@dmescripts.com			
	Password	Show		
	Log in to DMEtoripts Forgot Your Password			

# STEP 2

# **Create Order**

- 1. Once you are logged into DMEscripts, the landing screen page will display
- 2. Click 'Create Order'

										Create Order				
DME	Andrew Manuel - Million Pulnozary Claric +									Experience a simpler, smoother, faster way of ordering DME products using Version 2.0. You can order the following products in this Beta:				
Drifer Queuxe	Orders Starts by Oddr 10, Putter tures, MRK PR1, or Product/Service cology or Putter tools in monitory y									Discontinue Oxygen     Canes				
+	Work Queee Pending Quote History All orders - C								All orders 👻 📿	Knee Walkers     PAP I	Pressure Change	Walkers		
Create Order	All Ur	rgent Needs R	evision Declin	ed Unsigned	Incomplete	Recertification				Classic		Version 2.0 Pete		
	Order ID 🗸	Order Date 👻	Order Type —	Patient Name 🗵	Provider Site ~	Supplier Site 🗸	Owner -	Status ~	Actions	Glassic		version 2.0 beta		
Messages	XJTR3P	05/13/2022	Walkers	Mike Dillon	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEscripts	X Declined	Review & Edit 👻	● – ● – ● – ● – ● 5 Step Process		● – ● – ● 3 Step Process		
	TFXRJD	05/13/2022	APAP/CPAP/Bi- Level PAP	Mike Dillon	Midtown Pulmonary C	DME Supplies USA	🚊 Me	Unsigned	Remind to Sign 💌					
Reporting	2XT46M	Thursday 05/12/2022	Oxygen	Sally Miller	Midtown Pulmonary C	DME Supplies USA	Trish DME Owner	Pending Prescriber Review	Review & Edit 🔹	Start		Start		

# STEP 3

# **Basic Patient Information**

Required Demographics Fields:

- 1. First and Last Name
- 2. Date of Birth
- 3. Gender
- 4. Phone Number

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#### 5. Payor Plan Name

6. Member ID/Policy Number

Create Order	Cancel Order	Save + Exit									
Order Details         (2) Documentation         (3) Order Summary											
ORDER FOR: Mark Smith 01/01/1945	Male										
Basic Patient Information											
First Name *	Last Name *	DOB *		Gender *							
Mark	Smith	01/01/1945	☐ Male		•						
Phone Number *	Payor Plan Name *	Medicare Beneficiary Identifier *	Medicare Beneficiary Identifier *								
(713) 777-7777	MEDICARE PART B	123-5478-987P									

#### STEP 4

# Product/Service/Request Selection

Click on the Product/Service/Request dropdown and select needed equipment

Product / Service / Request Selection	
Order Type * - SELECT -	



# **History of Present Illness**

Select a diagnosis or enter one by clicking on 'Other' and entering the ICD-10 code

- History of Present Illness						
Primary Diagnosis * Please select the primary diagnosis that justifies the medical necessity for the patient's use of a PAP device.						
Obstructive Sleep Apnea (OSA)	Central Sleep Apnea (CSA)	Complex Sleep Apnea (CompSA)				
Other						

#### Equipment

- 1. Select the device
- 2. Answer Coverage Criteria questions



— Equipment	
APAP [E0601]	CPAP [E0601]
Bi-level Intermittent Assist Device [E0470]	Bi-level PAP with Backup Rate [E0471]
Coverage Criteria	
Was a sleep study conducted? *	
Yes	No
Is the apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RD	I) is greater than or equal to 15 events per hour with a minimum of 30 events?
Yes	No
Does the patient require simultaneous use of Home Oxygen therapy with	n a PAP device? *
Yes	No

3. Enter device settings

Auto-CPAP Pressure Range Settings			
Low * (>= 4 cm H <sub>2</sub> 0)	4	÷	(cm H <sub>2</sub> 0)
High *	20	¢	(cm H <sub>2</sub> 0)
(<=20 cm H <sub>2</sub> 0)			

- 4. Select:
  - Interface
  - Humidification
  - Tubing
  - Comfort items

Full Face Mask [A7030]	Nasal Mask [A7034]	Have Supplier Fit Interface to Patient Comfort
Oral Interface [A7044]	Combination Mask (Oral/Nasal) [A7027]	
nterface Size *		
Have Supplier Fit Interface to Patient Comfort	Specify Model/Size	
Select Humidification (Optional)		
Select 1 or more items		
Heated [E0562]	Cooled [E0561]	
Water Chamber for Humidifier [A7046]		
Select Tubing *		
recorrisonny		
Select 1 or more items		
Select 1 or more items Tubing with Integrated Heating Element [A4604]	Standard Tubing [A7037]	
Select 1 or more items Tubing with Integrated Heating Element [A4604] Y Adapter (For Use with Home Oxygen)	Standard Tubing [A7037]	
Select 1 or more items Tubing with Integrated Heating Element [A4604] Y Adapter (For Use with Home Drygen) Color Eller +	Standard Tubing [A7037]	
Belect or more items           Yohing with Integrated Heating Element [JA4604]           Y Adapter (For Use with Home Drygen)           Solect Filter *           Belect or more items	Standard Tubing (A7037)	
Select 1 or more items           Yubing with Integrated Heating Element [A4600]           Y Adapter (For Use with Home Durgen)           Select Filter *           Belect 1 or more items           Elepseable [A7038]	Standard Tubing (A7037) Non-disposable (A7039)	
Select 1 or more items           Yubing with Integrated Heating Element [JA4604]           V Adapter (For Use with Home Drygen)           Select Filter *           Select for more items           Disposable [JA7031]	Standard Tubing (A7037) Non-disposable (A7039)	
Select 1 or more items           Tubing with Integrated Heating Element [JA4604]           V Adapter (For Use with Home Drygon)           Select Filter *           Select Filter *           Disposable [JA7038]           Select Confort Home Systems	Standard Tubing (A7037) Non-disposable (A7039)	
Select 1 or more items          Tubing with Integrated Heating Element [JA6604]         V Adaptor (For Use with Home Daygen)         Select Filter *         Bellect 1 or more items         Disposable [JA7038]         Select Comfort Items (prices)         Select 1 or more items	Standard Tubing [A7037] Non-disposable [A7039]	

# Plan of Care



The delivery date, length of need and refills will automatically default. These fields are editable.

- 1. Select the supplier of your choice
- 2. Enter order urgency
- 3. Enter any supplier notes
- 4. Click 'Documentation' to move to page 2

		Length of Need *	Number of Refills *	
5/15/2022	۵	99 - Lifetime	▼ 99 - Lifetime	
- Supplier				
upplier *				
DME Supplies USA	•			
irder Urgency *				
Urgent		Routine		
Order Neter				
- order Notes				
dd Note to Supplier (Optional)				
Please notify provider when the patient has been	en setup.			

# STEP 5

#### Documentation

All required supporting documentation is listed. Supporting documentation can be attached by uploading the document or copy and pasting directly from the electronic health record. 'Create Chart Notes' is a new feature and will be released soon.



#### Browse to Select and Upload Files

- 1. Click on 'Browse to Select and Upload Files'
- 2. Locate saved file



#### 3. Select and click 'Open'

Name ^	Date modified	Туре	Size			
Bud DMEscripts - 293698967496ed225	4/14/2022 2:03 PM	Adobe Acrobat D	448 KB			
CMN_Compression Garments	3/17/2022 6:15 PM	Adobe Acrobat D	203 KB			
Face to Face VID 123456	1/3/2022 11:50 AM	Adobe Acrobat D	27 KB			
A Matt Dillon SWO	3/22/2022 9:36 AM	Adobe Acrobat D	485 KB			
😣 Matt Manuel	3/21/2022 2:57 PM	Adobe Acrobat D	816 KB			
Microsoft Word - H_P.doc - 60891cf96	5/13/2022 9:32 AM	Adobe Acrobat D	1,305 KB			
Order CPAP G Cobb	4/8/2022 3:10 PM	Adobe Acrobat D	623 KB			
Pressure Change Sample	3/7/2022 2:40 PM	Adobe Acrobat D	89 KB			
Progress Note - Smith	2/22/2022 10:07 AM	Adobe Acrobat D	1,505 KB			
Sample CMN for TENS	2/2/2022 8:51 AM	Adobe Acrobat D	386 KB			
🔒 Stephanie Miller Progress Note	2/23/2022 10:38 AM	Adobe Acrobat D	1,505 KB			
Tim Smith DMEscripts - SWO-12	2/25/2022 8:53 AM	Adobe Acrobat D	424 KB			
Tim Tilly Order	2/25/2022 8:40 AM	Adobe Acrobat D	1,505 KB			
				~	All Supported Types	~
					Open	Cancel

#### Copy/Paste Medical Record

- 1. Open the clinical note in the electronic health record
- 2. Control A to highlight the entire note
- 3. Control C to copy the entire note

CC: "chest pa	1"	•
HPI: is a 76	o man with h/o HTN DM an	d sleep appea who presented to the FD
complaining o	chest pain. He states that the n	ain began the day before and consisted of a
sharp pain that	asted around 30 seconds, follo	wed by a dull pain that would last around
minutes. The	ain was located over his left ch	est area somewhat near his shoulder. The
onset of pain c	me while the patient was walk	ing in his home. He did not sit and rest
during the pair	but continued to do household	chores. Later on in the afternoon he went
to the gym wh	re he walked 1 mile on the trea	dmill, rode the bike for 5 minutes, and
swam in the po	ol. After returning from the gy	m he did some work out in the yard,
cutting back so	ne vines. He did not have any	reoccurrences of chest pain while at the
gym or later in	the evening. The following me	orning (of his presentation to the ED) he
noticed the pai	as he was getting out of bed.	Once again it was a dull pain, preceded by
a short interva	of a sharp pain. The patient di	d experience some tingling in his right arm
after the pain o	ased. He continued to have se	veral episodes of the pain throughout the
morning, so hi	daughter-in-law decided to tal	te him to the ED around 12:30pm. The
painful episod	s did not increase in intensity o	r severity during this time. At the ED the
patient was giv	en nitroglycerin, which he clair	ns helped alleviate the pain somewhat.
has not experie	nced any shortness of breath, n	ausea, or diaphoresis during these episodes
of pain. He ha	never had chest pain in the pa	st. He has been told "years ago" that he
has a right bur	le branch block and premature	heart beats.

- 4. Click 'Copy/Paste Medical Record'
- 5. Control V to paste the note
- 6. Enter a title for the document
- 7. Click 'Attach Medical Note'

The of Reco	ra (Optional)	
leep Study		
Aedical Rec	ord Notes *	
BI	5   🏣 🗦 기   ※ 🖒 🛅   🚥 🤿   🏛   🛧 🥕   🖻 Source 🔀   🖬	
with pal	pation of left chest.	/
Pulmon	ary: CTAB. No wheezes/rales/crackles.	
Skin: no	rash or lesions	
Psychia	try: alert and oriented X3. Responds appropriately to questions.	
Abdom	en: soft, non-tender, non-distended. No masses. No rebound/guarding. No	
hepatos	plenomegaly. +BS	
Extremi	ies: no cyanosis, clubbing, or edema. No rash or lesions. + pedal pulses	
MSK: de	creased range of motion in shoulders. Chest pain was not elicited with	
movem	ent of arms	
Neuro:	CN II-XII grossly intact. No decrease in strength. No decrease in sensation.	`
body p		

8. After all required supporting documentation has been attached, click 'Order Summary'



Gila Sira	
Eile Size	
Eile Size	
File Size	
THE OLE	
26.99 KB	
24.8 KB	
	26.99 KB 24.8 KB

# STEP 6

# Order Summary

The final step of the order is to enter the delivery address, enter any secondary insurance and select the prescribing provider.

1. Click the pen next to 'Patient Information'

Create Orde	er		Cancel Order	Save + Exit
📀 Order Deta	ils 🕑 Documentation	3 Order Summary		
Save + Back			Send for eSignature	Sign Online
ORDER FOR:	Mark Smith 01/01/1945 Ma	le		
Patient Info	ormation 🕝 < Please con	firm the patient address is correct		
Delivery Address		Billing Address		
Place of Service Mobile Phone	12 - Home (713) 777-7777	Same as delivery address		

- 2. Enter delivery address
- 3. Enter any additional optional data

Create Order			Cancel Order	Save + Exit
oreate order				
📀 Order Details 🛛 🧟	Documentation	3 Order Summary		
Save + Back			Send for eSignature	Sign Online
ORDER FOR: Mark Smith	01/01/1945 Male			
Patient Information	Dene			
		Delivery Address	Billing Address	
Height (Optional)	(in)	Place of Service * 12 - Home	Same as Delivery Address	
Weight (Optional)	(lbs)	Street Address *	Street Address *	
Primary Language (Optional)		Apt / Suite / Other (Optional)	Apt / Suite / Other (Optional)	
- SELECT -	-			
MRN (Optional)		City * Houston	City * Houston	
Email (Optional)		State *	State *	
		10,000		
		ZIP Code * 77002	ZIP Code * 77002	
		Mohila Dhona *		
		(713) 777-7777		
		Home Phone (Optional)		
		()		



- 4. Review insurance
- 5. If the patient has a secondary insurance, click the pen and enter the insurance information

Insurance III Prese confirm the patient insurance information is correct								
Primary		Secondary	Tertiary					
MEDICARE PART B		None listed	None listed					
Medicare ID	123-5478-987P							
Relationship to Insured	Self							

6. Click the pen next to 'Prescriber Information'

Information Name	n Midtown Pulmonary Clinic	Location Conta	et Dr. John DMEscripts
Name	Midtown Pulmonary Clinic	Name	Dr. John DMEscripts
	1770710700		
	1770710709	Email	drdmescripts@dmescripts.com
	111 N Post Oak Ln	Phone	(800) 222-1234
	Houston		
	ТХ		
	77024		
	(800) 222-1234		
e	e	e 77024 (800) 222-1234	e 77024 (800) 222-1234 (900) 222-1235

7. Enter the prescribers name or NPI number and select from the dropdown menu

Prescriber Information	Done	
Prescriber	Location Information	Location Contact
Name *	Location Name *	Name (Optional)
ohn I :	X Midtown Pulmonary Clinic X	Dr. John DMEscripts
💄 8899889988 – Dr. John DMEscri	pts Street Address *	Email (Optional)
음 1487273827 - ANGELA JOHNSO	DN 111 N Post Oak Ln	drdmescripts@dmescripts.com
1669841847 - FELISA JOHNSON	N JOHNSON	
음 1457882540 - FERRELL JOHNS	JOHNS Apt/Suite/Other (Optional)	Phone (Optional)
요 1598393134 - JOHN BARBER		(800) 222-1234
요 1881871655 - JOHN CASTRO	City *	Ext (Optional)
은 1033105739 - JOHN JOHN	Houston	
은 1497789507 - JOHN JOHN		
8 1023291952 - JOHN JOHN	State *	

8. Consignment Closet: If the equipment is being pulled from an onsite consignment closet, click the circle of each item provided in the office. If you do not have a consignment closet, continue to final order summary

Order Items						
Consignment Closet	HCPCS	Description	Quantity	Refill Frequency	Length of Need	Authorization Period
0	E0601	Cont airway pressure device	1	N/A	99 - Lifetime	N/A
0	A7034	Nasal application device	1	1 per 3 months	99 - Lifetime	N/A
0	E0562	Humidifier heated used w pap	1	N/A	99 - Lifetime	N/A
0	A7046	Repl water chamber, pap dev	1	1 per 6 months	99 - Lifetime	N/A
0	A4604	Tubing with heating element	1	1 per 3 months	99 - Lifetime	N/A
0	A7038	Pos airway pressure filter	1	2 per 1 month	99 - Lifetime	N/A
0	A7035	Pos airway press headgear	1	1 per 6 months	99 - Lifetime	N/A
0	A7036	Pos airway press chinstrap	1	1 per 6 months	99 - Lifetime	N/A



	SWO		_		
<b>DME</b> scripts					APAP/CPAP/Bi-Level PAI Mark Smit
SWO Prescriber	s Order				Order Start Date: 05/15/202
Order ID: DHIX	10				
PATIENT INFO	RMATION				
PATIENT INFO	PID / MRN	Sex	DOB		
PATIENT INFOI	RMATION PID / MRN N/A	Sex Male	DOB 01/01/1945		
PATIENT INFO	PID / MRN N/A Weight	Sex Male Place of Service	DOB 01/01/1945		
PATIENT INFOI Name Mark Smith Height N/A	RMATION PID / MRN N/A Weight N/A	Sex Male Place of Service 12 - Home	DOB 01/01/1945		
PATIENT INFOI Name Mark Smith Height N/A Mobile Phone	RMATION PID / MRN N/A Weight N/A	Sex Male Place of Service 12 - Home Home Phone	DOB 01/01/1945	Work Phone	
PATIENT INFOI Name Mark Smith Height N/A Mobile Phone (713) 777-7777	RMATION PID / MRN N/A Weight N/A	Sex Male Place of Service 12 - Home Home Phone	DOB 01/01/1945	Work Phone	

# Sign Order

DMEscripts offers two electronic signing options to meet all facility workflows.

- 1. Sign Online
- 2. Send for eSignature

Please notify provider when the patient has been	n setup.	
rescribed for convenience. I will maintain an original signed nstructed my patient that you will be contacting them to con	copy of this order in my medical records and make it available mplete their order.	to Medicare, their authorized agents or other insurer, if required. I have
Prescriber Signature	05/15/2022	NPI
Electronically signed	Date	
Received at:		
Received at:	End of SWO	
Received at:	End of SWO	

#### Sign Online

- 1. Click 'Sign Online'
- 2. Check the attestation statement
- 3. Click 'Agree' and the order will be sent to the supplier

2	By clicking below on 'Agree', you represent and warrant that you are authorized to place orders for durable medical equipment and home medical equipment. You further agree to assume all liability and responsibility for damages attributable to any unauthorized order of durable medical equipment or home medical equipment placed from your account.
---	--



#### Send for eSignature

1. If the prescriber will be reviewing and signing orders, click 'Send for eSignature'



- 2. The prescribers first order will generate a message to enter the prescribers email address.
- 3. An email notification will be sent to the prescriber
- 4. Click on the 'Complete Account Setup and Sign Order'



- 5. The prescriber will need to accept Terms and Conditions
- 6. Set personal password

Co Terris O Password
New Password
Password must contain: C E characters C I Jowncase Inter C I Jowncase Inter C I special character C I special character (speces ara allower) C 3 of 4 character types (owncase, upgetcase, numerin, special) must be present.
Confirm Password

#### 7. The order will open



- 8. Review order for accuracy
- 9. Click 'Sign & Send to Supplier'

ORDER NOTES			
Please notify provider when the patient has been	setup.		
Y SIGNING BELOW, I AUTHORIZE the use of this docun escribed for convenience. I will maintain an original signed structed my patient that you will be contacting them to co	ent as a legal prescription, and I certify that the above prescribe copy of this order in my medical records and make it available t nplete their order.	equipment is medically necessary and reasonable and is Medicare, their authorized agents or other insurer, if requ	ired. I have
EFFREY MILLER	05/15/2022	1083617724	
Prescriber Signature Electronically signed Received at:	Date	NPI	
	End of SWO		

# Creating Your First Order: DMEscripts Classis

The information listed below will guide Care Team Members and Prescribers through a step-by-step process to create an order in DMEscripts. Prescriber/Signers that will only sign orders can skip to Step 9.

# STEP 1

#### Login to DMEscripts

- 3. Go to https://orders.DMEscripts.com/login
- 4. Enter your email address and password, then click 'Log in to DMEscripts'



Forgot your password? Click the 'Forgot Your Password?' text link and follow the steps to reset it.

DME
Log in to Continue
dress
nanuel28@dmescripts.com
1
see Show
Log in to DMEscripts
Forgot Your Password?
Forgot Your Password?

# STEP 2

# Create Order

- 3. Once you are logged into DMEscripts, the landing screen page will display
- 4. Click 'Create Order'



DME								Matthew Manuel	l - Midtown Pulmonary	Clinic 👻	Create Order	rcts using Version 2.0. You can order the following products in
Dider Quese	Orders	Search by Order ID,	Patient Name, MRN/	/PID, or Product/Servic	e category or Patien	t DOB in mm/dd/yyyy			or NPI		this Beta: • APAP/CPAP/Bi-Level PAP • Oximetry	Discontinue Oxygen
Create Order	Work Que	Needs R	g Queue Hi levision Declin	istory red Unsigned	incomplete	Recertification			All orders	0	PAP Supplies     Home Sleep Test     Knee Walkers     PAP Pressure Char	• Canes nge • Walkers
Messages	Order ID ~ XJTR3P	Order Date -	Order Type – Walkers	Patient Name ~ Mike Dillon	Provider Site ~ Midtown Pulmonary C	Supplier Site ~ DME Supplies USA	Owner Dr. John DMEscripts	Status ~	Actions Review & Edit	•	Classic ●−●−●−●	Version 2.0 Beta ●−●−●
Reporting	TFXRJD 2XT46M	05/13/2022 Thursday 05/12/2022	APAP/CPAP/Bi- Level PAP Oxygen	Mike Dillon Sally Miller	Midtown Pulmonary C Midtown Pulmonary C	DME Supplies USA DME Supplies USA	Le Me Trish DME Owner	Unsigned Pending Prescriber Review	Remind to Sign Review & Edit	•	5 Step Process	3 Step Process

# STEP 3

## Patient Info: Existing Patient Information

- 1. For patients already in DMEscripts:
  - a. Click 'Search for an existing patient record'

Create Order	Cancel Order	Save + Exit
ORDER FOR: Patient		
Patient Info 2 Encounter Details 3 Selections 4 Documentation 5 Review Order		
Enter patient information		
Enter new patient information or confirm existing information is up to date. Patient already in the system Search for an existing patient record.		

- b. Enter the patient MRN/PID number or Date of Birth and Last Name
- c. Click 'Search'

Or eases by date of birth and last name           Date of Birth         Last Name           MM/CD/YYYY         Enter Last Name	
MM/D0/YYYY Enter Last Name	

- d. All matching records will display
- e. To select the patient record, click 'Use Patient Profile'

Patient Result: 1 Patient	×
Patient Name	MELANIE DOE
Date of Birth	01/01/1945
Sex	FEMALE
ZIP Code	77063
MRN / PID	
	Cancel Use Patient Profile

f. If the patient does not appear in the search, click 'Cancel' and proceed to Step 4



- 1. Complete Patient demographics, delivery address and billing address
  - a. Required Demographics Fields:
    - i. Column 1:
      - 1. Date of Birth, First and Last Name, Sex
    - ii. Column 2:
      - 1. Complete Address and Phone Number
    - iii. Column 3:
      - 1. Billing Address (if different from home address)

Patient					Done
Demographics		Delivery Address		Billing Address	
MRN / PID - Patient Identifier Optional		Place of Service			
		12 - Home	\$	Same as delivery address	
Date of Birth		Street Address		Street Address	
01/01/1945	ė	9418 Winsome		9418 Winsome	
Last Name		Apt / Suite / Other Optional		Apt / Suite / Other Optional	
Doe					
First Name		City		City	
Melanie		Houston		Houston	
Sex		State		State	
Female	¢	TX	\$	TX	÷
Social Security Number Optional		ZIP Code		ZIP Code	
		77063		77063	
Height Optional		Mobile Phone			
56	in				
		Home Phone			
Weight Optional					
Weight Optional 250	lb	(713) 782-2467			
Weight Optional 250 Primary Language - Optional	lb	(713) 782-2467 Work Phone	Ext		

#### Patient Info: Patient Insurance

- 1. Fill in all required primary insurance information and any applicable secondary, and tertiary insurance.
  - a. Required Insurance Fields:
    - i. Insurance Type:
      - a) Medicare
      - b) Medicaid
      - c) Commercial
      - d) Self-Pay
    - ii. Member ID
    - iii. Relationship to Insured (Any option selected other than 'Self' will require a date of birth and policy holder name)
    - iv. Complete Secondary and Tertiary Insurance information

			Done
÷			
	Secondary	Tertiary	
	Payer - Plan Name	Payer - Plan	Name
×	Search by Name	Search by	Name
	Member ID / Policy #	Member ID /	Policy #
	Group #	Group #	
÷			
	*	Secondary Payer - Plan Name  Search by Name  Member ID / Policy #  Group #  Croup #	Secondary Tertiary Payer - Plan Name Payer - Plan Search by Name Search by Member 10 / Policy # Member 10 / Group # Group # Group # Group #





Special Note: When 'Medicare', 'Medicaid' or 'Commercial' is selected, begin entering the insurance company name and select from the drop down menu. If the insurance company does not appear, free text the insurance company name

# Patient Info: Prescribers Information

- 1. If the organization only has one location and one prescriber, the information will auto-populate.
- 2. If there are multiple locations and multiple prescribers:
  - a. Select the location from the drop-down menu
    - i. The primary contact for the organization will auto-populate. This can be edited to represent the order owner.
  - b. Search prescriber by entering 'Prescriber NPI' or 'Name'



A warning will appear if physician is not entered in PECOS.

3. Click 'Save + Next'

Prescriber			Done
Location	Location Contact		Prescriber Contact
Location Name			Prescriber NPI
Midtown Pulmonary Clinic (1770710709)			8899889988
			NPI not found in the PECOS registry
Street Address	Name Optional		Name
111 N Post Oak Ln	Dr. John DMEhub		Dr. John DMEhub
Apt / Suite / Other Optional	Email Optional		Email Optional
	drdmehub@dmehub.com		drdmehub@dmehub.com
City	Phone Optional	Ext	Direct Phone
Houston	(800) 222-1234		(800) 222-1234
State ZIP Code	Fax		Fax Optional
TX 277024	(800) 222-1235		(800) 222-1235
			Mobile Optional
			(949) 633-1262
Save + Back			Save + Next

# STEP 4 Encounter Details: Product Selection

In this section, users will select the needed equipment/service request and a generate a complete Standard Written Order (SWO). This section will identify the product ordered, condition justifying the equipment, test results when applicable and how the equipment is to be used.

1. Start by selecting the product you wish to order from the 'Order Type' dropdown. Based on the product selected, questions will populate based on qualification requirements







A CMN will be generated where required for appropriate products.

# Encounter Details: Supplier Selection

- 1. Click on 'Supplier' and select the preferred supplier. Only suppliers that carry the product selected will be selectable.
- Due to the Public Health Emergency for Covid-19, respiratory products for Medicare and Medicaid patients will have the option to utilize the relaxed documentation requirements. <u>This should only be selected 'Yes'</u> if the equipment is needed in an emergency related to the public health emergency.

	Supplier Selection
	Supplier
	DME Supplies USA
	What is the urgency of this order?
	Utrgent Utrgent Hospice Soutine
	Medicare/Medicaid Goldetines during COVID-19 PKE     Could Control of supporting documentation requirements for Medicare and Medicaid patients have been relaxed until further notice due to the     COVID-19 public health emergency.
	Medican(Medical Orien Type Or you want to create an order without assessing encounter detail questions or attaching supporting documentation? Ves Tes Tes Tes Tes Tes Tes Tes Tes Tes T
Is this order urg 1. 2.	ent? This does not display for product listed below: . Oxygen: Always classified Urgent, Same/Next Day if discharged/transferred from hospital . NIV
3.	Enteral
4	Suction Pumps

# Encounter Details: Chief Complaint

- 1. Products will display different questions to answer for qualification purposes. The following example is based on an oxygen order.
  - a. Face-to-Face Encounter Date
  - b. Identify if this is an inpatient hospital stay



Chief Complaint	
Face-to-Face Encounter Date	
07/23/2021	曲
Is this encounter an inpatient hospi	ital stay?
Yes O No	]

# Encounter Details: History of Present Illness

- 1. Enter any diagnoses that apply
- 2. Identify if alternative treatments were considered or tried

upporting Diagnoses espiratory / Pulmonary related diagnoses and conditions. Choose all that apply.	
V J44.9 - COPD	
J84.9 - Diffuse Interstitial Lung Disease	
E84.0 - Cystic Fibrosis	
J47.1 - Bronchiectasis	
C34.90 - Widespread Pulmonary Neoplasm	
127.0 - Pulmonary Hypertension	Group II
127.81 - Cor Pulmonale	Group II
150.9 - Dependent Edema Suggesting Congestive Heart Failure (CHF)	Group II
D75.1 - Erythrocythemia (Secondary Polycythemia)	Group II
Other - Please Specify	
Iternative Treatments - Considered / Trialed are alternative treatments been considered or tried and deemed clinically ineffective?	
Common treatments for the selected diagnosis may include: Inhalers, nebulizer medications, steroids, diuretics.	
Ves No	

# Encounter Details: Test Results

- 1. Complete all oxygen testing questions
  - a. Enter the date of the oxygen testing
  - b. Select what type of testing was performed
  - c. Identify if the patient was in a chronic stable state
  - d. Enter the lowest oxygen saturation

Test Results	
Date of Oxygen Test Results	
07/23/2021	
What type of oxygen testing was performed on patient ?	
Chimetry	Arterial Blood Gas
Chronic Stable State	ormed?
Ves No	
<b>Dximetry Test</b> During which aximetry test did the patient achieve their lowest o	orygen saturation?
At Rest	
Room Air	
Was the test performed on room air?	
O Yes No	
Oxygen Saturation	
86 %	
During Exercise	
During Sleep	

# Encounter Details: Plan of Care

1. Enter 'Start Date for Home Oxygen'



- 2. Select 'Length of Need' from the dropdown menu
- 3. Identify if the patient is mobile within the home

曲
d this equipment?
<u>م</u> ج
he home?

## Encounter Details: Frequency of Use

- 1. Select any required frequency of use
- 2. Enter the LPM rate

Frequency of Use		
At rest (continuous)	During sleep - Sleep test required	With exertion - Exercise test required
Equipment Setting		Equipment Setting
2 LPM		3 LPM

## **Encounter Details: Equipment**

- 1. Select equipment required
  - a. Identify if the patient needs to be setup for a portable oxygen concentrator if they qualify for one
  - b. If answered 'Yes', identify if the patient is to be titrated or utilize a pulse setting
  - c. Enter 'Additional settings for emergency backup cylinder'. This setting is optional.

	m	Stationary Oxygen System	
ould you like the patient to be	setup on a portable oxygen	concentrator if they qualify for one?	
O Yes No			
ould you like to have a clinicia	n titrate the patient?		
O Yes No			
Titrate the portable oxy	gen concentrator setting to	achieve an Sp02 of $\ge$ 90%	
O Titrate the portable oxy Other - Please Specify	gen concentrator setting to	achieve an Sp02 of $\ge$ 90%	
Titrate the portable oxy     Other - Please Specify  Iditional setting for emergence	rgen concentrator setting to	achieve an SpO2 of 2: 10%	
Titrate the portable oxy     Other - Please Specify dditional setting for emergence     LPM at rest Optional	rgen concentrator setting to cy backup cylinder 2	achieve an Sp02 of 2 10%	
Titrate the portable oxy     Other - Please Specify  dillional setting for emergenc     LPM at rest Optional  LPM with activities Optional	rgen concentrator setting to cy backup cylinder 2 3	achieve an Sp02 of > 10%	
Titrate the portable ory     Titrate the portable ory     Other - Please Specify      Iditional setting for emergenc     LPM at rest Optional LPM with activities Optional LPM during sleep Optional	rgen concentrator setting to backup cylinder 2 3 2 2	achiere an Sp02 of > 10%	

i and a second gen of ore			$\sim$	Stationary Oxygen S	rstem	
				onanany oxygen o		
Would you like the patient to be	setup on a portable	oxygen con	centrator if th	ey qualify for one?		
Yes No						
Would you like to have a clinicia	titrate the patient?					
Yes No						
Pulse Setting						
3		~				
With Activity	At Rest					
Hours per Day						
Hours per Day		Hours				
Hours per Day 24 Additional setting for emergence	y backup cylinder	Hours				
Hours per Day 24 Additional setting for emergence LPM at rest Optional	y backup cylinder	Hours				
Hours per Day 24 Additional setting for emergenc LPM at rest Optional LPM with activities Optional	y backup cylinder	Hours				
Hours per Day 2.4 Additional setting for emergence LPM at rest Optional LPM with activities Optional LPM during sleep Optional	y backup cylinder 2 3 2 2	Hours				





The Oxygen Conserving Device question will appear if the supplier selected has it configured.

# Encounter Details: Delivery Method

- 1. Select the method of delivery of the oxygen
- 2. Click 'Save + Next'

Delivery Method	
Equipment Selection	
Nasal Cannula	]
Save + Back	Save + Next

# Step 5

# Selections: Accept Equipment Selection

- 1. Equipment selections will populate. There are two options to confirm equipment:
  - a. Accept Recommended Equipment:
    - i. Review equipment
    - ii. Click on 'Accept Recommended Selections'

need to ma	ake an alternate item selection, p	we ve recommended equipment and ite slease click "Customize / Add Selections" to :	nes to meet your patient's needs. see a full listing of available items.
ommeno	ded Equipment + Items		
Portable	System Rental		
QTY	HCPCS	Item	Description
1	E1392	Portable oxygen concentrator	Portable oxygen concentrator, rental
Stationar	ry System Rental		
QTY	HCPCS	Item	Description
			Stationary compressed gaseous oxygen system, rental; includes container, contents,
1	E0424	Stationary compressed gas 02	regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
Delivery	Methods		
QTY	HCPCS	item	Description

- b. Customize Selections:
  - i. If an alternate item is needed, review all available options. Click 'Customize/Add Selections'
  - ii. Check all equipment selections
  - iii. Click 'Add Selections'
  - iv. Users can return to original recommendations by clicking 'Revert to Suggested'



PTP	HCPCS A4606	ltem Oxygen probe used w oximeter	Description Drygen probe for use with avimeter device, replacement	
			Revert to recommended equipment and items?	·
Save + Back			Add function	I

# Step 6

Documentation: Add Supporting Documentation

DMEscripts will provide a checklist for verifying required supporting documentation and the ability to attach documentation by uploading or copy/paste.

1. Review and check all required documentation elements boxes

0	Patient Info 🥥 Encounter Details 🧭 Selections 🕘 Documenta	ation (5) Review Order
lovt	add required supporting documentation	
elow	r is a listing of supporting documentation for your patient's order, determined	d by your answers to the encounter details guestions. Please check off items to confirm they are included in the
ocur	mentation you will attach at the bottom of the page.	
onf	irm Supporting Medical Documentation	
	General Medical Documentation	
	- Observations and general symptoms	- Physical examination details
	- Encounter notes	<ul> <li>Matching dates and information between app and documentation</li> </ul>
	- Additional diagnoses	
	Primary Reason	
	The attached encounter details should be related to the primary reason the	Patient requires home oxygen therapy.
	Improvement Statement	
	Because the Patient's symptoms should improve with the use of home oxys	gen, your documentation should note why the patient is expected to improve.
R	Treatments - Considered / Trialed	
	Because alternative treatments have been considered or tried and deemed	clinically ineffective, the documentation should indicate where alternative treatments have been considered or tried
	deemed clinically ineffective.	
onf	irm Results (Lab / Test / Study)	
	Laboratory Information	
	The lab document should include the name of laboratory, laboratory NPI, te	ster's name, and tester's credentials.
	At Rest Oxygen Study	

- 2. Attach any supporting documentation:
  - a. <u>Upload Supporting Documentation</u>:
    - i. Click 'Browse to Select and Upload Files'

d Supporting D	locumentation	
When copy	ing and pasting or attaching face-to-face documentation, it must include t	the prescriber signature and date.
Supported	Formats: DOC. DOCX. JPG. PDE. PNG. TIEF	
Maximum	File Size: 32 MB	
		•

- ii. Select files to be attached
- iii. Click 'Open'
- iv. The document will upload in the original file format

Name	Date modified	Туре	Size
Completed Print to Sign	7/9/2019 1:29 PM	Adobe Acrobat Docu.	. 1,324 KB
Face to Face VID 123456	6/5/2019 7:48 AM	Adobe Acrobat Docu.	. 27 KB
🔁 Lab VID 123456	6/5/2019 7:49 AM	Microsoft Word Doc	75 KB
Optimal oxygen titration study Trish Doe	6/5/2019 7:48 AM	Adobe Acrobat Docu.	. 545 KB
Print to Sign	7/9/2019 1:28 PM	Adobe Acrobat Docu.	. 1,177 KB
Sleep Study VID 123456	6/5/2019 7:49 AM	Adobe Acrobat Docu.	. 105 KB
ame: Face to Face VID 123456		✓ Custom Files	~
		Open	Cancel



- b. Copy/Paste Supporting Documentation:
  - i. Open the document in the EHR to be copied
  - ii. Click 'Control A' to highlight the entire document
  - iii. Click 'Control C' to copy the information

	History and Physical Notes - Final Report
Service	
Service Date : 10/07	2007
Admit Date :10/07/2	007
Performing Service:	MEDICINE HEMATOLOGY/ONCOLOGY
Patient	
Name :	
Present Illness	
Chief Complaint:	
Dyspnea on Exertio	3
The history was obt	ined from the patient who seems to be a reliable informant.
<b>History of Present</b>	diness:
This is a 51 year old dyspnea on light ex- patient was at his on exertion (DOE) to w breath; he has neve being can't breathe not his nose/conges He says the quality feelings. He says the temperatures will he	genterman with no significant part motical initiary preventing with 3 weeks of increasing relation (setter plan, rough), and a 10 to week plan in 6 days, Juck or 60 months ago the ment betweek states of heads. Now is the that of polygoint was strenged for its plane and initial and the strenge strenge strenge strenge strenge strenge strenge strenge at all and 1 befores. Here all sets the benefiting tooplase are from its lung-backets and for the the head here the DBKs. Here all sets in progressive excerning in the last 3 weeks of the strenge strenge strenge strenge strenge strenge strenge strenge strenge of the strenge strenge strenge strenge strenge strenge strenge strenge of the strenge strenge strenge strenge strenge strenge strenge strenge strenge of the strenges strenge streng

- iv. Return to DMEscripts
- v. Click 'Copy/Paste Medical Record'
- vi. Click in the note section of the window
- vii. Click 'Control V' to paste the documentation
- viii. Enter a title name for the document
- ix. Click 'Attach Medical Record'
- x. The document will upload as a pdf file

	le of Record - Optional	
(	Dximetry VID 123456	
М	dical Record Notes	
	B I 5   ☵ ☵ າາ   X ि 📾   🕾 👳   ☶   🐟 →   ⊙ Source 🔀   🖾	
	HPI: is a 76 yo man with Nio HTN. DM, and sleep apnea who presented to the ED complaining of chest pain. He states that the pain began the day before and consisted of a sharp pain that lasted around 30 seconds, followed by a dull pain that would last around a minutes. The pain was located over his left chest are somewhat near his shoulds: The near horse while the patient was waiking in his home. He did not sit and rest during the pain, but continued to do household chores. Later on in he attemone heven to be gave may have waiking in his home. He did not sit and rest during the pain, but continued to do household chores. Later on in he attemone heven to be gave marker be waiked in this on the treadmill, rode the bike for 5 minutes, and swam in the pool. After returning from the gym he did some work out in the yard, cutting back some vines. He did not have any recourrences of chest pain while at the gym or Lifer in the evening. The following moming (of his presentation to the ED) he noted the pain as he was	
	pody p	



Make sure to confirm electronic signature is included in the Copy/Paste document.

DISPO: Full Code --- Discharge and outpatient followup pending Electronically Signed: Dr. TrainingDMEhub Date Signed: 09/30/2019

3. Click 'Save + Next'



When copying and pasting or attaching face-la-face documentation, it must include the pre Supported Formats: DOC, DOCX, JPG, PDF, PNG, TIFF Maximum File Size: 32 M8	scriber signature and date.
Erowse to Select and Upload Files	Copy / Paste Medical Record
File Name	File Size
Face to Face VID 123456.pdf	26.99 KB 🗙
aximetry-vid-123456.pdf	37.08 КВ 🗶

Services, such as oximetry, currently do not require documentation.

# Step 7

## Review Order: Review & Send Order for Signature

- 1. Care Team Members: A message will display 'This order will require a prescriber signature to complete'
- 2. Review and confirm all information is correct before sending for signature
- 3. Add any special notes for the Supplier

Patient Info	C Encounter Details Selections C Documentation
A This order will rec	uire a prescriber signature to complete
Order Details: TPJ6N7	
Start / Delivery Date	Friday, 07/23/2021
Encounter Date	Friday, 07/23/2021
Order Creation Date	Friday, 07/23/2021 at 1:35 PM CDT
Supplier	DME Supplies USA
Add Note to Prescriber	Add Moter to Supplier Patients primary language is Spanish
Oxygen Order	
item	
Portable oxygen concer	frator, rental
Stationary compressed	gaseous oxygen system, rental; includes container; contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
Cannula, nasal	

- 4. Review all order details
- 5. Click 'Send for eSignature' or 'Print to Sign'

ORDER NOTES		
Patients primary language is Spanish		
venience. I will maintain an original signed copy of this order in a tastion from to complete their order.	ny medical records and make it available to Medicare, their authorized	d agents or other insurer, if required. I have instructed my patient that you will
advance de con, no non monte de de de la debierte de antenno en el el mante en organis signal en organis de tacéng frem la complete bel adat.	ry medical records and make it available to Medicare, their authorized	d spects or other insure, if required. I have instructed my patient that you will NPI



6. A confirmation will show that the order has been sent to the Prescriber for review and signature.





Meed to add multiple items? After completing the first product order, click the 'Create A New Order For This Patient' box or click the drop down menu from any order queue.

# Step 8

# Prescriber Review Order: Prescribers Review & Sign Order

Prescribers review and sign all orders to send them to the supplier for approval and delivery. There are two ways to sign an order:

- 1. eSignature
  - a. eSign on the computer
  - b. eSign multiple orders on the computer
  - c. eSign on the DMEscripts mobile app
- 2. Print to Sign

# Prescriber Review Order: eSign on the Computer

- 1. Log in to DMEscripts
- 2. Click on 'Review to Sign' from the order queue

١	Vork Queue	Pending Queue	History						Only my orders 🌲 🥃
All	Urgent	Needs Revision	Declined	Unsigned	Incomplete	Recertification			Sign All Selected Orders
	Order ID 👻	Order Date 👻	Order Type 👻	Patient Name 👻	Provider Site 👻	Supplier Site 👻	Owner 🗵	Status 👻	Actions
	KFX279	Yesterday 10/14/2021	Home Sleep Test	JOHN DAVIDS	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 💌
	XNRK79	Yesterday 10/14/2021	Oximetry	Yolanda Smith	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 👻
	W3D4N7	10/08/2021	Oxygen	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 👻

3. Review the order details



	Cicconter Details	Selections	Uncumentation Documentation	an 🛛 🔗 Review Order		
Order Notes						
Note to Supplier from	Matthew Manuel					Friday, 07/23/2021 at 2:25 PM CDT
Patients primary lange	aage is Spanish					
Inder Details: TPJ6N7	P.14 07 (20 (202)					
start / Delivery Date	Pridaj, 07/23/2021					
Encounter Date	Friday, 07/23/2021					
Order Creation Date	Friday, 07/23/2021 at 1:3	5 PM CDT				
Supplier	DME Supplies USA					
				Add Note to Supplier Patients primary languag	e is Spanish	
			11	Add Note to Supplier Patients primary languag	e is Spanish	
Dxygen Order			A	Ad Note to Supplier Patienta primary languag	e is Spanish	
Dxygen Order Item			į	Add Note to Suppler Patients primary languag	e is Spanish	
Dxygen Order Item Portable oxygen concentra	ator, rental		l	Add Note to Suppler Patients primary languag	t is Spanish	
Drygen Order Item Portable oxygen concentro Stationary compressed ga	ator, rental secus orygen system, rental: inc	ludes container, c	ontents, regulator, flow	Add Notes to Suppler Petients primary languag meter, humidifier, nebulizer, ce	t is Spanish	brg
Dxygen Order Item Partable stypen concentr Stationary compressed ga Cannula, nasal	ator rental aeous organ system, rental, inc	ludes container, c	ontents, regulator, flow	Add hen to Suppler Patients primary languag	s is Spanish	brg
Xxygen Order Item Portable sxypen concentro Stationary compressed ga Cannula, nasal Xupporting Documentat	ato; restul secus organ system; restal; inc	dudes container, c	IC antents, regulator, flow	Add Notes to Suppler Patients primary languag meter, humiöfiler, nebuliser, ca	tie Spanish	bing
Drygen Order Item Portable crygen concentro Stationary compressed ga Cannula, nasal Aupporting Documentat File Name	ntor, rental secura organ system, renat, inc ion	ludes container, c	Je	Add Note to Suppler Patients primery languag meter, humidifier, nebulizer, ca	ris Spanish multi or mask, and ta File Size	bing
Daggen Order Item Partale orgen concerts Dationary compressed go Consult, social Laporting Documental File Name B Face to Face VID 123	ntur, rental secura organ system, rental, inc ion	ludes container, c	Je ontents, regulator, flow	Add Note to Suppler Policits primary languag metat, humidifier, nebulizer, ca	is Spanish in Spanish mula or mask, and ta File Size 20.99 K3	brg

4. Review SWO and CMN if applicable

swo	CMN					380 CMH
MEhub /					OXYGEN SYSTEM	CERTIFICATION OF LANGES TERMEDE CONSISTION MERICALE & MERICALE & MERICALE SERVICES CERTIFICATE OF MEDICAL NECESSITY CONSISTENCE CON
WO Prescriber's 0	Inder				Order Start Date: 07/23/2021 Encounter Date: 07/23/2021	ELCIDER A. Certification Type/Date. INITIAL
ATIENT INFORM	IATION PID/ MRN	Sex	DOR			PARED OF DEVICE         Stephy Revolutive Privature Candidi, Private and ADDESS of PADCINF (Reportate loss mound)         Stephy Revolutive Privature Candidi, Private loss mound)         Private (Private loss of Pancing Private loss mound)         MMT Int (Private Private loss mound)           11 JULY 2014         20192         10102         11 / 2017 Bit (Private Private loss mound)         Private loss of Private Private loss mound)
elanie Doe	NIA	Female	01/01/1945			(8 0 0) 2 2 2 - 1 2 3 4. UPN or NPT #
ight	Weight					SECTION B: Information in this Section May Not Be Completed by the Supplier of the Item
	250 lb					EST. LENGTH OF NEED (# OF MONTHS): 99 1-89 (99+LIFETIME) DIAGNOSIS CODES: 144.9
shile Phone		Home Phone		Work Phone		ANSWEIDS ANSWEIT QUISTICIDES - M. Charace Y Ker Yes, N for Hes, or to the Doke Neit Appling, unless of the a) mm Hg 1. Enter the result of recent text baken on or before the certification date loted in Section b) 86 % and the section of text.
		(713) 782-2467				1 2 3 2. Was the test in Question 1 performed (1) with the patient in a chronic stabile state as an (2) within the days prior to discharge from an inpatient facility to home, or (2) under other chrometeres?
118 Winsome		S418 Winsome				3. Check the one number for the condition of the test in Question 1: (1) At Rest; (2) Durin (1) During Speen
ouston, TX 77063		Houston, TX 77063				XY IN D 4. If you are ordering portable oxygen, is the patient mobile within the home? If you are

5. Click 'Sign Now'

ORDER NOTES		
Patients primary language is Spanish		
Y SIGNING BELOW, I AUTHORIZE the use of this document as a log investeror. I will maintain an original signed copy of this order in my s statcting them to complete their order.	al prescription, and I certify that the above prescribed equipment medical records and make it available to Medicare, their authorizer	is medically necessary and reasonable and is not being prescribed for d agents or other insurer, if required. I have instructed my patient that you wi
0r. John DMEhub	07/23/2021	8899889988
Prescriber Signature	Date	NPI
Teachanically classed		
Bectronically signed		
Frequencies organisation	End of SWO	

- 6. Scroll to the bottom and click 'Sign Now'
- 7. Confirmation that the order has been signed will appear





Prescriber Review Order: Sign Multiple Orders on the Computer

1. Log in to DMEscripts

١	Vork Queue	Pending Queue	History						Only my orders 🌲 🧟
All	Urgent	Needs Revision	Declined	Unsigned	Incomplete	Recertification		[	Sign All Selected Orders
0	Order ID 👻	Order Date 👻	Order Type 👻	Patient Name 👻	Provider Site 👻	Supplier Site 👻	Owner 🗵	Status 👻	Actions
	KFX279	Yesterday 10/14/2021	Home Sleep Test	JOHN DAVIDS	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 💌
	XNRK79	Yesterday 10/14/2021	Oximetry	Yolanda Smith	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 👻
0	W3D4N7	10/08/2021	Oxygen	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 👻

2. Click the check box on the left of each order to be signed

1	Work Queue	Pending Queue	History						Only my orders 💲 📿
AI	l Urgent	Needs Revision	Declined	Unsigned	Incomplete	Recertification			💰 Sign All Selected Orders
	Order ID 👻	Order Date 👻	Order Type 👻	Patient Name 👻	Provider Site 👻	Supplier Site 👻	Owner 🗵	Status 👻	Actions
	KFX279	Yesterday 10/14/2021	Home Sleep Test	JOHN DAVIDS	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 💌
	XNRK79	Yesterday 10/14/2021	Oximetry	Yolanda Smith	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 👻
	W3D4N7	10/08/2021	Oxygen	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 👻

3. Click 'Sign All Selected Orders'

١	Vork Queue	Pending Queue	History						Only my orders 🌲  🖉
AI	Urgent	Needs Revision	Declined	Unsigned	Incomplete R	Recertification			🗟 Sign All Selected Orders
	Order ID 👻	Order Date 👻	Order Type 👻	Patient Name 👻	Provider Site 👻	Supplier Site 👻	Owner 👻	Status 👻	Actions
	KFX279	Yesterday 10/14/2021	Home Sleep Test	JOHN DAVIDS	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 👻
	XNRK79	Yesterday 10/14/2021	Oximetry	Yolanda Smith	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 👻
	W3D4N7	10/08/2021	Oxygen	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 👻

4. Read and agree to the acknowledge message



Sig	In All Selected Orders	×
	By checking this box and selecting "Accept & Sign", I acknowledge and represent that I have individually reviewed and considered each patient and order identified on this webpage, and consent to DMEhub affixing my electronic signature to all the orders selected.	
[	Disagree Agree	

5. All orders will be signed and sent to the supplier

# Prescriber Review Order: eSign on the DMEscripts Mobile App

DMEscripts has a mobile app for Review+Sign for prescribers. Go to the <u>Apple App Store</u> or <u>Google Play Store</u> and download the DMEscripts Mobile App.

- 1. After the app has been downloaded, tap the DMEscripts icon
- 2. The login screen will open. Select your preferred method to log in:
  - a. Enter user ID and password
  - b. Touch ID
  - c. Facial Recognition





Touch ID and Facial Recognition settings must be enabled to use this feature. Refer to <a href="https://support.apple.com/>">https://support.apple.com/></a> for instructions to enable these features.

- 3. The first screen that will open is the order queue of all orders that require a signature
- 4. Touch patient order to review and sign



petize.io 奈	1:21 PM	-
	Order Queue	Θ
	137 - UNSIGNED	
R6J27 -	01/05/21 by Nic Nichols, -	Unsigned
Jarolyn C Diabetes Glu	OX ucose Monitor and Supplies	2 C
	enalizity by series	
RXKGT -	01/05/21 by Nic Nichols, -	Unsigned
NIV - Non-In	IdCK	× 1
26GMN	01/05/21 by Nic Michola	Unsigned
Carolyn C	OX	S
i-level PAP		
IKZ4M9 -	12/31/20 by Nic Nichols, -	Unsigned
iabetes Glu	ucose Monitor and Supplies	
07201	19/21/20 he Nie Michole	Unsigned
aron Co	12/3//20 by Nic Nichols, -	Unsigned
Diabetes Glu	Icose Monitor and Supplies	
2PZGC -	12/20/20 by Nic Nichols, -	Unsigned
Michaal R	lark	

- 5. The order detail will open:
  - a. Any hidden information can be reviewed by touching the 'Arrow' in the right margin
  - b. Click the 'Back' button to return to the order
- 6. Review order detail by swiping up and down
- 7. Data included:
  - a. Patient Details, Order items, Coverage, Order Notes and Documents, Prescriber & Facility Details and 'Sign Order Now'
- 8. To sign, tap on 'Sign Order Now'
- 9. The prescriber will see the delivery screen "Signing and sending order to supplier"

Sack Order 2RXKGT	-
Alichael Black ArtA1943 - Male - 651097543M SVERAGE RIMARY INSURANCE TYPE tedicare LAN NAME tedicare tescenter & FACILITY DETAILS RESCRIBER NAME br. Hans Zarkov RESCRIBER NPI # 1800000102 ACILITY NAME bignified - Port Adelbertport DIGRE NOTES VINNENTS	
RIMARY INSURANCE TYPE dedicare LAN NAME dedicare describer & facility details RESCRIBER NAME RESCRIBER NAME RESCRIBER NAME BO0000102 ACILITY NAME Dignified - Port Adelbertport ADER NOTES DURINES	
IESCRIBER & FACILITY DETAILS RESCRIBER NAME br. Hans Zarkov ERSCRIBER NPI # I800000102 ACILITY NAME bignified - Port Adelbertport DOER NOTES VOINSENTE	>
ACILITY NAME bignified - Port Adelbertport ADER NOTES	>
RDER NOTES	
JOUNENTS	
WO	>

- 10. When order has been sent, the prescriber will be taken back to the order queue. Note the order submission confirmation in lower margin.
- 11. Repeat for all orders in the order queue





# Prescriber Review Order: Print to Sign

'Print to Sign' allows Nurses/MA's to print the order, get a paper signature from the prescriber and upload the signed order and send to the supplier.

1. When the order is completed, click 'Print to Sign'

Prescriber Signature	Date	NPI
	End of DWO	
Save + Back		Print to Sign Remind Prescriber to eSign

2. A new tab will open with the complete order. Click the 'Print' icon in the top right corner of the screen

				OXYGEN SYSTEM Melanie Doe
SWO Prescrib Order ID: TF	er's Order 1J6N7			Order Start Date: 07/23/2021 Encounter Date: 07/23/2021
PATIENT IN	FORMATION	i i		
Name	PID / MRN	Sex	DOB	
Melanie Doe	N/A	Female	01/01/1945	
Height	Weight			
56"	250 lb			
Mobile Phone		Home Phone		Work Phone
		(713) 782-24	67	
Billing Address		Delivery Addr	ess	
9418 Winsome Houston, TX 77	/063	9418 Winson Houston, TX	ne 77063	

3. Present the order to the prescriber for signature



SWO ADDITIONAL DETAIL		
ORDER NOTES		
Patients primary language is Sp	anish	
BY SIGNING BELOW, I AUTHORIZE the us equipment is medically necessary and reaso signed copy of this order in my medical reco required. I have instructed my patient that y	se of this document as a legal prescription nable and is not being prescribed for co rds and make it available to Medicare, t you will be contacting them to complete	on, and I certify that the above prescribed invenience. I will maintain an original heir authorized agents or other insurer, if their order.
Dr. John DMEhub	07/23/2021	777777777
Prescriber Signature	Date	NPI

- 4. When signature is obtained, scan the order to the computer so it can be attached to the order
- 5. Click 'Upload Signature'

Work Que	Je Pendir	ng Queue	History					Only my orders 💲 🤇
All U	rgent Needs	Revision Dec	clined Unsigned	Incomplete	Recertification			
Order ID 👻	Order Date 👻	Order Type 👻	Patient Name 👻	Provider Site 👻	Supplier Site 👻	Owner 👻	Status 💌	Actions
TPJ6N7	Today 07/23/2021	Oxygen	Melanie Doe	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Upload Signature   Printed 7 minutes ago
2WYHF3	Tuesday 07/20/2021	APAP	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 💌
9YT7M2	05/25/2021	Oxygen	Victoria Jarocki	Midtown Pulmonary C	DME Supplies USA	🚨 Me	Unsigned	Review to Sign 💌

- 6. To attach the document:
  - a. Click 'Drag & Drop or Upload Files from Computer'
  - b. Click 'Submit Signed Order to Supplier'

Upload Signed Order Documentation	
This order requires a signed (SWO and CMN) to fulfill. Please ensure these are part of the uploaded	document(s) before submitting to the supplier.
Drag & Drop or Uplov Supported Formats: DOC, DOCX, PDF, JPG,	Tiles from Computer PNG, TIFF, BMP. Max File Size Allowed: 32 MB
File Name	File Size
Signed Order TPJ6N7.pdf	280.91 KB $ imes$
Save + Back	Sign Now Submit Signed Order to Supplier

7. The order will move from the Work queue to the Pending queue until it is approved or rejected

# Encounter Details: Order Complete

1. A confirmation will be displayed indicating that order has been signed and sent to the supplier



Order ID TPJ6N7
R
Your signed order has been submitted to the supplier
View Orders
Create A New Order For This Patient

2. If additional equipment is needed for this patient, click 'Create A New Order For This Patient'. All demographics will auto-populate, and the order will begin on the 'Encounter Details' tab.

#### **Delivery Documentation**

DME suppliers can update delivery information and document delivery confirmation in DMEscripts.

1. A quick view will display in the 'History'

Orders	Search by Order ID, I	Patient Name, MRN/P	ID, or Product/Service c	ategory	Search b	y User/Facility	Name or NPI	
Work Queue	e Pending (	Queue Hist	огу				All orders	¢ Ø
Order ID 👻	Order Date 🔻	Order Type 🤝	Patient Name 👻	Provider Site 👻	Supplier Site 👻	Ow Deliver	red on 07/23 @ 06:08 PM CDT	Actions
TPJ6N7	Today 07/23/2021	Oxygen	Melanie Doe	Midtown Pulmonary C	DME Supplies USA	💄 Me	Delivered	View 💌
TJRMFK	Yesterday 07/22/2021	Canes	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	💄 Me	<ul> <li>Delivered</li> </ul>	View 💌

2. All order notes and delivery notes will display

ORDER FOR:	Victoria Jarocki	01/01/1945	Female	
fEhub Ehub MEhub (NPI # 8899 rr rr	889988)			
				Friday, 06/11/2021 at 1:56 PM CDT
hod: Contacted pa	tient and will be setti	ing up by 5:00pm	ı today.	
	ORDER FOR:	ORDER FOR:     Victoria Jarocki	ORDER FOR:     Victoria Jarocki     01/01/1945	ORDER FOR:     Victoria Jarocki     01/01/1945     Female

# **Supplier Created Orders**



DME Suppliers can now create an order if it is pursuant to a verbal or written order from the Healthcare Provider and then send it to them. To complete the processing and delivery of the order, the provider must accept the order and the prescriber must sign the order. These orders will appear in the 'Work Queue' in a status of 'Pending Prescriber Review'.

1. From the 'Work Queue', click 'View'

Work Queue	Pending Q	ueue Hist	ory					Only my orders 🗸 🗸	¢
All Urgent	Needs Revision	Declined Uns	igned Incomplete	Recertification					
Order ID 🤝	Order Date 👻	Order Type 👻	Patient Name 👻	Provider Site 👻	Supplier Site 🔻	Owner 👻	Status 👻	Actions	
H47PFK	03/25/2020	Oxygen	Lisa Doe	Midtown Pulmonary C	Supplier USA	Sara T Smith RN Reg	A Needs Revision	Review & Edit	•
CHYMWD	07/01/2020	Oxygen Recertification	Ken Doe	Midtown Pulmonary C	Supplier USA	Supplier Boss	Sent for Recertification	Recertify	•
KYR2D9	Today 06/30/2020	Oxygen	Sadie Doe	Midtown Pulmonary C	Supplier USA	💄 Me	A Declined	Review & Edit	•
NKY7PZ	Today 06/30/2020	Oxygen	Lana Doe	Midtown Pulmonary C	Supplier USA	Sara T Smith RN Reg	A Needs Revision	Review & Edit	•
4KXHNM	Today 06/30/2020	PAP Supplies	Mitchell Doe	Midtown Pulmonary C	Supplier USA	Supplier Boss	Pending Prescriber Review	Review & Edit	•

- 2. The order details will open. The prescriber can:
  - a. Decline the Order:
    - i. Click 'Decline'

Prescriber Information		
Location Information	Prescriber	Primary Contact
Midtown Pulmonary Clinic (NPI: 1770710709) 1111 N Post Oak Ln Houston, TX 77024 Phone: (800) 222-1234 Fax: (800) 222-1235	Dr. John D DMEhub MD (NE: 889989988) Phone: (800) 222-1234 Fax: (800) 222-1235 Mobile: (449) 633-1262 Email: drdmehub@dmehub.com	Supplier Boss (949) 633-1262 Email: trainingdme@dmehub.com
Decline Order		Accept Order

- ii. Enter notes on why the order is being declined
- iii. Click 'Send Decline'

my are ye	u declining this order? include n	iotes for the DME	supplier:		
This pat	ient to longer qualifies for this er	quipment.			
		$(\uparrow$	5		
	Drag &	Drop or Upload F	- Files from Comput	er	
	Supported Formats: DOC, DOC	CX, PDF, HTML, JF	G, PNG, TIFF. Max	File Size Allowed:	32 MB
		No documents	added yet.		



#### b. Accept the Order:

i. Click 'Accept Order'

ocation Information	Prescriber	Primary Contact
lidtown Pulmonary Clinic	Dr. John D DMEhub MD	Supplier Boss
NPI: 1770710709)	(NPI: 8899889988)	(949) 633-1262
11 N Post Oak Ln	Phone: (800) 222-1234	Email: trainingdme@dmehub.com
ouston, TX 77024	Fax: (800) 222-1235	
hone: (800) 222-1234	Mobile: (949) 633-1262	
ax: (800) 222-1235	Email: drdmehub@dmehub.com	
	-	

ii. 'Review Order' screen will open. Scroll to the bottom and send for signature

ORDER NOTES			
Y SIGNING BELOW, I AUTHORIZE the use of this document as a leg morenience. I will maintain an original signed copy of this order in my n ontacting them to complete their order.	al prescription, and I certify that the above prescribed equipment is needical records and make it available to Medicare, their authorized a	redically necessary and reasonable and is not being prescribed for gents or other insurer, If required. I have instructed my patient that 	or t you will be
Prescriber Signature	Date	NPI	

- c. The prescriber is required to sign the order with:
  - i. Paper signature which will need to be uploaded and sent to the supplier
  - ii. Log in to the computer and sign electronically
  - iii. Log in to the mobile app and sign electronically

Y SIGNING BELOW, IAUTHORIZE the use of this document as a logal prescription, and Lentity that the above prescribed equipment in convenience. L will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized ontacting them to complete their order.	s medically necessary and reasonable and is not being prescribed for agents or other insurer, if required. I have instructed my patient that you will be
Dr. John DMEhub 11/20/2020	8899889988
Prescriber Signature Date	NPI
End of SWO	

Initial Medicare-Oxygen Supplier Created Orders



All initial Medicare Oxygen orders have a workflow to allow prescribers to review and confirm all information that will appear in Section B on the Certificate of Medical Necessity (CMN). The supplier will enter the known information and it is the responsibility of the healthcare provider to review and confirm the information is correct.

1. From the 'Work Queue', locate the Supplier Created Order and click 'View'

Work Queue	Pending Q	ueue	History						All orders 🗸 🗸	C
All Urgent	Needs Revision	Declined	Unsigned	Incomplete	Recertification					
Order ID 🤝	Order Date 🔻	Order Type 🤝	Patier	nt Name 🔻	Provider Site 🔻	Supplier Site 🔻	Owner 👻	Status 👻	Actions	
CHYMWD	07/01/2020	Oxygen Recertification	Ken E	)oe	Midtown Pulmonary C	Supplier USA	Supplier Boss	Sent for Recertification	Recertify	-
7H6NRJ	Today 06/30/2020	Oxygen	Kenn	eth Doe	Midtown Pulmonary C	Supplier USA	Supplier Boss	Pending Prescriber Review	Review & Edit	-
437JFC	Today 06/30/2020	Oxygen	Samr	ny Doe	Midtown Pulmonary C	Supplier USA	💄 Me	A Declined	Review & Edit	-

2. The order will open.

PM CDT by Supplier B PM CDT by Supplier B PM CDT by Supplier B	DSS DSS DSS			
in			Quantity	Length of Need
xygen concentrator			1	12 Months
compressed gas 02			1	12 Months
asal			1	12 Months

3. Scroll to the bottom and click 'Decline Order' or 'Verify CMN Data'

n Bulmonary Clinic			
in Fullionary Clinic	Dr. John DMEhub	Supplier Boss	
770710709)	(NPI: 8899889988)	(949) 633-1262	
Post Oak Ln	Phone: (800) 222-1234	Email: trainingdme@dmehub.com	
n, TX 77024	Fax: (800) 222-1235		
(800) 222-1234	Email: drdmehub@dmehub.com		
00) 222-1235			

- 4. The data that was entered by the supplier will display on the left column in gray. The healthcare team member or prescriber will confirm the data by completing the form.
- 5. Click 'Update CMN'



		Supplier-Requested Changes:	Please Verify: Oximetry Test Results	
Supplier-Requested Changes:	Please Verify: Diagnosis Code	Arterial Blood Gas Test: N/A	84	
Diagnosis Code: J44.9, 127.0	✓ J44.9 (COPD)	Date of Test: 06/30/2020 Test: 06/30/2020	07/01/2020	
		stable state as outpatient) Test Conditions: 1 (At Rest)	Please Verify: Test Circumstances	
Verification Warning	J84.9 (Diffuse Interstitial Lung Disease)		1 (Chronic stable state as outpatient)	
Your answer to the diagnosis question	E84.0 (Cystic Fibrosis)	Verification Warning Your answer to the test results questions differ	2 (Within two days prior of inpatient discharge)	
differs from what the DME supplier	J47.1 (Bronchiectasis)	from what the DME supplier requested.	3 (Under other circumstances)	
requested.			Please Verify: Test Conditions	
	C34.90 (Widespread Pulmonary Neoplasm)		1 (At Rest)	
	127.0 (Pulmonary Hypertension)		2 (During Exercise)	
	127.0 (Pullionary Hypertension)		3 (During Sleep)	
	127.81 (Cor Pulmonale)			
		Verification Needed: Oxygen Flow Rate		
	150.9 (Dependent Edema Suggesting Connective Heart Failure (CHE))	Supplier-Requested Changes:	Please Verify: Highest Oxygen Flow Rate	
	Congestive real Plantie (On ))	Oxygen Flow Rate: 3	3	
	D75.1 (Erythrocythemia (Secondary	Date of Test: 06/30/2020	Please Verify: Test Results	
	Polycythemia))		87	
			06/30/2020	

6. Attach any required clinical documentation and click 'Save + Next'

OR	DER FOR: Kenneth Doe 01/01/1945 Male
0	Patient Info 🥥 Encounter Details 🥥 Belections 🖉 Documentation 🧟 Review Order
Next Belov docu	. add required supporting documentation is a listing of supporting documentation for your patient's order, determined by your answers to the encounter details questions. Please check off items to confirm they are included in the nentation you will attach at the bottom of the page.
Conf	rm Supporting Medical Documentation
۷	General Medical Documentation         -           - Observations and general symptoms         -         Physical examination details           - Encounter notes         -         Additional diagnoses         -           - Additional diagnoses         -         Matching dates and information between app and documentation
2	Primary Reason The attached encounter details should be related to the primary reason the Patient requires home oxygen therapy.
	Improvement Statement Because the Patient's symptoms should improve with the use of home oxygen, your documentation should note why the patient is expected to improve.
	Treatments - Considered / Trialed Because alternative treatments have been considered or tried and deemed clinically ineffective, the documentation should indicate where alternative treatments have been considered or tried and deemed clinically ineffective.
Conf	rm Results (Lab / Test / Study)
۷	Laboratory information The lab document should include the name of laboratory, laboratory NPI, tester's name, and tester's credentials.
•	Al Rest Oxygen Study

dd Supporting Documentation	
When copying and pasting or attaching face-to-face documentation, it must include the pre Supported Formats: DOC, DOCX, JPG, PDG, PDG, TIFF Maximum File Size: 32 M8	scriber signature and date.
Browse to Select and Upload Files	Copy / Paste Medical Record
ile Name	File Size
Encounter Note VID 123456.pdf	40.83 KB
Oximetry Study VID 123456.pdf	40.6 KB
Save + Back	Save + Next

7. If user is logged in as a care team member, click 'Send for eSignature' DMEscripts Care Team and Prescriber User Guide (2.0.2)



ORDER FOR: Kenneth Doe	01/01/1945 Male
Patient Info 📀 Encour	nter Details 📀 Selections 🕑 Documentation 🖉 Review Order
Order Notes	
Note to Prescriber from Su Please review this new oxyg	pplier Boss Friday, 06/19/2020 at 2:09 AM CDT gen order that was faxed into our office today. If there are any questions, please DM me in DMEhub or call at 888-980-0000
A This order will require a p	rescriber signature to complete
Order Details: GPY3WT	
Start / Delivery Date	Filday, 06/19/2020
Encounter Date	Friday, 06/19/2020
Date Created	Friday, 06/19/2020 at 1:45 AM CDT
Order Notes	
Add Note to Prescriber	Add Note to Supplier
SWO ADDITIONAL	DETAIL
ORDER NOTES	

Y SIGNING BELOW, I AUTHORIZE the use of this document as a lega envenience. I will maintain an original signed copy of this order in my me nacting them to complete their order.	al prescription, and I certify that the above prescribed equipment is n iedical records and make it available to Medicare, their authorized a	nedically necessary and reasonable and is not being prescribed for gents or other insurer, if required. I have instructed my patient that you will
Prescriber Signature	Date	NPI

8. The prescriber will login and click 'Review & Edit'

Work Queue	Pending Q	ueue H	istory					Only my orders 🖌
All Urgent	Needs Revision	Declined	Insigned Incomplete	Recertification				
Order ID 👻	Order Date 🤝	Order Type 👻	Patient Name 👻	Provider Site 🔻	Supplier Site 👻	Owner 👻	Status 👻	Actions
H47PFK	03/25/2020	Oxygen	Lisa Doe	Midtown Pulmonary C	Supplier USA	Sara T Smith RN Reg	A Needs Revision	Review & Edit
CHYMWD	07/01/2020	Oxygen Recertification	Ken Doe	Midtown Pulmonary C	Supplier USA	Supplier Boss	Sent for Recertification	Recertify
KYR2D9	Today 06/30/2020	Oxygen	Sadie Doe	Midtown Pulmonary C	Supplier USA	🚨 Me	A Declined	Review & Edit
NKY7PZ	Today 06/30/2020	Oxygen	Lana Doe	Midtown Pulmonary C	Supplier USA	Sara T Smith RN Reg	A Needs Revision	Review & Edit
7H6NRJ	Today 06/30/2020	Oxygen	Kenneth Doe	Midtown Pulmonary C	Supplier USA	Sara T Smith RN Reg	Unsigned	Review & Edit

9. Review the order detail



)rder Notes		
Note to Supplier from S Please notify the office	ara T Smith RN Registered Nurse when the equipment is delivered and setup so follow up appoin	Tuesday, 06/30/2020 at 11:58 PM CDT tment can be set.
der Details: 7H6NRJ		
start / Delivery Date	Tuesday, 06/30/2020	
itart / Delivery Date	Tuesday, 06/30/2020 Tuesday, 06/30/2020	
start / Delivery Date	Tuesday, 06/30/2020 Tuesday, 06/30/2020 Wednesday, 07/01/2020 at 11:50 PM CDT	
start / Delivery Date	Tuesday, 06/30/2020 Tuesday, 06/30/2020 Wednesday, 07/01/2020 at 11:50 PM CDT	

10. Click 'eSign and Send to Supplier'

Y SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescri orvenience. I will maintain an original signed copy of this order in my medical re ontacting them to complete their order.	plion, and I certify that the above prescribed equipment is n cords and make it available to Medicare, their authorized a	nedically necessary and reasonable and is not being prescribed for gents or other insurer, if required. I have instructed my patient that you will be
Dr. John DMEhub	11/20/2020	8899889988
Prescriber Signature Electronically signed	Date	NPI
	End of SWO	

# Recertification Medicare-Oxygen Supplier Created Orders

All recertification Medicare Oxygen orders have a workflow to allow prescribers to review and confirm all information that will appear in Section B on the Certificate of Medical Necessity (CMN). The supplier will enter the known information and it is the responsibility of the healthcare provider to review and confirm the information is correct.

1. From the 'Work Queue', locate the Supplier Created Order and click 'Recertify'

Work Que	ue Pendin	g Queue His	tory					All orders 🗘 📿
All U	rgent Needs F	Revision Decline	d Unsigned	Incomplete	Recertification			
Order ID 👻	Order Date 💌	Order Type 💌	Patient Name 💌	Provider Site 👻	Supplier Site 👻	Owner 👻	Status 👻	Actions
DHW4ZT	Today 07/23/2021	Oxygen Recertification	Beth Training	Midtown Pulmonary C	DME Supplies USA	Trish DME Owner	Sent for Recertificatior	Recertify 💌
ZKG27P	Today 07/23/2021	Oxygen Recertification	Matt Davis	Midtown Pulmonary C	DME Supplies USA	Trish DME Owner	Sent for Recertification	Recertify 💌
FM64YZ	Today 07/23/2021	Oxygen	Karlee Stritzinger	Midtown Pulmonary C	DME Supplies USA	🛔 Me	X Declined	Review & Edit 💌
JNC9H2	Today 07/23/2021	PAP Supplies	JOHN DAVIDS	Midtown Pulmonary C	DME Supplies USA	Trish DME Owner	Pending Prescriber Review	Review & Edit 🔹
G7ZJW4	Today 07/23/2021	Home Sleep Test	Victoria Jarocki	Midtown Pulmonary C	DME Supplies USA	🛔 Me	<ul> <li>Declined</li> </ul>	Review & Edit 🔹
JHZCP7	Today 07/23/2021	PAP Supplies	Melanie Doe	Midtown Pulmonary C	DME Supplies USA	🛔 Me	A Declined	Review & Edit 👻
2WYHF3	Tuesday 07/20/2021	APAP	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	👗 Me	Unsigned	Remind to Sign 👻



#### 2. The order will open.

Order ID: ZKG27	Р	ORDER FOR:	Matt Davis	01/01/1945	Male
Order Type: Oxygen Recertific Order Date: Friday, 07/23/202 Order Created: Friday, 06/11/ Order Edited: Friday, 07/23/2 Supplier: DME Supplies USA	ner er				
Order Items					
Order Items	Description				
Order Items HCPCS E1392	Description Portable oxygen concentrator				
Order Items  HCPCS  E1392 E0424	Description Portable oxygen concentrator Stationary compressed gas 02				

3. Scroll to the bottom and click 'Decline Order' or 'Verify CMN Data'

Prescriber Information		
Location Information	Prescriber	Primary Contact
Midtown Pulmonary Clinic (NP: 170710709) 111 N Post Oak Ln Houston, IX 77024 Phone: (800) 222-1234 Fax: (800) 222-1235	Dr. John D DMEhub MD (NP: 889689988) Phone: (800) 222-1234 Fax: (800) 222-1235 Mobile: (949) 633-1262 Email: drdmehub@dmehub.com	Supplier Boss (949) 635-1262 Email: trainingdme@dmehub.com
Decline Order		Verify CMN Data

- 4. The data that was entered by the supplier will display on the left column in gray. The healthcare team member or prescriber will confirm the data by completing the form.
- 5. Click 'Update CMN'

tion Needed: Length of Need			Supplier-Requested Changes:	Please Verify: Oximetry Test	
		-	Arterial Blood Gas Test: N/A	86	1
pplier-Requested Changes:	Please Verify: Length of Need		Oxygen Saturation Test: 86 Date of Test: 07/23/2021	07/22/2021	
Length of Need: 99 - Lifetime	99 - Litesme		Test Circumstances: 1 (Chronic stable state as outpatient)	Blazes Varifie: Test Circumstances	
			Test Conditions: 1 (At Rest)	1 (Chronic stable state as outpaties	nt)
ation Needed: Diagnosis Code					
aniar Documented Channes	Disses Marile Dissessie Code	1	Verification Warning Your answer to the test	2 (Within two days prior of inpatient	discharge)
ppiler-kequested Unanges:	Please verity: Diagnosis Code		results questions differ from what the DME	3 (Under other circumstances)	
Diagnosis Code: J44.9	<b>3</b> 44.9 (CDPD)		supplier requested.	Please Verify: Test Conditions	
Verification Warning	J84.9 (Diffuse Interstitial Lung Disease)				
Your answer to the	E84.0 (Cystic Fibroals)			U T (At Rest)	
differs from what the				2 (During Exercise)	
DME supplier requested.	J47.1 (Bronchiectasis)			3 (During Steen)	
	C34.90 (Widespread Pulmonary Neoplasm)				
	127.0 (Putronary Hypertension)		Verification Needed: Oxygen Flow Rate		
	interest of the second se				
	127.81 (Cor Pulmonale)		Supplier-Requested Changes:	Please Verify: Highest Oxygen Flow Rate	
	150.9 (Dependent Edema Suggesting Congestive		Oxygen Flow Rate: 2	2	LPM
	Heart Failure (CHF))				
	D75.1 (Erythrocythemia (Secondary Polycythemia))				
					_

6. Attach any required clinical documentation and click 'Save + Next'



Patient Info Selections	Documentation	📀 Review Order	
Next, add required supporting documentation			
Below is a listing of supporting documentation for your patient's order, determined by documentation you will attach at the bottom of the page.	your answers to th	encounter details questions. Please check off items to confirm they are include	d in the
Confirm Supporting Medical Documentation			
Continuing Use and Benefit Because you approve the patient to continue home oxygen therapy, your docum	nentation should no	te that the patient continues to use and benefit from the therapy.	
Add Supporting Documentation			
mene supprogram parameters or anadelling Tade 4-bit des socialisations, it must Supported France Store, 2000, JPO, BMP, PDF, PNG, PNF, PMF, Maximum File Size: 32 MB	i menune (he prese	uer spenture en sate.	
Browse to Select and Upload Files		Copy / Paste Medical Record	
File Name		File Size	
Encounter Note VID 123456.pdf		40.83 KB	×
Save + Back			

7. If user is logged in as a care team member, click 'Send for eSignature'

			Vocumentation	🤣 Review Order		
A This order will require	e a prescriber signature to o	omplete				
rder Details: ZKG27P						
tart / Delivery Date	Friday, 07/23/2021					
ncounter Date	Friday, 07/23/2021					
rder Creation Date	Friday, 06/11/2021 a	2:25 PM CDT				
upplier	DME Supplies USA					
der Notes						
d Note to Prescriber			!	Add Note to Supplier		
Please review the recerti	ication order, approve and s	ign.	11			ĥ
lem						
Portable oxygen concentri Itationary compressed ga Cannula, nasal	itor, rental seous oxygen system, renta	l; includes container, c	ontents, regulator, flowme	ter, humidifier, nebulizer, ·	cannula or mask, and tubing	
Portable oxygen concentri Istationary compressed ga Zannula, nasal SWO ADDITION ORDER NOTE	stor, rental seous oxygen system, renta	; includes container, c	ontents, regulator, flowme	ter, humidifier, nebulizer, -	annula or mask, and tubing	
tationary compressed ga cantula, nasal SWO ADDITION ORDER NOTE BY SIGNING BELOW, I A BY SIGNING BELOW, I A Contacting them to comple	tor, rental acous oragen system, renta AL DETAIL S UTHORIZE the use of this do to solve a speed copy of the te mer order.	; includes container, c	ontents, regulator, flowme	ter, humidifier, nebulizer, - ter, humidifier, nebulizer, - ove prescribed equipment in Medicare, their authorized	consuls or mask, and tubing	et is not being prescribed for a nativeted my patient that you will be
Annula, nesal SWO ADDITION ORDER NOTE BY SIGNING EL OV, I A SUGMENTION ORDER NOTE Prescriber Signat	toc, rental accus organ system, renta accus organ system, renta accus organization s definition an an original signed copy of the an anological signed copy of the server order.	t, includes container, c	ontents, regulator, flowme	rec, humidifier, eebuilzer,	medicatly recessary and feasibility in the second s	et is not being prescribed for is instructed my patient that you will be
Partable oxygen concette Stationary compressed particular Stationary compressed particular Stationary compressed particular Stationary Comparison (Comparison) ORDER NOTE By Soniko Bitl, OK, ( ) Dy Soniko Bitl, OK, ( ) Prescriber Signat	tor, rental accus organ system, renta accus organ system, renta accus organization accus	; includes container; c	ontents, regulator, flowme	ee, humdhe, eebuize, oo psochd egyment Madaan, her autoraad	Innula or mask, and tubing	nd is not being prescribed for e instructed my patient that you will be

8. The prescriber will login and click 'Review to Sign'



Work Queu	ue Pending	J Queue Hi	story					Only my orders 🌲 📿
All Ur	rgent Needs R	evision Declin	ed Unsigned	Incomplete	Recertification			
Order ID 👻	Order Date 👻	Order Type 👻	Patient Name 🔻	Provider Site 🔻	Supplier Site 👻	Owner 👻	Status 👻	Actions
RNG47F	07/07/2021	APAP	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Declined Urgent	Review & Edit 💌
YC2WH3	01/18/2021	NPWT	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	A Needs Revision Urgent	Review & Edit 👻
ZKG27P	Today 07/23/2021	Oxygen Recertification	Matt Davis	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 💌
FM64YZ	Today 07/23/2021	Oxygen	Karlee Stritzinger	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	X Declined	Review & Edit 👻
DHW4ZT	Today 07/23/2021	Oxygen Recertification	Beth Training	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 👻

9. Review the order detail

Patient Info	Encounter Details	Selections	Occumentation	📀 Review Order	
rder Notes					
Note to Prescriber	from Matthew Manuel				Friday, 07/23/2021 at 4:11 PM CDT
Please review the re	ecertification order, approve a	nd sign.			
Irder Details: ZKG27F					
Start / Delivery Date	Friday, 07/23/2021				
Encounter Date	Friday, 07/23/2021				
Order Creation Date	Friday, 06/11/2021 a	t 2:25 PM CDT			

10. Click 'eSign and Send to Supplier'

BY SIGNING BELOW, I AUTHORIZE the use of this document an convenience. I will maintain an original signed copy of this order in contacting them to complete their order.	s a legal prescription, and I certify that the above prescribed equipment in my medical records and make it available to Medicare, their authorized	is medically necessary and reasonable and is not being prescribed for d agents or other insurer, if required. I have instructed my patient that you will agents or other insurer, and the second sec
Dr. John DMEhub	07/23/2021	8899889988
Prescriber Signature Electronically signed	Date	NPI

# How to Identify Order Disposition

When an order is reviewed by the supplier and does not qualify, the order will be identified as 'Declined' in the 'Work' queue and 'Same or Similar' or 'Recurring Supply' in the 'History' queue.



Work Que	ue Pendin	g Queue His	tory					
All U	Irgent Needs F	Revision Decline	d Unsigned	Incomplete	Recertification			
Order ID 👻	Order Date 🗵	Order Type 👻	Patient Name 👻	Provider Site 👻	Supplier Site 👻	Owner 👻	Status 🔻	Actions
RNG47F	07/07/2021	APAP	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Declined Urgent	Review & Edit
YC2WH3	01/18/2021	NPWT	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Needs Revision Urgent	Review & Edit -
ZKG27P	Today 07/23/2021	Oxygen Recertification	Matt Davis	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 💌
M64YZ	Today 07/23/2021	Oxygen	Karlee Stritzinger	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	🔀 Declined	Review & Edit
DHW4ZT	Today 07/23/2021	Oxygen Recertification	Beth Training	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 🔹
JNC9H2	Today 07/23/2021	PAP Supplies	JOHN DAVIDS	Midtown Pulmonary C	DME Supplies USA	Trish DME Owner	Pending Prescriber Review	Review & Edit
37ZJW4	Today 07/23/2021	Home Sleep Test	Victoria Jarocki	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	⊗ Declined	Review & Edit
JHZCP7	Today 07/23/2021	PAP Supplies	Melanie Doe	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	A Declined	Review & Edit

#### 'Declined':

In the work queue, there are 3 types of declined orders. The user can hover on the icon and a message with the declined reason will appear. The full details can be viewed by reviewing the order.



To review the order details:

• From the 'Work' queue, Click on 'Review & Edit'

Work Queue	Pending Q	ueue Histor	у					Only my orders 💲 🏼 🤇
All Urgent	Needs Revi	sion Declined	Unsigned	Incomplete	Recertification			
Order ID 👻 0	Irder Date 👻	Order Type 👻	Patient Name 🔻	Provider Site 👻	Supplier Site 🔻	Owner 👻	Status 👻	Actions
RNG47F 0	7/07/2021	APAP	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel 🛛 🎽	Declined Urgent	Review & Edit 🔹
YC2WH3 0	1/18/2021	NPWT	Trish Dillon	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel 🥻	Needs Revision Urgent	Review & Edit 👻
ZKG27P T	'oday 17/23/2021	Oxygen Recertification	Matt Davis	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign 💌

DMEscripts Care Team and Prescriber User Guide (2.0.2)



• The order will open, and the declined reason will display

This Order Has Been Declined by the So Please refer to the notes below for decline details and	Ipplier nake the necessary changes. Once complete, you can submit :	Har briais 3 ways:
Resubmit to Supplier Without New Signature Orders may be Resubmitted to Supplier without a signature only if changes are limited to: Documentation Notes to Supplier	eSign and Send to Supplier For changes beyond documentation or notes, you'll need a new signature to submit the order. Once eSigned, order will be sent to supplier.	Print, Sign, and Upload Order For changes beyond documentation or notes, you'll need a new signature to submit the order. Once submitted, order will be sent to supplier.
Decline Note Decline by supplier from Trish DME Owner (DME Supplies I Unable to contact the patient	SA)	Tuesday, 07/20/2021 at 3:23 PM CDT
Notes Please have patient contact Trish at 949-633-1262.		
Order eSigned Date Wednesday, 07/07/2021 at 10.3	9 AM CDT by Dr. John DMEhub (NPI # 8899889988)	
Declined Date Tuesday, 07/20/2021 at 3:23 PI	CDT by Trish DME Owner (DME Supplies USA)	

#### 'Same or Similar' or 'Recurring Supply' Order Review:

• From the 'History' queue, Click on 'View'

6DC2NK	08/24/2020	APAP	Lorrie Doe	Midtown Pulmonary C	DME Supplies USA	💄 Me	Scheduled Resupply	View	•
W639RJ	08/21/2020	APAP	Alex Doe	Midtown Pulmonary C	DME Supplies USA	💄 Ме	Canceled	View	-
RJ3KXT	08/20/2020	Diabetes Glucose Monitor and Supplies	Joy Doe	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	Canceled	View	•
9J2CWH	08/14/2020	Oxygen	Latasha Doe	Midtown Pulmonary C	DME Supplies USA	💄 Ме	C Delivered	View	•
9ZGT4N	08/12/2020	Oxygen	Trish Doe	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	C Delivered	View	-
MN74RG	08/07/2020	Oxygen	Jeannine Doe	Midtown Pulmonary C	DME Supplies USA	💄 Ме	Same or Similar	View	-
2FDRK9	08/07/2020	APAP	Haley Doe	Midtown Pulmonary C	DME Supplies USA	Matthew Manuel	C Delivered	View	-

• The order will open, and the disposition reason will display

	RDER FOR:	Zane Doe	01/01/1945	Male
der Type: Oximetry der Date: Thursday, 05/28/2020 der Edited: Thursday, 05/28/2020 at 12:04 PM CDT by der Edited: Tuesday, 06/30/2020 at 8:31 PM CDT by Signed: Tuesday, 06/30/2020 at 9:08 PM CDT by Dr. Joh te Dispositioned: Tuesday, 06/30/2020 at 9:28 PM CD'	y Sara T Smith R Sara T Smith RN Ihn DMEhub (NP IT by Supplier Br	Registere Registered H # 8899889 oss	rd Nurse Nurse 2988)	
isposition Note	<b>tient</b> from Suppl	lier Boss (Si	upplier USA)	

# How to Resubmit an Order that 'Needs Revision'

From the landing screen:

1. Click 'Review & Edit'



Work Queue	Pending Q	ueue Histo	iry					All orders 🗸
All Urgent	Needs Revision	Declined Uns	igned Incomplete	Recertification				
Order ID 👻	Order Date 👻	Order Type 👻	Patient Name 👻	Provider Site 👻	Supplier Site 👻	Owner 👻	Status 🔻	Actions
FM4X39	Yesterday 01/07/2021	Bi-level PAP	Terry Doe	Midtown Pulmonary C	DME Supplies USA	🛔 Me	A Needs Revision Urgent	Review & Edit
3FH9NJ	11/18/2020	Urological - Catheters	Mary Doe	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEhub	A Needs Revision Urgent	Review & Edit
NX23PR	08/26/2020	Home Sleep Test	Andrew Doe	Midtown Pulmonary C	Avilys Sleep & EEG	🛔 Me	A Needs Revision	Review & Edit
GTMFNP	08/25/2020	Home Sleep Test	Derik Doe	Midtown Pulmonary C	VIRTUOX, INC.	Dr. John DMEhub	A Needs Revision	Review & Edit
DTRJ3G	08/25/2020	APAP	Gary Doe	Midtown	Aerocare -	Dr. John DMEhub	A Needs	Review & Edit

- 2. The order will open to the Review Order page which will display:
  - a. Three ways to resubmit the order
  - b. Specific details on what is needed for the order to be approved
  - c. Click 'Upload Documentation'

Create Order	Cancel Order Save + Exit
ORDER FOR: Terry Doe 01/01/1945 Female	
Patient Info     Encounter Details     Selections     O     Documentation     Review Order	
This Order Needs Revisions  Pevician Note	
Intend To Accept from Training Supplier Boss (DME Supplies USA) Order needs revision, intend to accept	Friday, 01/08/2021 at 2:55 PM CST
Other: Please review and address the noted issues	
Documentation Needed: Please provide the noted documentation Supporting Medical Documentation is missing: Improvement of Sleep-Associated Hypoventilation	Upload Documentation
Notes Please attach the sleep study and improvement of Sleep Associated Hypoventilation statement and resubmit for processing.	

- 3. Review each item that is in red to ensure the documentation has the missing elements
- 4. Click the check box

OR	DER FOR: Terry Doe 01/01/1945 Female
0	Patient Info 🥥 Encounter Details 🥥 Selections 🥥 Documentation 💿 Review Order
lext, ielow	add required supporting documentation is a listing of supporting documentation for your patient's order, determined by your answers to the encounter details questions. Please check off items to confirm they are included in the mentation you will attach at the bottom of the page.
0	Incomplete Documentation - Supplier has rejected order as incomplete, see missing documentation below
onfi	rm Supporting Medical Documentation
	General Medical Documentation         - Observations and general conditions / symptoms         - Physical examination details           - Consumer notes         - Matching dates and information between DMEhub and documentation           - Diagnoses         - Matching dates and information between DMEhub and documentation
	Improvement of Sleep-Associated Hypoventilation Because the patient has a diagnosis of Central Sleep Apnea (CSA) or Complex Sleep Apnea (CompSA), the documentation should note a significant improvement of the sleep-associated hypoventilation with the use of a b-level PA either with or without rate on the settings that will be prescribed for initial use at home, while breathing the patient's prescribed FIO2.
2	General Medical Decomentation         - Observations and general conditions / symptoms         - Physical examination details           - Encounter notes         - Matching dates and information between DMEhub and documentation           - Diagnoses         - Matching dates and information between DMEhub and documentation
onfi	irm Results (Lab / Test / Study)
	Skep Study Results Because a skep study as performed, the results should be attached and match entered values. It should also include the prescriber name interpreting the skep study results and either the prescriber's creditional (ASBM, ABMS, AGM, ASMS, AGM, Orthe skep center/abbentory accreditation (AASM, AGM, CUC, UCAHO).



- 5. Attach the supporting documentation by uploading or Copy/Paste
- 6. Click 'Save + Next'

(1) When copying and pasting or attaching face-to-face documentation, it must include the prescriber signature and date.				
Supported Formats: DOC, DOCX, JPG, PDF, PNG, TIFF Maximum File Size: 32 MB				
Browse to Select and Upload Files	Copy / Paste Medical Record			
ile Name	File Size			
Encounter Note VID 123456.pdf	40.83 KB			
B Steep Study VID 123456.pdf	107.17 КВ 🗙			

- 7. Review the complete revised order
- 8. Select 'Resubmit to Supplier' from the drop-down menu
- 9. Click 'Submit'



10. The order confirmation will appear

Order ID GRJM47
Your signed order has been submitted to the supplier
View Orders
Create A New Order For This Patient

#### Verify CMN Changes: CMN Exceptions Review

DMEscripts has added new functionality to give the DME suppliers the ability to request revisions on required data needed to generate the CMN form. If a change to the CMN is needed suggested changes will be sent by the DME



supplier for review. The healthcare provider will need to make the requested changes and send to the prescriber for signature.

1. From the Work Queue, click on 'Review & Edit'

Work Queue	Pending Qu	ieue Histo	гу					All orders 🗸
All Urgent	Needs Revision	Declined Unsi	gned Incomplete	Recertification				
Order ID 🤝	Order Date 🔻	Order Type 👻	Patient Name 🔻	Provider Site v	Supplier Site 👻	Owner 👻	Status 👻	Actions
3FH9NJ	11/18/2020	Urological - Catheters	Mary Doe	Midtown Pulmonary C	DME Supplies USA	Dr. John DMEhub	A Needs Revision Urgent	Review & Edit 👻
трэгзк	Yesterday 01/07/2021	Oxygen	Kimberly Doe	Midtown Pulmonary C	DME Supplies USA	💄 Me	A Needs Revision	Review & Edit 👻
NX23PR	08/26/2020	Home Sleep Test	Andrew Doe	Midtown Pulmonary C	Avilys Sleep & EEG	💄 Me	A Needs Revision	Review & Edit 👻
GTMFNP	08/25/2020	Home Sleep Test	Derik Doe	Midtown Pulmonary C	VIRTUOX, INC.	Dr. John DMEhub	A Needs Revision	Review & Edit 👻
DTRJ3G	08/25/2020	APAP	Gary Doe	Midtown Pulmonary C	Aerocare - Clearwat	Dr. John DMEhub	A Needs Revision	Review & Edit 👻

- 2. The revision note will be listed as 'Order CMN requires adjustment'
- 3. Click on 'View and Verify CMN Changes'

Order Notes	
Note to Supplier from Matthew Manuel I am requesting a POC for the portable unit. Please titrate the patient to 90% or higher.	Monday, 10/19/2020 at 10:45 AM CDT
This Order Needs Revisions	
Revision Note	
Intend to Accept from Training Supplier Boss (DIME Supplies USA) Order CMN requires adjustments	Friday, 01/08/2021 at 3:07 PM CST
Order CMN requires adjustments Please review and address the noted issues	View and Verify CMN changes

4. The suggested changes identified by the supplier based on the documentation provided with the order will be in gray in the left margin. The healthcare provider will review and make any requested changes.

rify Data for Section B of CMN	
Verification Needed: Length of Need	
Supplier-Requested Changes: Length of Need: 99 - Lifetime	Please Verify: Length of Need 00 - Lifetime
Verification Needed: Diagnosis Code	
Supplier-Requested Changes:	Please Verify: Diagnosis Code
Diagnosis Code: J44.9	J44.9 (COPD)
Verification Warning	J84.9 (Diffuse Interstitial Lung Disease)
Your answer to the diagnosis question	E84.0 (Cystic Fibrosis)
differs from what the DME supplier requested.	J47.1 (Bronchiectasis)
	C34.90 (Widespread Pulmonary Neoplasm)
	127.0 (Pulmonary Hypertension)
	I27.81 (Cor Pulmonale)
	150.9 (Dependent Edema Suggesting Congestive Heart Failure (CHF))
	D75.1 (Erythrocythemia (Secondary Polycythemia))

Supplier-Requested Changes:	Please Verify: Oximetry Test
Arterial Blood Gas Test: N/A	86 9
Date of Test: 07/23/2021	07/22/2021
stable state as outpatient) Test Conditions: 1 (At Rest)	Please Verify: Test Circumstances
read databases. I for most	• 1 (Chronic stable state as outpatient)
Verification Warning Your answer to the test	2 (Within two days prior of inpatient discharge)
results questions differ from what the DME	3 (Under other circumstances)
supplier requested.	Please Verify: Test Conditions
	1 (At Rest)
	2 (During Exercise)
	3 (During Sleep)
erification Needed: Oxygen Flow Rate	
Supplier-Requested Changes:	Please Verify: Highest Oxygen Flow Rate
Oxygen Flow Rate: 2	2 LPN





#### Due to the changes in the CMN information, the provider will need to sign this order.

- 5. Send order for eSignature by prescriber
- 6. The Prescriber will log in to the system or Mobile App to sign the order and send it to the supplier

File Name	File Size
Save + Back	Submit Signed Order to Supplier

## **Direct Messaging**

DMEscripts has direct messaging within the platform. Direct messaging is HIPAA compliant and PHI can safely be shared. The messaging features allows users to:

- Create messages
- Attach documentation
- Create a subject line
- · Include up to ten recipients from up to two different locations
- Search for a message for quick access

#### How to Start a Message

- 1. From the landing screen, click 'Messages'
- 2. Click 'Write your first message'





- 3. Enter the name/names of the supplier or healthcare provider team to message or message DMEscripts Support by clicking 'Message DMEscripts Support'.
- 4. Any user matching your search will appear. Select from the list by clicking on their name. Direct messaging can include up to 10 recipients from up to 2 organizations.
- 5. Enter a subject line
- 6. Enter the message
- 7. Click 'Send'



o:				
Dr. John DM	IEhub - Midtown Pulmona	ary Clinic x Matthew M	lanuel - Midtown Pulmona	ary Clinic x
Or, get in t	ouch with DMEhub Supp	ort:	Mess	sage DMEhub Support
ubject: DMEhub Sup	oport Specialist			
Hello All, My name is have attache please mess	Trish Dillon and I am the ed our most recent user g age me anytime.	DMEhub Implementation Juides for your review. If	r/Support Specialist assig you have any questions o	ned to your account. I r if I can be of any help,

# How to Attach a File

1. Click on the paperclip icon

Q. Search Messages	DMEhub Support Specialist 📝 Dr. John DMEhub, Matthew Manuel 🏖	යි Download this thread
Dr. John DMEhub, Matthew Manuel Today		
DMEhub Support Specialist		Hello All, My name is Trish Dillon and I am the DMEhub Implementation/Support Specialist assigned to your account. I have attached our most recent user guides for your review. If you
		have any questions or if I can be of any help, please message me anytime.
		Sent at 5:35 PM
New Message Thread	0	Send

- 3. Attach your file by:
  - a. 'Drag & Drop'
  - b. 'Upload Files from Computer'
- 4. When all files have been added, click 'Attach file(s)'



	-	
Drag & Drop or Supported Formats: 00C, DOCX, PDF, BMP, JPG,	Upload Files from Computer PNG, TIFF. Max File Size Allowed: 5 MB. Yo	ou can select upto 3 files.
File Name	File Size	×
DMEhub Care Team and Prescriber User Guid	4764 kb	×
-	1092 kb	×

- 5. Add any message needed
- 6. Click 'Send'



# How to Download a Conversation

- 1. Select a message thread to download
- 2. Click 'Download this conversation'

Q Search Messages		DMEhab Support Specialist 🕜 Dr. John DMEhab, Matthew Manuel 🏝	A Download this thread
Dr. John DMEhub, Matthew Manuel DMEhub Support Specialist	Today	Hello All, My name is Trish Dillon and I am the DMEhub Implementatio	n/Support Specialist
No more conversations		assigned to your account. I have attached our most recent user guide: you have any questions or if I can be of any help, please message me	s for your review. If anytime.
			Sent at 5:35 PM

3. A file will download to the computer







Message Notifications can be received by email. Click on 'User Profile' to adjust the notification settings.

Message in DM	lEhub
Message:	
A Message has bee	en sent to you in DMEhub.
Sender: ** Trish Dill	on **
Sender's Org: ** DN	//Ehub **
	9/01/2021 @ 10:35 PM UTC **
Message Date: ** 0	eyelyeeer & releaser in ore

# Maintain User Profile

All health care team members and prescribers can maintain their user profile and reset their password through the Settings tab.

#### **Profile Maintenance**

- 1. From the landing screen, click on Username dropdown menu
- 2. Select 'Settings'

🔔 Dr. Trish Dillon -	Trish's Get Well Clinic 👻
	🌣 Settings
y Name or NPI	📽 Administration
my orders 🔻 All sites	🚀 Contact Support
	Fit Longuit

- 3. Make any updates to the user profile
- 4. Click 'Update'



If the email address is changed, this will be the new user ID to login to DMEhub.



My Information		
Prefix	Dr.	
* First Name	John	
Middle Name	D	
* Last Name	DMEhub	
Suffix	Enter Suffix	
Credential	Enter Credential	
Title	Title	
* Email	drdmehub@dmehub.com	
NPI	8899889988	
Phone	(800) 222-1234	
Phone Extension	Extension	
Fax	(800) 222-1235	
* Cell Phone	(949) 633-1262	
Pager		
Mobile Notifications		
Order Notification Settings		
Notify when order_	Accepted	Canceled
	Rejected	Needs Signature
	Delivery Information updated	Delivered
	Message Received	Supplier Initiated Turn on/off smail notifications for when a DME supplier sends an order to a healthcare provider.
	Update	



Special Reminder: Supplier Team Members must have a title listed in their profile so it will populate the Medicare CMN correctly for Supplier Initiated Orders.

# **Reset User Password**

- 1. From the landing screen, click on Username dropdown menu
- 2. Select 'Settings'

🔔 Dr. Trish Dillon -	Trish's Get Well Clinic 👻
	🗢 Settings
y Name or NPI	Administration
my orders 🔻 All sites	🖪 Contact Support
	€ Logout

- 3. Click on 'Security' tab
- 4. Enter existing password
- 5. Create new password
- 6. Confirm new password
- 7. Click 'Update'



# This password change will immediately take effect and will be required at login.

🕼 Profile 🔒 Security 💩 A	2	
Update Password		
Current Pa	ssword	
Passwi	rd 😮	
	Password must contain: B characters 1 lowercase letter U uppercase letter U uppercase letter 1 upmercase letter 1 special character (spaces are slower) 3 of 4 character types (lowercase uppercase, numeric, special) must be present.	Password must NOT contain: A consecutive string of 6 or more numbers A set of 3 or more repeating characters A dictorary world of 5 or more characters
0		

#### Prescriber Email and Mobile Notifications

If the prescriber would like to receive text message notifications on their iPhone or Android device, the following settings must be modified.

# **Mobile Notification Setup**

If prescribers want to receive text message notifications, the following settings must be set:

- 1. Click on the username in the top right corner
- 2. Select 'Settings'



- 3. Click on 'Mobile Notifications'
- 4. Enter cell phone number
- 5. Click 'Update'



Dr. John D DMEhub MD Settings	
Security & API	
My Information	
ing internation	
Drafty	Pr
110.00	01.
* First Name	John
Middle Name	D
* Last Name	DMEhub
Suffix	MD
Credential	Enter Credential
Title	Title
* Email	drdmehub@dmehub.com
NPI	8899889988
Phone	(800) 222-1234
Phone Extension	Extension
Fax	(800) 222-1235
* Cell Phone	(949) 633-1262
Pager	[]
Mobile Notifications	
Order Notification Settings	
Order Notifications Enabled By Organization	Needs Signature
	Delivered
	Message Receires
	Update



Text messages will be sent for all orders after this setting has been changed.

6. Below is a sample of the text message



#### **Email Notifications Setup**

If prescribers want to receive email notifications, the following settings must be set:

- 1. Click on the username in the top right corner
- 2. Select 'Settings'
- 3. Click on 'Order Notification Settings'
- 4. Select notifications to be sent
- 5. Click 'Update'



My Information		
Prefix	Dr.	
* First Name	John	
Middle Name	D	
* Last Name	DMEhub	
Suffix	Enter Suffix	
Credential	Enter Credential	
Title	Title	
* Email	drdmehub@dmehub.com	
NPI	8800580058	
Phone	(800) 222-1234	
Dhose Extension	(000) LECTEDA	
Finite Collector	exemption	
Fax	(800) 222-1235	
* Cell Phone	(949) 633-1262	
Pager		
Mobile Notifications		
Order Notification Settings		
Notify when order	Accepted	Canceled
	Rejected	Needs Signature
	Delivery Information updated	Delivered
	Message Received	Supplier Initiated Turn on/off email notifications for when a DME supplier sends an order to a healthcare provider.
	Update	

- 6. Email notifications will include:
  - a. Order Status
  - b. Order Type
  - c. Prescriber
  - d. Order ID
  - e. Click link to access the order



#### **Reporting in DMEscripts**

The reporting within DMEscripts allows organizations to monitor order volume in displayed graph form and percentage variances week to week or export a detailed report. The statistics are calculated in live time.



DME		ŧ	Matthew Manuel - Midtown F	Pulmonary Clinic
Corder Queue	Reporting		R	Export Queue Da
+	Acceptance Rate	Account	t Activity	
reate Order	How You're Doing		Total Orders Submitted	308 <sup>0</sup> wk/wl
Messages	Your Order Acceptance		Orders Submitted this Week	51 + 1 wk/wi
Reporting	Ist Submission Subsequent Submission Abandoned Rejected Data since 65/15/22	Ľ	Weekly Order Avg. 💿	40.5 * -0.5 wk/w
dministration	Other Acceptance     88%     - 30% w/uk     - 0n tst Submission     77%     -40% w/uk		Active Suppliers	1 0 wk/wi
	x Abandoned Orders 12%			

# Displayed Data:

- <u>Accepted Orders</u>: This percentage represents all orders accepted through DMEscripts.
- Orders Accepted on 1st submission: This percentage represents all accepted orders upon 1st submission.
- <u>Orders Accepted on Subsequent Submissions</u>: This percentage represents any order that is resubmitted one time or more and accepted.
- <u>Abandoned Orders</u>: Any order that is inactive for 93 days will be considered abandoned and will be automatically cancelled. This includes orders that are incomplete, unsigned, or declined.
- <u>Total Orders Submitted</u>: All orders submitted through DMEscripts regardless of status
- Orders Submitted this Week: All orders submitted in the last 7 days.
- <u>Weekly Order Average</u>: The weekly order average is calculated on the order volume from the last 4 weeks.
- <u>Active Suppliers</u>: Number of active suppliers utilized by the healthcare referral.

# How to Generate a Report in DMEscripts

- 1. Click on the 'Reporting' icon from the menu bar
- 2. Click 'Export Queue Data'

	Reporting	a a a a a a a a a a a a a a a a a a a	Export Queue D
Defer Queue	Acceptance Rate	Account Activity	
Dreate Order	How You're Doing	Total Orders Submitted	301 0 wit/w
Massagas -	Your Dider Acceptance	Orders Submitted this Week	• 51 • 1 wk/w
Neparting	Its Submission  Absorber Submission  Absorber String  Data Since 55/1522	Weekly Order Avg. 🕤	40.5
Administration	Grider Acceptance 88%	Active Suppliers	0 wi/w

- 3. Select the date range to be exported from the dropdown menu
- 4. Click 'Export Queue Data'



	×		
Export Queue Data			
Select the date period			Export Queue Data
Select Period	Y		
Today			Select the date period
Last 1 days			
Last 2 days			Last 2 weeks 🔹
Last 3 days			
Last 4 days			
Last 5 days			
Last 6 days			Export Queue Data
ner Last / days	Data		
Last 2 weeks			
Last 3 weeks			
Last 4 weeks			

5. A confirmation message will display and a link for the download will be emailed to the user.



6. Click on the 'Download' link.



7. Open the Excel file

Work	Pending	History	+

- a. <u>Work Tab</u>: Any order that is in the work queue will be listed with details. This will include statuses of incomplete, unsigned, and rejected.
- b. <u>Pending Tab</u>: Any order that is in the pending queue will be listed with details. This will include any orders submitted to a supplier that is still under review.
- c. <u>History Tab</u>: Any order that is in the history will be listed with details. This will include statuses of accepted, delivered and cancelled.

																Order	eSigned/Su								
		Patient				Supplier	Provider	Primary	Encounter	Discharge	Delivery Zip	Billing Zip		Deliver by	Delivery	Completed	bmitted	OCTS	Accepted	STA	Rejected	STR	Delivered	ATD	STD
Order I	D Order Typ	e Name	Order Date	Status	Owner	Site	Site	Payer Type	Date	Date	Code	Code	MRN or PID	Date/Time	Method	Date	Date	Timestamp	Date	Timestamp	Date	Timestamp	Date	Timestamp	Timestamp
					Sara T Smith																				
					RN		Midtown							07/16/2020		06/30/2020	07/01/2020		07/01/2020						
					Registered	Supplier	Pulmonary							at 10:00 AM		at 8:58 PM	at 12:14 AM	3 hours - 15	at 7:40 PM	19 hours -					
CHYM	/D Oxygen	Ken Doe	06/30/2020	Accepted	Nurse	USA	Clinic	Medicald	06/25/2020		77449	77449		CDT		CDT	CDT	minutes	CDT	26 minutes					
					Sara T Smith																				
					RN		Midtown							07/02/2020		06/30/2020	06/30/2020		07/01/2020		07/01/2020	0 days - 19	07/15/2020	14days - 1	14days - 21
					Registered	Supplier	Pulmonary							at 8:57 AM	Delivery	at 11:10 PM	at 11:33 PM		at 7:38 PM	20 hours - 5	at 7:16 PM	hours - 42	at 9:30 PM	hour - 51	hours - 56
CGNW	D Oximetry	Brooke Doe	06/30/2020	Delivered	Nurse	USA	Clinic	Medicare			77002	77002		CDT	Driver	CDT	CDT	23 minutes	CDT	minutes	CDT	minutes	CDT	minutes	minutes

d. Each Excel will have a list of all columns and their definition

History Tab - this include orders are in one c	s all orders currently in the 'History' of DMEhub; these f a few statuses: accepted, canceled, delivered
Key:	
Order ID	Unique order identifier from DMEhub
Order Type	Product that has been ordered for the patient
Patient Name	First and last name of patient
Order Date	Start date of order
Status	Status of order
Owner	Owner of order (name of user who completed order an sent it to prescriber for signature)
Supplier Site	Name of DME Supplier that order was sent to
Provider Site	Name of Healthcare Provider who ordered DME item for patient
Primary Payer Type	Name of patient's primary payer
Encounter Date	Date that prescriber saw patient
Discharge Date	Date that patient discharges from hospital (if populated)
Delivery Zip Code	Zip code of patient that DME item is being delivered to
Billing Zip Code	Zip code of patient that DME item is being billed to
MRN or PID	Medical Record Number or Patient Identifier (if populated)
Order Completed Date	Date/time that order was completed by Healthcare Provider
eSigned/Submitted Date	Date/time that order was signed by prescriber and submitted to DME Supplier
OCTS Timestamp	Amount of time it took for a completed order to be signe and submitted to a DME Supplier
Accepted Date	Date/time that order was accepted by DME Supplier
STA Timestamp	Amount of time it took for a submitted order to be accepted by a DME Supplier
Rejected Date	Date/time that order was rejected by DME Supplier
STR Timestamp	Amount of time it took for a submitted order to be rejected by a DME Supplier
Delivered Date	Date/time that order was delivered by DME Supplier
ATD Timestamp	Amount of time it took for an accepted order to be delivered by a DME Supplier
STD Timestamp	Amount of time it took for a submitted order to be delivered by a DME Supplier

F