



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
 - 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.

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	Pending Prescriber Review	Review & Edit
ZP3BC9	Wednesday 05/11/2022	APAP/CPAP/Bi-Level PAP	Deb Down	Midtown Pulmonary C.	DME Supplies USA	Dr. John DMEscripts	Needs Revision Urgent	Review & Edit
C6F2T7	Tuesday 05/10/2022	NPWT	Matthew Brock	Midtown Pulmonary C.	DME Supplies USA	Trish DME Owner	Pending Prescriber Review	Review & Edit
T23C6Y	Monday 05/09/2022	Diabetes Testing Supplies	Deb Down	Midtown Pulmonary C.	DME Supplies USA	Me	Unsigned	Remind to Sign
XJNRKH	05/05/2022	APAP/CPAP/Bi-Level PAP	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

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	Needs Revision Urgent	<ul style="list-style-type: none"> Edit Order Cancel Order Remind Prescriber to Sign Take Ownership New Order For This Patient Sent 01/08/2021 11:51 AM PST
CJG46P	10/23/2020	Mobility	Daniela Doe	Midtown Pulmonary C...	DME Supplies USA	Me	Declined Urgent	Remind to Sign
XRHGTY	Yesterday 01/07/2021	Diabetes Glucose Monitor and Supplies	Joy Doe	Midtown Pulmonary C...	DME Supplies USA	Me	Unsigned	Remind to Sign
7J6RTY	Yesterday 01/07/2021	NIV	Jeannine Doe	Midtown Pulmonary C...	DME Supplies USA	Me	Unsigned	Remind to Sign
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

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	Pending Prescriber Review	<ul style="list-style-type: none"> Edit Order Cancel Order Remind Prescriber to Sign Take Ownership New Order For This Patient Sent 05/13/2022 11:13 AM PDT
ZP3DC9	Wednesday 05/11/2022	APAP/CPAP/Bi-Level PAP	Deb Down	Midtown Pulmonary C...	DME Supplies USA	Dr. John DMEscripts	Needs Revision Urgent	Remind to Sign
C6F2I7	Tuesday 05/10/2022	NPWT	Matthew Brock	Midtown Pulmonary C...	DME Supplies USA	Trish DME Owner	Pending Prescriber Review	Remind to Sign
DY2WMJ	Monday 05/09/2022	NIV	Deb Down	Midtown Pulmonary C...	DME Supplies USA	Me	Unsigned	Remind to Sign

Pending Queue:

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

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 Password?' text link and follow the steps to reset it.

STEP 2

Create Order

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

Order ID	Order Date	Order Type	Patient Name	Prescriber Site	Supplier Site	Owner	Status	Actions
X178P	05/13/2022	Walkers	Mike Dillon	Midtown Pulmonary C.	DME Supplies USA	Dr. John DMEscripts	Declined	Review & Edit
TYXUJ	05/13/2022	APAP/CPAP/Bi-Level PAP	Mike Dillon	Midtown Pulmonary C.	DME Supplies USA	Me	Unassigned	Remind to Sign
2XT43M	Thursday 05/12/2022	Oxygen	Sally Miller	Midtown Pulmonary C.	DME Supplies USA	Trish DME Owner	Pending Prescriber Review	Review & Edit

STEP 3

Basic Patient Information

Required Demographics Fields:

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

5. Payor Plan Name
6. Member ID/Policy Number

Create Order Cancel Order **Save + Exit**

1 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 *	
(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 —

— SELECT —

Products

- APAP/CPAP/Bi-Level PAP
- Canes
- Knee Walkers
- PAP Supplies
- Walkers

Requests

- Discontinue Oxygen
- PAP Pressure Change

Services

- Home Sleep Test
- Oximetry

— 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

Coverage Criteria

Was a sleep study conducted? *

Is the apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour with a minimum of 30 events? *

Does the patient require simultaneous use of Home Oxygen therapy with a PAP device? *

3. Enter device settings

Auto-CPAP Pressure Range Settings

Low * (cm H₂O)
 (>= 4 cm H₂O)

High * (cm H₂O)
 (<=20 cm H₂O)

4. Select:

- Interface
- Humidification
- Tubing
- Comfort items

Select Interface *

Interface Size *

Select Humidification (optional)

Select 1 or more items

Select Tubing *

Select 1 or more items

Select Filter *

Select 1 or more items

Select Comfort Items (optional)

Select 1 or more items

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

STEP 5

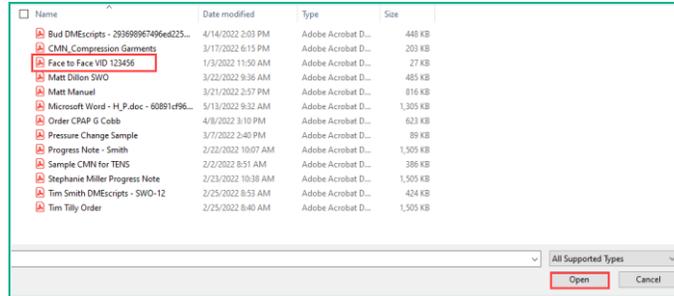
Documentation

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

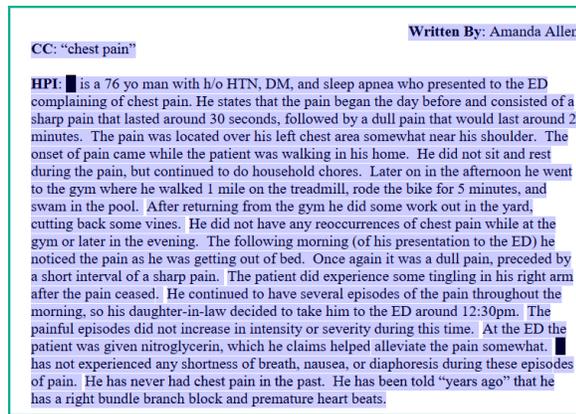
1. Click on 'Browse to Select and Upload Files'
2. Locate saved file

3. Select and click 'Open'

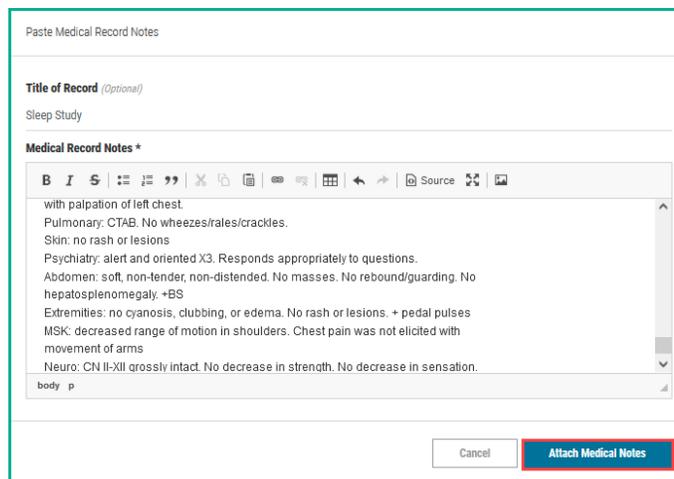


Copy/Paste Medical Record

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



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'



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

How will you provide documentation to support medical necessity for the order?

- Create Chart Notes
- Browse to Select and Upload Files
- Copy/Paste Medical Record

File Name	File Size
Face to Face VID 123456.pdf	26.99 KB
sleep-study.pdf	24.8 KB

Order Details Order Summary

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 Order Cancel Order Save + Exit

Order Details Documentation **3 Order Summary**

Save + Back Send for eSignature Sign Online

ORDER FOR: Mark Smith 01/01/1945 Male

Patient Information ✎ Please confirm the patient address is correct

Delivery Address Billing Address

Place of Service 12 - Home Same as delivery address

Mobile Phone (713) 777-7777

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

Create Order Cancel Order Save + Exit

Order Details Documentation **3 Order Summary**

Save + Back Send for eSignature Sign Online

ORDER FOR: Mark Smith 01/01/1945 Male

Patient Information Done

	Delivery Address	Billing Address
Height (Optional) <input type="text" value=""/>	Place of Service * 12 - Home	Same as Delivery Address
Weight (Optional) <input type="text" value=""/>	Street Address * 100 Main	Street Address * 100 Main
Primary Language (Optional) -- SELECT --	Apt / Suite / Other (Optional)	Apt / Suite / Other (Optional)
MRN (Optional) <input type="text" value=""/>	City * Houston	City * Houston
Email (Optional) <input type="text" value=""/>	State * Texas	State * Texas
	ZIP Code * 77002	ZIP Code * 77002
	Mobile Phone * (713) 777-7777	
	Home Phone (Optional) () -	

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

Insurance Please 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	

- Click the pen next to 'Prescriber Information'

Prescriber Information

Prescriber	Location Information	Location Contact
	Location Name: Midtown Pulmonary Clinic NPI: 1770710709 Address: 111 N Post Oak Ln City: Houston State: TX Zip Code: 77024 Phone: (800) 222-1234 Fax: (800) 222-1235	Name: Dr. John DMEscripts Email: drdmescripts@dmescripts.com Phone: (800) 222-1234

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

Prescriber Information

Prescriber	Location Information	Location Contact
Name * <input type="text" value="john"/>	Location Name * <input type="text" value="Midtown Pulmonary Clinic"/>	Name (Optional) <input type="text" value="Dr. John DMEscripts"/>
<input type="text" value="8899889988 - Dr. John DMEscripts"/>	Street Address * <input type="text" value="111 N Post Oak Ln"/>	Email (Optional) <input type="text" value="drdmescripts@dmescripts.com"/>
<input type="text" value="1487273827 - ANGELA JOHNSON"/>	Apt/Suite/Other (Optional) <input type="text"/>	Phone (Optional) <input type="text" value="(800) 222-1234"/>
<input type="text" value="1669841847 - FELISA JOHNSON JOHNSON"/>	City * <input type="text" value="Houston"/>	Ext (Optional) <input type="text"/>
<input type="text" value="1457882540 - FERRELL JOHNS JOHNS"/>	State * <input type="text"/>	
<input type="text" value="1598393134 - JOHN BARBER"/>		
<input type="text" value="1881871655 - JOHN CASTRO"/>		
<input type="text" value="1033105739 - JOHN JOHN"/>		
<input type="text" value="1497789507 - JOHN JOHN"/>		
<input type="text" value="1023291952 - JOHN JOHN"/>		

- 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
<input type="radio"/>	E0601	Cont airway pressure device	1	N/A	99 - Lifetime	N/A
<input type="radio"/>	A7034	Nasal application device	1	1 per 3 months	99 - Lifetime	N/A
<input type="radio"/>	E0562	Humidifier heated used w pap	1	N/A	99 - Lifetime	N/A
<input type="radio"/>	A7046	Repl water chamber, pap dev	1	1 per 6 months	99 - Lifetime	N/A
<input type="radio"/>	A4604	Tubing with heating element	1	1 per 3 months	99 - Lifetime	N/A
<input type="radio"/>	A7038	Pos airway pressure filter	1	2 per 1 month	99 - Lifetime	N/A
<input type="radio"/>	A7035	Pos airway press headgear	1	1 per 6 months	99 - Lifetime	N/A
<input type="radio"/>	A7036	Pos airway press chinstrap	1	1 per 6 months	99 - Lifetime	N/A

- Review the order

SWO

APAP/CPAP/Bi-Level PAP
 Mark Smith

SWO Prescriber's Order
 Order ID: DHTXK6

Order Start Date: 05/15/2022

PATIENT INFORMATION

Name	PID / MRN	Sex	DOB
Mark Smith	N/A	Male	01/01/1945
Height	Weight	Place of Service	
N/A	N/A	12 - Home	
Mobile Phone	Home Phone	Work Phone	
(713) 777-7777			
Billing Address	Delivery Address		

Sign Order

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

1. Sign Online
2. Send for eSignature

SWO ADDITIONAL DETAIL

ORDER NOTES
 Please notify provider when the patient has been setup.

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required. I have instructed my patient that you will be contacting them to complete their order.

Prescriber Signature
Electronically signed
Received at:

05/15/2022
Date

NPI

End of SWO

Save + Back

Send for eSignature

Sign Online

Sign Online

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

Sign Order

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.

Disagree

Agree

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

7. The order will open

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

SWO ADDITIONAL DETAIL

ORDER NOTES

Please notify provider when the patient has been setup.

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required. I have instructed my patient that you will be contacting them to complete their order.

<small>JEFFREY MILLER</small>	<small>05/15/2022</small>	<small>1083617724</small>
<small>Prescriber Signature</small>	<small>Date</small>	<small>NPI</small>
<small>Electronically signed Received at:</small>		

End of SWO

[Save + Back](#)
[Sign & Send to Supplier](#)

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.

Log in to Continue

Email Address

matthewmanuel2@dmescrpts.com

Password

***** Show

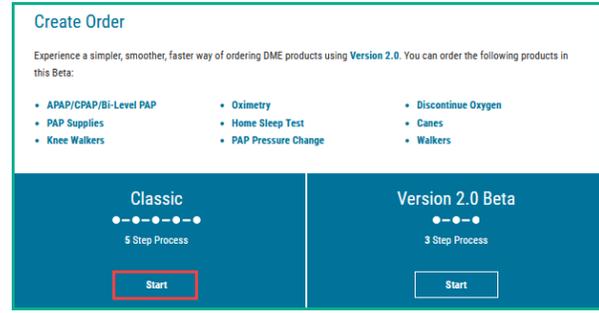
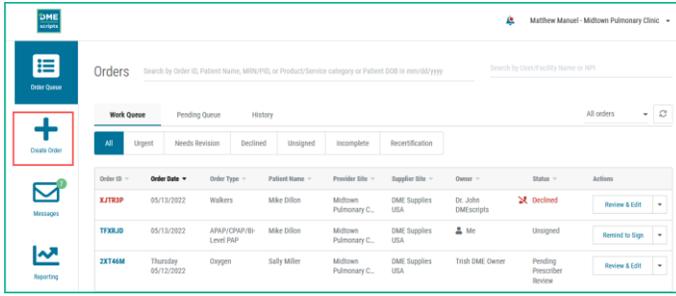
[Log in to DMEscripts](#)

[Forgot Your Password?](#)

STEP 2

Create Order

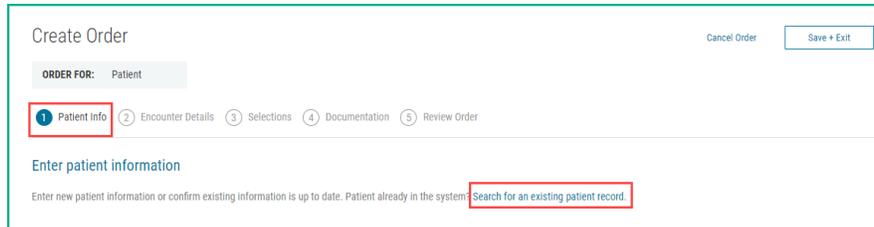
3. Once you are logged into DMEscripts, the landing screen page will display
4. Click 'Create Order'



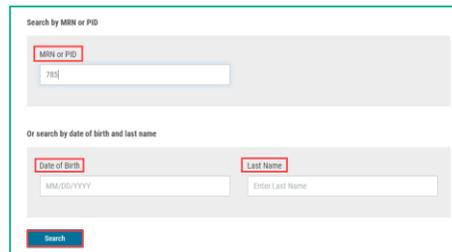
STEP 3

Patient Info: Existing Patient Information

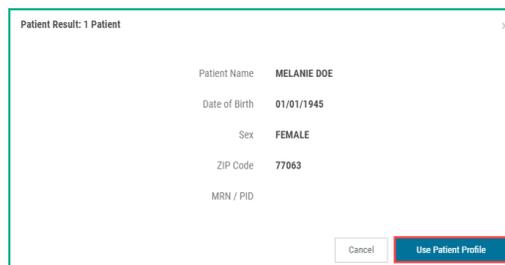
1. For patients already in DMEscripts:
 - a. Click 'Search for an existing patient record'



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



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



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

Patient Info: Patient Information

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)

The screenshot shows a 'Patient' form with three main columns: Demographics, Delivery Address, and Billing Address. The Demographics section includes fields for MSN / PID (optional), Date of Birth (9/10/1945), Last Name (Doe), First Name (Melanie), Sex (Female), Social Security Number (optional), Height (56 in), Weight (250 lb), and Primary Language (SELECT). The Delivery Address section includes Place of Service (12 - Home), Street Address (9418 Wilshire), Apt / Suite / Other (optional), City (Houston), State (TX), ZIP Code (77063), and Mobile Phone. The Billing Address section includes a checkbox for 'Same as delivery address', Street Address (9418 Wilshire), Apt / Suite / Other (optional), City (Houston), State (TX), and ZIP Code (77063). A 'Done' button is located in the top right corner.

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

The screenshot shows an 'Insurance' form with three columns: Primary, Secondary, and Tertiary. The Primary section includes Primary Payer Type (Medicare), Payer - Plan Name (MEDICARE PART B), Medicare Beneficiary Identifier (1EG4-TE5-MK73), Group #, and Relationship to Insured (Self). The Secondary section includes Payer - Plan Name (Search by Name), Member ID / Policy #, and Group #. The Tertiary section includes Payer - Plan Name (Search by Name), Member ID / Policy #, and Group #. A 'Done' button is located in the top right corner.



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'

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

Create Order Cancel Order Save + Exit

ORDER FOR: Melanie Doe 01/01/1945 Female

1 Patient Info 2 **Encounter Details** 3 Selections 4 Documentation 5 Review Order

Now we'll ask some questions about the encounter to help select the correct equipment
 Answering these questions will generate a complete Face to Face Encounter note and a SWQ, so that the necessary equipment will be appropriately covered by the patient's insurance.

Product / Service Selection

Order Type

-- SELECT --

- Products
- Bathroom Aids (Commodes, Shower Chairs, Bath/Tub Stools, Transfer Benches)
- Breast Pump - Lactation
- Canes
- Compression Stockings
- Crutches
- Diabetes Glucose Monitors and Supplies
- Enteral
- General / Miscellaneous
- Hospital Bed
- Knee Walkers
- Nebulizer
- Negative Pressure Wound Therapy
- NIV - Non Invasive Ventilation
- Orthotics: Knee/Ankle/Foot (KAFO/AFO)
- Orthotics: Spinal (TUSO/LSO)
- Oxygen**
- PAP/CPAP Supplies (CPAP or Bi-Level PAP)
- Patient Lifts

Need to order multiple products or services?
 After completing an initial order, you'll be able to quickly add more using the patient's updated information.

Save + Next



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.
2. 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. This should only be selected 'Yes' 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?
 Urgent Urgent - Hospice Routine

⚠ Medicare/Medicaid Guidelines during COVID-19 PHE
 Qualification and supporting documentation requirements for Medicare and Medicaid patients have been relaxed until further notice due to the COVID-19 public health emergency.

Medicare/Medicaid Order Type
 Do you want to create an order without answering encounter detail questions or attaching supporting documentation?
 Yes No



Is this order urgent? This does not display for product listed below:

1. Oxygen: Always classified Urgent, Same/Next Day if discharged/transferred from hospital
2. 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

Is this encounter an inpatient hospital stay?

Yes No

Encounter Details: History of Present Illness

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

History of Present Illness

Supporting Diagnoses
Respiratory / Pulmonary related diagnoses and conditions. Choose all that apply.

J44.9 - COPD

J84.9 - Diffuse Interstitial Lung Disease

E84.0 - Cystic Fibrosis

J47.1 - Bronchiectasis

C34.90 - Widespread Pulmonary Neoplasm

I27.0 - Pulmonary Hypertension Group II

I27.81 - Cor Pulmonale Group II

I50.9 - Dependent Edema Suggesting Congestive Heart Failure (CHF) Group II

D75.1 - Erythrocythemia (Secondary Polycythemia) Group II

Other - Please Specify

Alternative Treatments - Considered / Tried
Have alternative treatments been considered or tried and deemed clinically ineffective?

Common treatments for the selected diagnosis may include:
Inhalers, nebulizer medications, steroids, diuretics.

Yes 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?

Oximetry Arterial Blood Gas

Chronic Stable State
Was the patient in a chronic stable state when the test was performed?

Yes No

Oximetry Test
During which oximetry test did the patient achieve their lowest oxygen saturation?

At Rest

Room Air
Was the test performed on room air?

Yes No

Oxygen Saturation

88 %

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

Plan of Care

Start Date for Home Oxygen

Length of Need
 How long will the patient need this equipment?

Mobility ⓘ
 Is the patient mobile within the home?
 Yes No

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
 LPM 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.

Equipment

Equipment Selections
 Portable Oxygen System Stationary Oxygen System

Would you like the patient to be setup on a portable oxygen concentrator if they qualify for one?
 Yes No

Would you like to have a clinician titrate the patient?
 Yes No

Titrate the portable oxygen concentrator setting to achieve an SpO2 of > 90%
 Other - Please Specify

Additional setting for emergency backup cylinder

LPM at rest (Optional)
 LPM with activities (Optional)
 LPM during sleep (Optional)

Would you like to provide an oxygen conserving device for the portable oxygen system?
 Yes No

Equipment

Equipment Selections
 Portable Oxygen System Stationary Oxygen System

Would you like the patient to be setup on a portable oxygen concentrator if they qualify for one?
 Yes No

Would you like to have a clinician titrate the patient?
 Yes No

Pulse Setting

 With Activity At Rest

Hours per Day
 Hours

Additional setting for emergency backup cylinder

LPM at rest (Optional)
 LPM with activities (Optional)
 LPM during sleep (Optional)

Would you like to provide an oxygen conserving device for the portable oxygen system?
 Yes No



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'

1 Patient Info
2 Encounter Details
3 Selections
4 Documentation
5 Review Order

Based on the Encounter Details provided, we've recommended equipment and items to meet your patient's needs.
If you need to make an alternate item selection, please click "Customize / Add Selections" to see a full listing of available items.

Recommended Equipment + Items

Portable System Rental			
QTY	HCPCS	Item	Description
1	E1392	Portable oxygen concentrator	Portable oxygen concentrator, rental

Stationary System Rental			
QTY	HCPCS	Item	Description
1	E0424	Stationary compressed gas O2	Stationary compressed gaseous oxygen system, rental, includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing

Delivery Methods			
QTY	HCPCS	Item	Description
1	A4615	Cannula, nasal	Cannula, nasal

- 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'

QTY	HCPCS	Item	Description
<input type="checkbox"/>	A4606	Oxygen probe used w oximeter	Oxygen probe for use with oximeter device, replacement

Revert to recommended equipment and items?

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

Patient Info
 Encounter Details
 Selection
 Documentation
 Review Order

Next, add required supporting documentation

Below 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 documentation you will attach at the bottom of the page.

Confirm Supporting Medical Documentation

General Medical Documentation
 - Observations and general symptoms - Physical examination details
 - Encounter notes - Matching dates and information between app and documentation
 - 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 oxygen, your documentation should note why the patient is expected to improve.

Treatments - Considered / Tried
 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.

Confirm Results (Lab / Test / Study)

Laboratory Information
 The lab document should include the name of laboratory, laboratory NPI, tester's name, and tester's credentials.

At Rest Oxygen Study
 Because you noted an 'At Rest' study was performed, the results should be attached and match entered values.

2. Attach any supporting documentation:

- a. Upload Supporting Documentation:

- i. Click 'Browse to Select and Upload Files'

Add Supporting Documentation

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

- ii. Select files to be attached

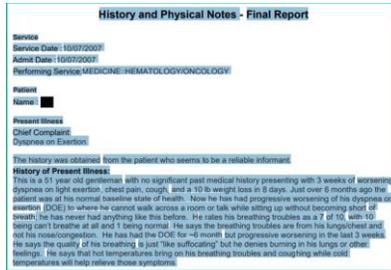
- iii. Click 'Open'

- iv. The document will upload in the original file format

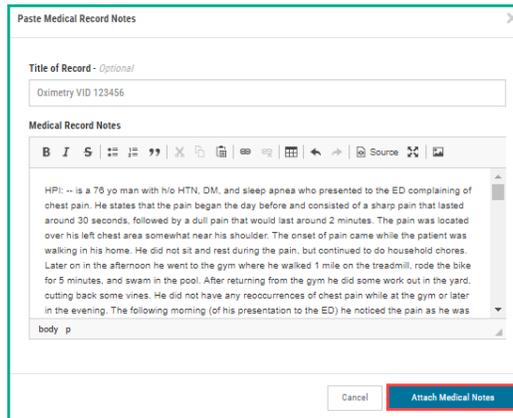
Name	Date modified	Type	Size
Completed Print to Sign	7/9/2019 1:29 PM	Adobe Acrobat Docu...	1,324 KB
Face to Face VID 123456	6/5/2019 7:48 AM	Adobe Acrobat Docu...	27 KB
Lab VID 123456	6/5/2019 7:49 AM	Microsoft Word Doc...	75 KB
Optimal oxygen titration study Trish Doe	6/5/2019 7:48 AM	Adobe Acrobat 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

name: Face to Face VID 123456

- 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



- 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



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'

Add Supporting Documentation

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](#)

File Name	File Size	
Face to Face VID 123456.pdf	26.99 KB	X
oximetry-vid-123456.pdf	37.08 KB	X

[Save + Back](#) [Save + Next](#)



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

Step 7

Review Order: Review & Send Order for Signature

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

Patient Info
 Encounter Details
 Selections
 Documentation
 Review Order

⚠ This order will require a prescriber signature to complete

Order Details: TPJ5N7

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

Order Notes

Add Note to Prescriber:

Add Note to Supplier:

Oxygen Order

Item

Portable oxygen concentrator, rental

Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing

Cannula, nasal

- Review all order details
- Click ‘Send for eSignature’ or ‘Print to Sign’

SWO ADDITIONAL DETAIL

ORDER NOTES

Patient's primary language is Spanish

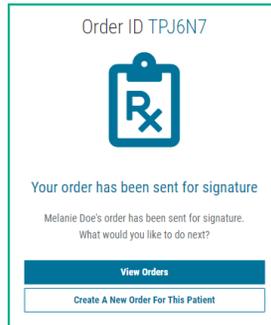
BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required. I have instructed my patient that you will be contacting them to complete their order.

Prescriber Signature: _____ Date: _____ NPI: _____

End of SWO

[Save + Back](#) [Print to Sign](#) [Send for eSignature](#)

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



Need 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

Work Queue									Pending Queue	History
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		
<input type="checkbox"/> KFX279	Yesterday 10/14/2021	Home Sleep Test	JOHN DAVIDS	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign		
<input type="checkbox"/> XNRK79	Yesterday 10/14/2021	Oximetry	Yolanda Smith	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign		
<input type="checkbox"/> W3D4N7	10/08/2021	Oxygen	Trish Dillon	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign		

3. Review the order details

Patient Info
 Encounter Details
 Selections
 Documentation
 Review Order

Order Notes

Note to Supplier from Matthew Manuel Friday, 07/23/2021 at 2:25 PM CDT
 Patients primary language is Spanish

Order Details: TRJ6N7

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

Order Notes

Add Note to Prescriber
 Add Note to Supplier
 Patients primary language is Spanish

Oxygen Order

Item
 Portable oxygen concentrator, rental
 Stationary compressed gaseous oxygen system, rental includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
 Cannula, nasal

Supporting Documentation

File Name	File Size
Face to Face VID 123456.pdf	25.95 KB
Oximetry Study VID 123456.pdf	40.6 KB

4. Review SWO and CMN if applicable

Click the tab to choose which document to view.

SWO CMN

DMEhub OXYGEN SYSTEM
 Medicare Doc

SWO Prescriber's Order
 Order ID: TRJ6N7
 Order Start Date: 07/23/2021
 Encounter Date: 07/23/2021

PATIENT INFORMATION

Name	POB / MMN	Sex	DOB
Medicare Doc	N/A	Female	01/01/1945

Height: 5'7" Weight: 200 lb
 SSN: [REDACTED]

Mobile Phone: [REDACTED] Home Phone: (713) 752-2467 Work Phone: [REDACTED]
 Billing Address: 9418 Wilmore Houston, TX 77063
 Delivery Address: 9418 Wilmore Houston, TX 77063

Click the tab to choose which document to view.

SWO CMN

CERTIFICATE OF MEDICAL NECESSITY
 CMS-484— OXYGEN
 DME 484.3

SECTION A: Certification Type/Date: INITIAL / 07/23/2021 REVISED / / / RECERTIFICATION / / /

PATIENT NAME, ADDRESS, TELEPHONE and MEDICARE ID: [REDACTED]
 SUPPLIER NAME, ADDRESS, TELEPHONE and NPI or NPI #:
 DME Supplies USA
 202 Fennell St Ste 412
 Houston, TX 77063

ICD-9-CM: [REDACTED] ICD-10: [REDACTED] ICD-9-CM Procedure Code: [REDACTED] ICD-10 Procedure Code: [REDACTED]

EST LENGTH OF NEED (A OF MONTHS): 99 1-99 (99=PERMANENT) DIAGNOSIS CODES: [REDACTED]

ANSWERS: ANSWER QUESTIONS 1-6: Check 'Y' for Yes, 'N' for No, or 'D' for Does Not Apply, unless otherwise noted.
 1. Enter the result of repeat test taken on or before the certification date listed in Section A. Enter 'N' if arterial blood gas PO2 and/or SpO2 oxygen saturation test:
 2. Was the test in Question 1 performed (1) with the patient in a chronic stable state as an outpatient, (2) within test date prior to discharge from an inpatient facility to home, or (3) under other circumstances?
 3. Check the one number for the condition of the test in Question 1: (1) At Risk, (2) During Sleep
 4. If you are ordering portable oxygen, is the patient mobile within the home? If you are not ordering portable oxygen, check D.

5. Click 'Sign Now'

SWO ADDITIONAL DETAIL

ORDER NOTES
 Patients primary language is Spanish

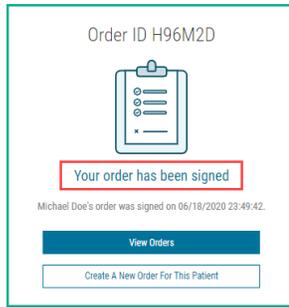
BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurers. If required, I have instructed my patient that you will be contacting them to complete their order.

Dr. Justin DMEhub 07/23/2021 889989988
 Prescriber Signature Date NPI
 Electronically signed

End of SWO

Save & Back Print to Sign **Sign Now**

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

Work Queue									Pending Queue	History	Only my orders	Refresh
All	Urgent	Needs Revision	Declined	Unsigned	Incomplete	Recertification	Sign All Selected Orders					
<input type="checkbox"/>	Order ID	Order Date	Order Type	Patient Name	Provider Site	Supplier Site	Owner	Status	Actions			
<input type="checkbox"/>	KFX279	Yesterday 10/14/2021	Home Sleep Test	JOHN DAVIDS	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign			
<input type="checkbox"/>	XNRK79	Yesterday 10/14/2021	Oximetry	Yolanda Smith	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign			
<input type="checkbox"/>	W3D4N7	10/08/2021	Oxygen	Trish Dillon	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign			

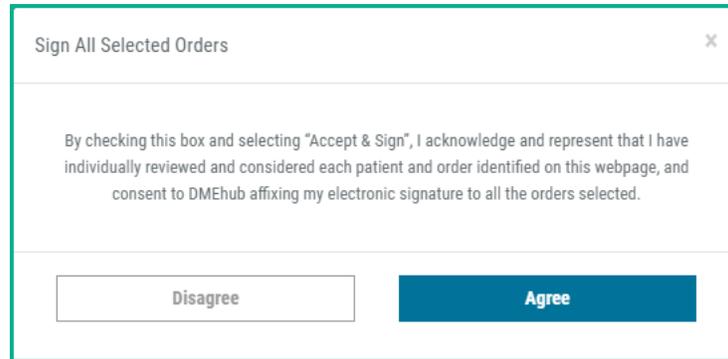
2. Click the check box on the left of each order to be signed

Work Queue									Pending Queue	History	Only my orders	Refresh
All	Urgent	Needs Revision	Declined	Unsigned	Incomplete	Recertification	Sign All Selected Orders					
<input type="checkbox"/>	Order ID	Order Date	Order Type	Patient Name	Provider Site	Supplier Site	Owner	Status	Actions			
<input type="checkbox"/>	KFX279	Yesterday 10/14/2021	Home Sleep Test	JOHN DAVIDS	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign			
<input type="checkbox"/>	XNRK79	Yesterday 10/14/2021	Oximetry	Yolanda Smith	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign			
<input type="checkbox"/>	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'

Work Queue									Pending Queue	History	Only my orders	Refresh
All	Urgent	Needs Revision	Declined	Unsigned	Incomplete	Recertification	Sign All Selected Orders					
<input checked="" type="checkbox"/>	Order ID	Order Date	Order Type	Patient Name	Provider Site	Supplier Site	Owner	Status	Actions			
<input checked="" type="checkbox"/>	KFX279	Yesterday 10/14/2021	Home Sleep Test	JOHN DAVIDS	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign			
<input checked="" type="checkbox"/>	XNRK79	Yesterday 10/14/2021	Oximetry	Yolanda Smith	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Unsigned	Review to Sign			
<input checked="" type="checkbox"/>	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

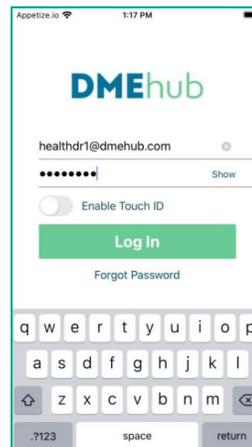


5. All orders will be signed and sent to the supplier

Prescriber Review Order: eSign on the DMEscripts Mobile App

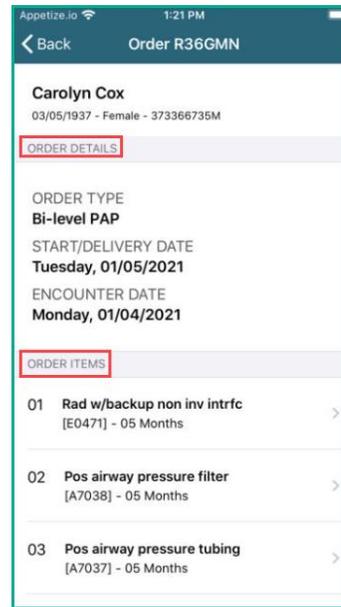
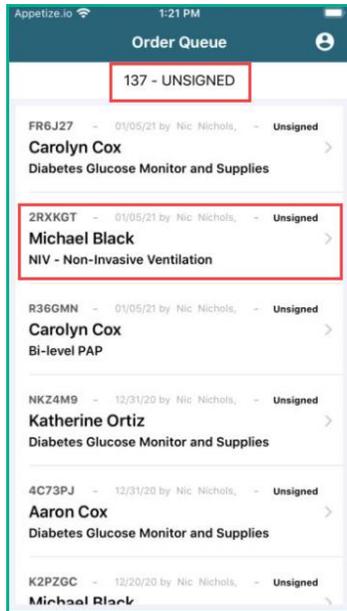
DMEscripts has a mobile app for Review+Sign for prescribers. Go to the [Apple App Store](#) or [Google Play Store](#) and download the DMEscripts Mobile App.

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

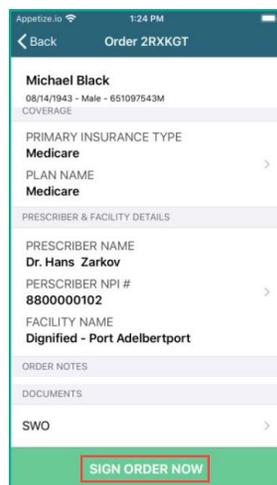


Touch ID and Facial Recognition settings must be enabled to use this feature. Refer to <https://support.apple.com/> for instructions to enable these features.

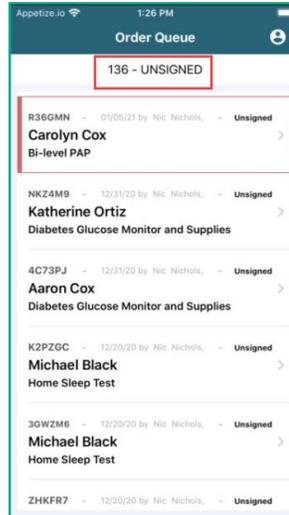
3. The first screen that will open is the order queue of all orders that require a signature
4. Touch patient order to review and sign



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"



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

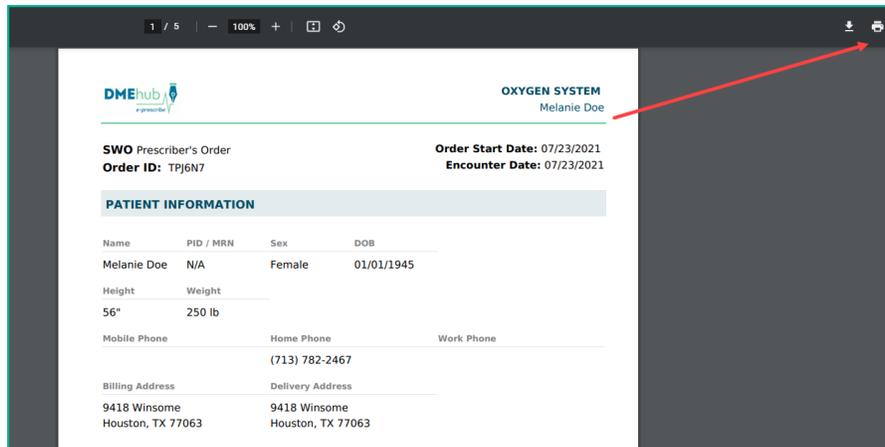


Prescriber Review Order: Print to Sign

'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'

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



3. Present the order to the prescriber for signature

SWO ADDITIONAL DETAIL

ORDER NOTES

Patients primary language is Spanish

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required. I have instructed my patient that you will be contacting them to complete their order.

Dr. John DMEhub	07/23/2021	7777777777
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 Queue								Pending Queue	History
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	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Upload Signature</div> <div style="font-size: small; color: orange;">Printed 7 minutes ago</div>	
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. Reprint

Drag & Drop or Upload Files from Computer

Supported Formats: DOC, DOCX, PDF, JPG, PNG, TIFF, BMP. Max File Size Allowed: 32 MB

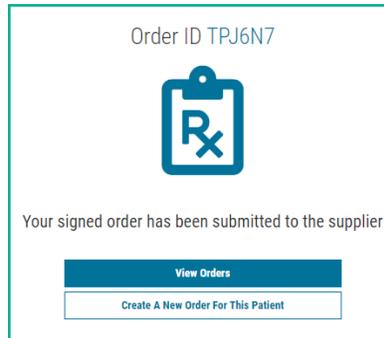
File Name	File Size
Signed Order TPJ6N7.pdf	280.91 KB

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



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'

Order ID	Order Date	Order Type	Patient Name	Provider Site	Supplier Site	Delivery Status	Actions
TPJ6N7	Today 07/23/2021	Oxygen	Melanie Doe	Midtown Pulmonary C...	DME Supplies USA	Delivered on 07/23 @ 06:08 PM CDT	View
TJRMFK	Yesterday 07/22/2021	Canes	Trish Dillon	Midtown Pulmonary C...	DME Supplies USA	Delivered	View

2. All order notes and delivery notes will display

Order ID: RGZHMJ ORDER FOR: Victoria Jarocki 01/01/1945 Female

Order Type: Oxygen
 Order Date: Friday, 06/11/2021
 Order Created: Friday, 06/11/2021 at 1:47 PM CDT by Dr. John DMEhub
 Order Edited: Friday, 06/11/2021 at 1:56 PM CDT by Dr. John DMEhub
 Order eSigned: Friday, 06/11/2021 at 1:56 PM CDT by Dr. John DMEhub (NPI # 8899889988)
 Accepted: Friday, 06/11/2021 at 2:19 PM CDT by Trish DME Owner
 Delivered: Friday, 06/11/2021 at 3:46 PM CDT by Trish DME Owner
 Supplier: DME Supplies USA

Order Notes

Note to Supplier from Dr. John DMEhub Friday, 06/11/2021 at 1:56 PM CDT
 Please ask for Mike, patients primary care giver

Delivery Notes

Delivery Info from DME Supplies USA
 Deliver By Friday, 06/11/2021 at 3:19 PM CDT Delivery Method: Contacted patient and will be setting up by 5:00pm today.
 Date Delivered: Friday, 06/11/2021 at 3:46 PM CDT

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'

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...	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	Declined	Review & Edit
NKY7PZ	Today 06/30/2020	Oxygen	Lana Doe	Midtown Pulmonary C...	Supplier USA	Sara T Smith RN Reg...	Needs Revision	Review & Edit
4KXHHM	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 Midtown Pulmonary Clinic (NPI: 1770710709) 111 N Post Oak Ln Houston, TX 77024 Phone: (800) 222-1234 Fax: (800) 222-1235	Prescriber Dr. John D DMEhub MD (NPI: 8899889988) Phone: (800) 222-1234 Fax: (800) 222-1235 Mobile: (949) 633-1262 Email: drdmehub@dmehub.com	Primary Contact 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'

Decline Order

Why are you declining this order? Include notes for the DME supplier:

This patient no longer qualifies for this equipment

Drag & Drop or Upload Files from Computer
Supported Formats: DOC, DOCX, PDF, HTML, JPG, PNG, TIFF. Max File Size Allowed: 32 MB

No documents added yet.

Cancel Decline **Send Decline**

- b. Accept the Order:
 - i. Click 'Accept Order'

Prescriber Information

Location Information Midtown Pulmonary Clinic (NPI: 1770710709) 111 N Post Oak Ln Houston, TX 77024 Phone: (800) 222-1234 Fax: (800) 222-1235	Prescriber Dr. John D DMEhub MD (NPI: 8899889988) Phone: (800) 222-1234 Fax: (800) 222-1235 Mobile: (949) 633-1262 Email: drdmehub@dmehub.com	Primary Contact Supplier Boss (949) 633-1262 Email: trainingdme@dmehub.com
--	--	--

Decline Order

Accept Order

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

SWO ADDITIONAL DETAIL

ORDER NOTES

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required. I have instructed my patient that you will be contacting them to complete their order.

Prescriber Signature	Date	NPI
<i>End of SWO</i>		

Save + Back

Print to Sign

Send for eSignature

- 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

SWO ADDITIONAL DETAIL

ORDER NOTES

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required. I have instructed my patient that you will be contacting them to complete their order.

Dr. John DMEhub	11/20/2020	8899889988
Prescriber Signature Electronically signed	Date	NPI
<i>End of SWO</i>		

Save + Back

Print to Sign

Sign Now

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'

Order ID	Order Date	Order Type	Patient Name	Provider Site	Supplier Site	Owner	Status	Actions
CHYMWD	07/01/2020	Oxygen Recertification	Ken Doe	Midtown Pulmonary C...	Supplier USA	Supplier Boss	Sent for Recertification	Recertify
7H6NRJ	Today 06/30/2020	Oxygen	Kenneth Doe	Midtown Pulmonary C...	Supplier USA	Supplier Boss	Pending Prescriber Review	Review & Edit
437JFC	Today 06/30/2020	Oxygen	Sammy Doe	Midtown Pulmonary C...	Supplier USA	Me	Declined	Review & Edit

2. The order will open.

Order ID: 7H6NRJ ORDER FOR: Kenneth Doe 01/01/1945 Male

Order Type: Oxygen
 Order Date: Tuesday, 06/30/2020
 Date Created: Tuesday, 06/30/2020 at 11:50 PM CDT by Supplier Boss
 Order Edited: Tuesday, 06/30/2020 at 11:53 PM CDT by Supplier Boss
 Tuesday, 06/30/2020 at 11:54 PM CDT by Supplier Boss

Order Items

HCPCS	Description	Quantity	Length of Need
E1392	Portable oxygen concentrator	1	12 Months
E0424	Stationary compressed gas O2	1	12 Months
A4615	Cannula, nasal	1	12 Months

Supporting Documentation

Note: This product requires a signed CMN. Please make sure the necessary documentation is attached.

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

Prescriber Information

Location Information Midtown Pulmonary Clinic (NPI: 1770710709) 111 N Post Oak Ln Houston, TX 77024 Phone: (800) 222-1234 Fax: (800) 222-1235	Prescriber Dr. John DMEhub (NPI: 8899889988) Phone: (800) 222-1234 Fax: (800) 222-1235 Email: drdmehub@dmehub.com	Primary Contact Supplier Boss (949) 633-1262 Email: trainingdme@dmehub.com
--	---	--

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'

Verification Needed: Diagnosis Code

Supplier-Requested Changes:
Diagnosis Code: J44.9, I27.0

Verification Warning
Your answer to the diagnosis question differs from what the DME supplier requested.

Please Verify: Diagnosis Code

- J44.9 (COPD)
- J84.9 (Diffuse Interstitial Lung Disease)
- E84.0 (Cystic Fibrosis)
- J47.1 (Bronchiectasis)
- C34.90 (Widespread Pulmonary Neoplasm)
- I27.0 (Pulmonary Hypertension)
- I27.81 (Cor Pulmonale)
- I50.9 (Dependent Edema Suggesting Congestive Heart Failure (CHF))
- D75.1 (Erythrocythemia (Secondary Polycythemia))

Verification Needed: Test Results

Supplier-Requested Changes:
Arterial Blood Gas Test: N/A
Oxygen Saturation Test: 87
Date of Test: 06/30/2020
Test Circumstances: 1 (Chronic stable state as outpatient)
Test Conditions: 1 (At Rest)

Verification Warning
Your answer to the test results questions differ from what the DME supplier requested.

Please Verify: Oximetry Test Results

84 %
07/01/2020

Please Verify: Test Circumstances

- 1 (Chronic stable state as outpatient)
- 2 (Within two days prior of inpatient discharge)
- 3 (Under other circumstances)

Please Verify: Test Conditions

- 1 (At Rest)
- 2 (During Exercise)
- 3 (During Sleep)

Verification Needed: Oxygen Flow Rate

Supplier-Requested Changes:
Oxygen Flow Rate: 3
Oxygen Saturation Test: 87
Date of Test: 06/30/2020

Please Verify: Highest Oxygen Flow Rate

3 LPM

Please Verify: Test Results

87 %
06/30/2020

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

ORDER FOR: Kenneth Doe 01/01/1945 Male

Patient Info
 Encounter Details
 Selections
 Documentation
 Review Order

Next, add required supporting documentation

Below 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 documentation you will attach at the bottom of the page.

Confirm Supporting Medical Documentation

- General Medical Documentation**
 - Observations and general symptoms
 - Encounter notes
 - Additional diagnoses
 - Physical examination details
 - Matching dates and information between app and documentation
- 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 / Tried**
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.

Confirm Results (Lab / Test / Study)

- Laboratory Information**
The lab document should include the name of laboratory, laboratory NPI, tester's name, and tester's credentials.
- At Rest Oxygen Study**
Because you noted an 'At Rest' study was performed, the results should be attached and match entered values.

Add Supporting Documentation

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

File Name	File Size	
Encounter Note VID 123456.pdf	40.83 KB	<input checked="" type="checkbox"/>
Oximetry Study VID 123456.pdf	40.6 KB	<input checked="" type="checkbox"/>

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

ORDER FOR: Kenneth Doe 01/01/1945 Male

Patient Info
 Encounter Details
 Selections
 Documentation
 Review Order

Order Notes

Note to Prescriber from Supplier Boss Friday, 06/19/2020 at 2:09 AM CDT
 Please review this new oxygen order that was faxed into our office today. If there are any questions, please DM me in DMEhub or call at 888-980-0000

⚠ This order will require a prescriber signature to complete

Order Details: GPY3WT

Start / Delivery Date Friday, 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

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required. I have instructed my patient that you will be contacting them to complete their order.

 Prescriber Signature Date NPI

End of SWO

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

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...	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	Declined	Review & Edit
HKY7PZ	Today 06/30/2020	Oxygen	Lana Doe	Midtown Pulmonary C...	Supplier USA	Sara T Smith RN Reg...	Needs Revision	Review & Edit
ZHMRJ	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

ORDER FOR: Kenneth Doe 01/01/1945 Male

Patient Info
 Encounter Details
 Selections
 Documentation
 Review Order

Order Notes

Note to Supplier from Sara T Smith RN Registered Nurse
 Please notify the office when the equipment is delivered and setup so follow up appointment can be set. Tuesday, 06/30/2020 at 11:58 PM CDT

Order Details: 7H6NRJ

Start / Delivery Date: Tuesday, 06/30/2020

Encounter Date: Tuesday, 06/30/2020

Date Created: Wednesday, 07/01/2020 at 11:50 PM CDT

Order Notes

Add Note to Prescriber

Add Note to Supplier
 Please notify the office when the equipment is delivered and setup so follow up appointment can be set.

10. Click 'eSign and Send to Supplier'

SWO ADDITIONAL DETAIL

ORDER NOTES

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required. I have instructed my patient that you will be contacting them to complete their order.

Dr. John DMEHub 11/20/2020 8899889988

Prescriber Signature Date NPI

Electronically signed

End of SWO

Save + Back Print to Sign Sign Now

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'

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 Recertification	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	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	Declined	Review & Edit
JHZCP7	Today 07/23/2021	PAP Supplies	Melanie Doe	Midtown Pulmonary C...	DME Supplies USA	Me	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: ZKG27P ORDER FOR: Matt Davis 01/01/1945 Male

Order Type: Oxygen Recertification
 Order Date: Friday, 07/23/2021
 Order Created: Friday, 06/11/2021 at 2:25 PM CDT by Trish DME Owner
 Order Edited: Friday, 07/23/2021 at 1:07 PM CDT by Trish DME Owner
 Supplier: DME Supplies USA

Order Items

HCP/CS	Description	Quantity	Length of Need
E1392	Portable oxygen concentrator	1	(99) Lifetime
E0424	Stationary compressed gas O2	1	(99) Lifetime
A4615	Cannula, nasal	1	(99) Lifetime

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

Prescriber Information

<p>Location Information</p> <p>Midtown Pulmonary Clinic (NPI: 1770710709) 111 N Post Oak Ln Houston, TX 77024 Phone: (800) 222-1234 Fax: (800) 222-1235</p>	<p>Prescriber</p> <p>Dr. John D DMEHub MD (NPI: 8899889988) Phone: (800) 222-1234 Fax: (800) 222-1235 Mobile: (949) 633-1262 Email: drdmehub@dmehub.com</p>	<p>Primary Contact</p> <p>Supplier Boss (949) 633-1262 Email: trainingdme@dmehub.com</p>
---	---	---

Decline Order
Verify CMN Data

- 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.
- Click 'Update CMN'

Verify Data for Section B of CMN

Verification Needed: Length of Need

Supplier-Requested Changes: Please Verify: Length of Need
 Length of Need: 99 - Lifetime

Verification Needed: Diagnosis Code

Supplier-Requested Changes: Please Verify: Diagnosis Code
 Diagnosis Code: J44.9

J44.9 (COPD)

J44.0 (Diffuse Interstitial Lung Disease)

E84.0 (Cystic Fibrosis)

J47.1 (Bronchiectasis)

C34.90 (Widespread Pulmonary Neoplasm)

I27.0 (Pulmonary Hypertension)

I27.81 (Cor Pulmonale)

I50.9 (Dependent Edema Suggesting Congestive Heart Failure (CHF))

D75.1 (Erythrocythemia (Secondary Polythemia))

Verification Warning: Your answer to the diagnosis question differs from what the DME supplier requested.

Verification Needed: Test Results

Supplier-Requested Changes: Please Verify: Oximetry Test

Arterial Blood Gas Test: N/A
 Oxygen Saturation Test: 86
 Date of Test: 07/23/2021

Test Circumstances: 1 (Chronic stable state as outpatient)
 Test Conditions: 1 (At Rest)

Verification Warning: Your answer to the test results question differs from what the DME supplier requested.

Please Verify: Test Circumstances

1 (Chronic stable state as outpatient)

2 (Within two days prior of inpatient discharge)

3 (Under other circumstances)

Please Verify: Test Conditions

1 (At Rest)

2 (During Exercise)

3 (During Sleep)

Verification Needed: Oxygen Flow Rate

Supplier-Requested Changes: Please Verify: Highest Oxygen Flow Rate

Oxygen Flow Rate: 2
 Highest Oxygen Flow Rate: 2 LPM

Update CMN

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

Patient Info
 Encounter Details
 Selections
 Documentation
 Review Order

Next, add required supporting documentation

Below 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 documentation you will attach at the bottom of the page.

Confirm Supporting Medical Documentation

Continuing Use and Benefit
Because you approve the patient to continue home oxygen therapy, your documentation should note that the patient continues to use and benefit from the therapy.

Add Supporting Documentation

! When copying and pasting or attaching face-to-face documentation, it must include the prescriber signature and date.
Supported Formats: DOC, DOCX, JPG, BMP, PDF, PNG, TIFF
Maximum File Size: 32 MB

Browse to Select and Upload Files

Copy / Paste Medical Record

File Name	File Size	
Encounter Note VID 123456.pdf	40.83 KB	✕

[Save + Back](#)
[Save + Next](#)

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

Patient Info
 Encounter Details
 Selections
 Documentation
 Review Order

! This order will require a prescriber signature to complete

Order Details: ZKG27P

Start / Delivery Date: Friday, 07/23/2021

Encounter Date: Friday, 07/23/2021

Order Creation Date: Friday, 06/11/2021 at 2:25 PM CDT

Supplier: DME Supplies USA

Order Notes

Add Note to Prescriber

Please review the recertification order, approve and sign.

Add Note to Supplier

Oxygen Recertification Order

Item

Portable oxygen concentrator, rental

Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing

Cannula, nasal

SWO ADDITIONAL DETAIL

ORDER NOTES

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer. If required, I have instructed my patient that you will be contacting them to complete their order.

Prescriber Signature _____ Date _____ NPI _____

End of SWO

[Save + Back](#)
[Print to Sign](#)
[Send for eSignature](#)

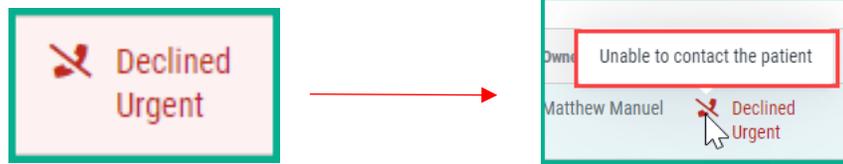
8. The prescriber will login and click 'Review to Sign'

Work Queue								Pending Queue	History
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	
FM64YZ	Today 07/23/2021	Oxygen	Karlee Stritzinger	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	✂ Declined	Review & Edit	
DHW42T	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	
G7ZJW4	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	⚠ 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.

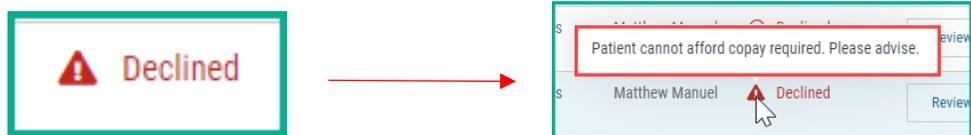
Declined>Cannot Contact Patient:



Declined>Refused by Patient:



Declined>Other



To review the order details:

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

Work Queue								Pending Queue	History
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	

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

⚠ This Order Has Been Declined by the Supplier Hide Details

Please refer to the notes below for decline details and make the necessary changes. Once complete, you can submit 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

Declined by supplier from Trish DME Owner (DME Supplies USA) Tuesday, 07/20/2021 at 3:23 PM CDT

Unable to contact the patient

Notes

Please have patient contact Trish at 949-433-1262.

Order eSigned Date Wednesday, 07/07/2021 at 10:59 AM CDT by Dr. John DMEHub (NPI # 8899889988)

Declined Date Tuesday, 07/20/2021 at 3:23 PM 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	Me	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	Me	Delivered	View
9ZGT4N	08/12/2020	Oxygen	Trish Doe	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Delivered	View
MN74RG	08/07/2020	Oxygen	Jeannine Doe	Midtown Pulmonary C...	DME Supplies USA	Me	Same or Similar	View
2FDRK9	08/07/2020	APAP	Haley Doe	Midtown Pulmonary C...	DME Supplies USA	Matthew Manuel	Delivered	View

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

Order ID: WF72HM ORDER FOR: Zane Doe 01/01/1945 Male

Order Type: Oametry
 Order Date: Thursday, 05/28/2020
 Date Created: Thursday, 05/28/2020 at 12:04 PM CDT by Sara T Smith RN Registered Nurse
 Order Edited: Tuesday, 06/30/2020 at 8:31 PM CDT by Sara T Smith RN Registered Nurse
 eSigned: Tuesday, 06/30/2020 at 9:08 PM CDT by Dr. John DMEHub (NPI # 8899889988)
 Date Dispositioned: Tuesday, 06/30/2020 at 9:28 PM CDT by Supplier Boss

Disposition Note

Same or similar item has been provided to this patient from Supplier Boss (Supplier USA) Tuesday, 06/30/2020 at 9:28 PM CDT

Payer will not allow for a new item at this time.

Notes

This appears to be a duplicate order. Please refer to Order ID ABC123.

How to Resubmit an Order that 'Needs Revision'

From the landing screen:

- Click 'Review & Edit'

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	Needs Revision Urgent	Review & Edit
3FH9NJ	11/18/2020	Urological-Catheters	Mary Doe	Midtown Pulmonary C...	DME Supplies USA	Dr. John DMEHub	Needs Revision Urgent	Review & Edit
NX23PR	08/26/2020	Home Sleep Test	Andrew Doe	Midtown Pulmonary C...	Avlyis Sleep & EEG	Me	Needs Revision	Review & Edit
GTMFNP	08/25/2020	Home Sleep Test	Denik Doe	Midtown Pulmonary C...	VIRTUOX, INC.	Dr. John DMEHub	Needs Revision	Review & Edit
DTRJ3G	08/25/2020	APAP	Gary Doe	Midtown Pulmonary C...	Aerocare - Clearwat...	Dr. John DMEHub	Needs Revision	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
 Documentation
 Review Order

⚠ This Order Needs Revisions

Revision Note

<p>Intend To Accept from Training Supplier Boss (DME Supplies USA) Order needs revision, intend to accept</p> <p>Friday, 01/08/2021 at 2:55 PM CST</p>	
<p>Other: Please review and address the noted issues</p>	
<p>Documentation Needed: Please provide the noted documentation Supporting Medical Documentation is missing: Improvement of Sleep-Associated Hypoventilation</p>	Upload Documentation
<p>Notes Please attach the sleep study and improvement of Sleep-Associated Hypoventilation statement and resubmit for processing.</p>	

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

ORDER FOR: Terry Doe 01/01/1945 Female

Patient Info
 Encounter Details
 Selections
 Documentation
 Review Order

Next, add required supporting documentation
Below 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 documentation you will attach at the bottom of the page.

⚠ Incomplete Documentation - Supplier has rejected order as incomplete, see missing documentation below

Confirm Supporting Medical Documentation

General Medical Documentation
 - Observations and general conditions / symptoms
 - Encounter notes
 - Diagnoses
 - Physical examination details
 - 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 bi-level PAP either with or without rate on the settings that will be prescribed for initial use at home, while breathing the patient's prescribed FiO2.

General Medical Documentation
 - Observations and general conditions / symptoms
 - Encounter notes
 - Diagnoses
 - Physical examination details
 - Matching dates and information between DMEhub and documentation

Confirm Results (Lab / Test / Study)

Sleep Study Results
 Because a sleep study was performed, the results should be attached and match entered values. It should also include the prescriber name interpreting the sleep study results and either the prescriber's credentials (ABSM, ABMS, ADA) or the sleep center/laboratory accreditation (AASM, ACHC, TJC, JCAHO).

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

Add Supporting Documentation

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](#)

File Name	File Size
Encounter Note VID 123456.pdf	40.89 KB
Sleep Study VID 123456.pdf	107.17 KB

[Save + Back](#) [Save + Next](#)

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



No prescriber signature is required UNLESS the actual documentation generated by DMEhub was changed. If changes to supporting documentation are all that is needed, there is no need for the prescriber to re-sign the order.

SWO ADDITIONAL DETAIL

ORDER NOTES

Please notify the office when the equipment has been setup and delivered.

BY SIGNING BELOW, I AUTHORIZE the use of this document as a legal prescription, and I certify that the above prescribed equipment is medically necessary and reasonable and is not being prescribed for convenience. I will maintain an original signed copy of this order in my medical records and make it available to Medicare, their authorized agents or other insurer, if required. I have instructed my patient that you will be contacting them to complete their order.

Prescriber Signature _____ Date _____ NPI _____

End of SWO

[Save + Back](#) [Print to Sign](#) [Resubmit to Supplier](#)

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 Queue	History
All orders									
All	Urgent	Needs Revision	Declined	Unsigned	Incomplete	Recertification			
Order ID	Order Date	Order Type	Patient Name	Provider Site	Supplier Site	Owner	Status	Actions	
3FH9NJ	11/18/2020	Urological - Catheters	Mary Doe	Midtown Pulmonary C...	DME Supplies USA	Dr. John DMEhub	Needs Revision Urgent	Review & Edit	
TD923K	Yesterday 01/07/2021	Oxygen	Kimberly Doe	Midtown Pulmonary C...	DME Supplies USA	Me	Needs Revision	Review & Edit	
NX23PR	08/26/2020	Home Sleep Test	Andrew Doe	Midtown Pulmonary C...	Aviys Sleep & EEG	Me	Needs Revision	Review & Edit	
GTMFNP	08/25/2020	Home Sleep Test	Derik Doe	Midtown Pulmonary C...	VIRTUOX, INC.	Dr. John DMEhub	Needs Revision	Review & Edit	
DTRJ3G	08/25/2020	APAP	Gary Doe	Midtown Pulmonary C...	Aerocare - Clearwat...	Dr. John DMEhub	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 (DME 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.

Verify Data for Section B of CMN

Verification Needed: Length of Need

Supplier-Requested Changes: Please Verify: Length of Need
Length of Need: 99 - Lifetime

Verification Needed: Diagnosis Code

Supplier-Requested Changes: Please Verify: Diagnosis Code

Diagnosis Code: J44.9

Verification Warning
Your answer to the diagnosis question differs from what the DME supplier requested.

J44.9 (COPD)

J84.9 (Diffuse Interstitial Lung Disease)

E84.0 (Cystic Fibrosis)

J47.1 (Bronchiectasis)

C34.90 (Widespread Pulmonary Neoplasm)

I27.0 (Pulmonary Hypertension)

I27.81 (Cor Pulmonale)

I50.9 (Dependent Edema Suggesting Congestive Heart Failure (CHF))

D75.1 (Erythrocythemia (Secondary Polythemia))

Verification Needed: Test Results

Supplier-Requested Changes:

Arterial Blood Gas Test: N/A
Oxygen Saturation Test: 86
(Date of Test: 07/23/2021)
Test Circumstances: 1 (Chronic stable state as outpatient)
Test Conditions: 1 (At Rest)

Verification Warning
Your answer to the test results questions differ from what the DME supplier requested.

Please Verify: Oximetry Test

86 %

07/22/2021

Please Verify: Test Circumstances

1 (Chronic stable state as outpatient)

2 (Within two days prior of inpatient discharge)

3 (Under other circumstances)

Please Verify: Test Conditions

1 (At Rest)

2 (During Exercise)

3 (During Sleep)

Verification Needed: Oxygen Flow Rate

Supplier-Requested Changes: Please Verify: Highest Oxygen Flow Rate

Oxygen Flow Rate: 2 LPM

[Cancel Changes](#) [Update CMN](#)



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	Sign Now Submit Signed Order to Supplier

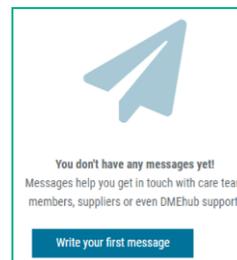
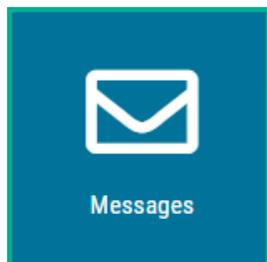
Direct Messaging

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'

New Message Thread ✕

To:

Dr. John DMEhub - Midtown Pulmonary Clinic x
Matthew Manuel - Midtown Pulmonary Clinic x

Or, get in touch with DMEhub Support: Message DMEhub Support

Subject:

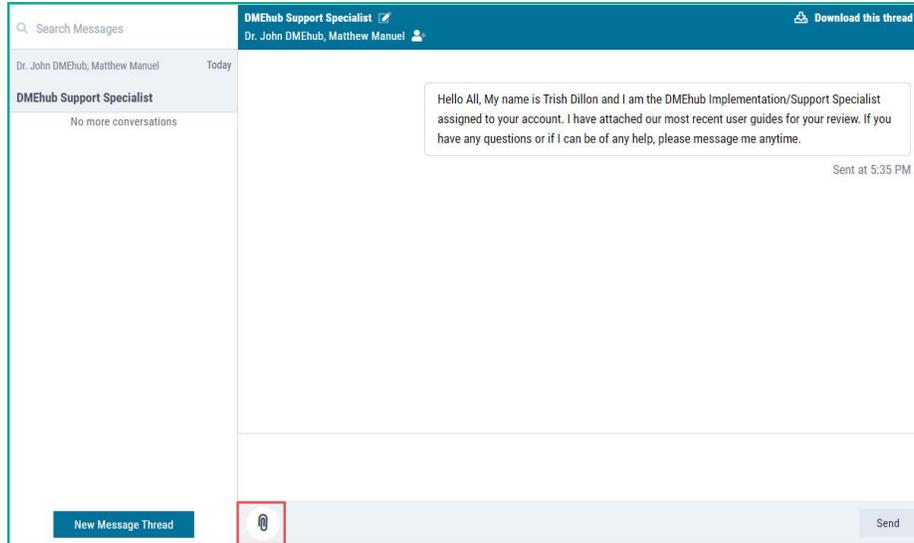
DMEhub Support Specialist

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.]

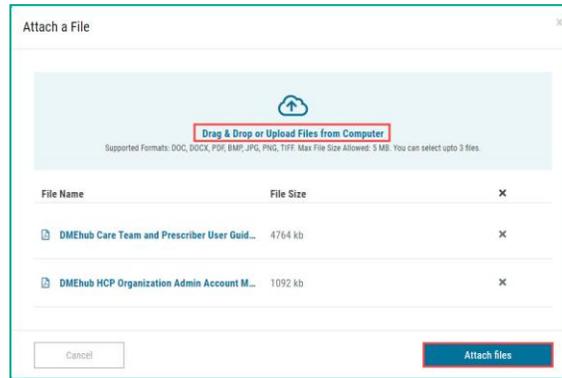
Cancel
Send

How to Attach a File

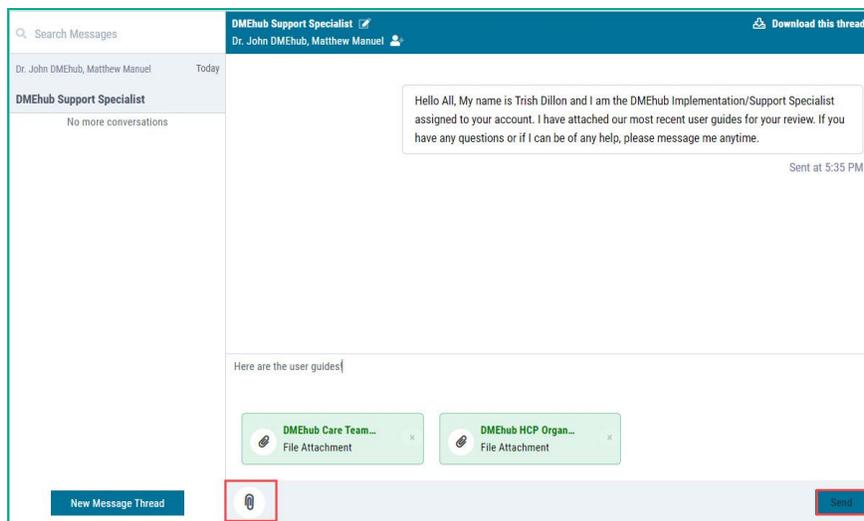
1. Click on the paperclip icon



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

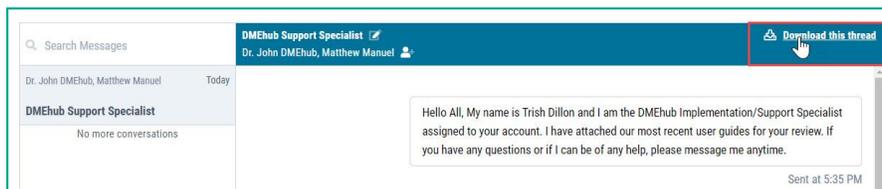


5. Add any message needed
6. Click 'Send'



How to Download a Conversation

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



3. A file will download to the computer

DMEhub Support Specialist

Trish Dillon [2021-09-01 18:35:11 EDT]
 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.

Trish Dillon [2021-09-01 18:39:18 EDT]
 Here are the user guides!
 <<Attachment - DMEhub Care Team and Prescriber User Guide 1.9.11.pdf, DMEhub HCP Organization Admin Account Maintenance Guide 1.9.11.pdf>>



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

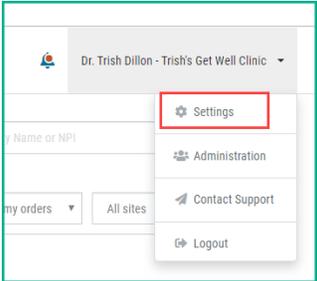


Maintain User Profile

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'



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: 889989988

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 email notifications for when a DME supplier sends an order to a healthcare provider.



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

Administration

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.

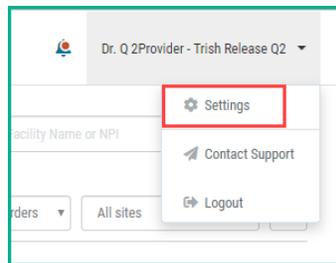
Prescriber Email and Mobile Notifications

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

Profile Security API

My Information

Prefix

* First Name

Middle Name

* Last Name

Suffix

Credential

Title

* Email

NPI

Phone

Phone Extension

Fax

* Cell Phone

Pager

Mobile Notifications

Order Notification Settings

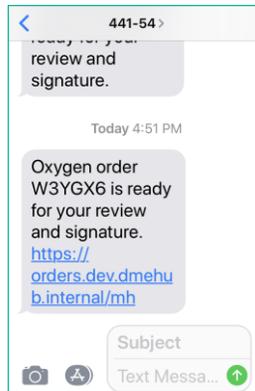
Order Notifications Enabled By Organization Needs Signature

Delivered Message Received



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

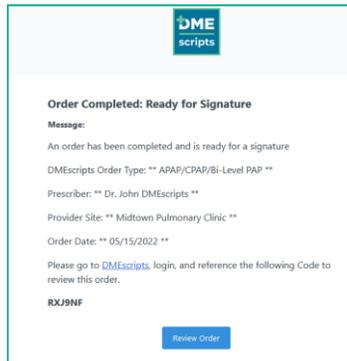
If prescribers want to receive email notifications, the following settings must be set:

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

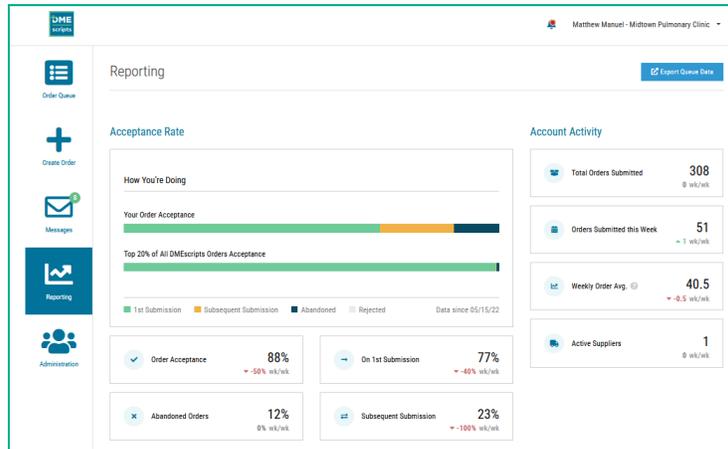
Prof:
 * First Name:
 Middle Name:
 * Last Name:
 Suffix:
 Credential:
 Title:
 * Email:
 NPI:
 Phone:
 Phone Extension:
 Fax:
 * Cell Phone:
 Pager:
 Mobile Notifications:
 Order Notification Settings:
 Notify when order...
 Accepted: Canceled:
 Rejected: Needs Signature:
 Delivery Information updated: Delivered:
 Message Received: Supplier Initiated:
Turn on/off email notifications for when a DME supplier sends an order to a healthcare provider.

6. Email notifications will include:
- Order Status
 - Order Type
 - Prescriber
 - Order ID
 - 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.

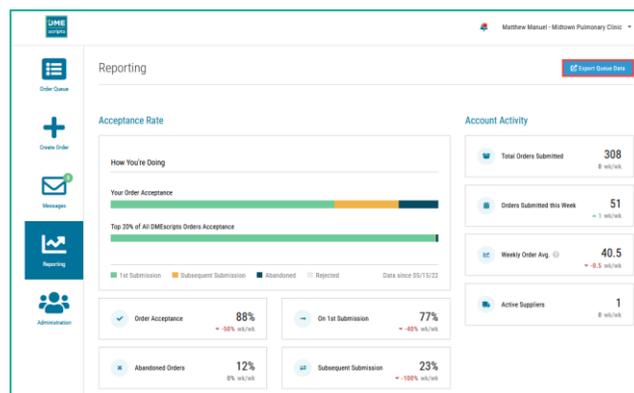


Displayed Data:

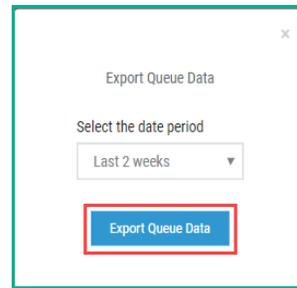
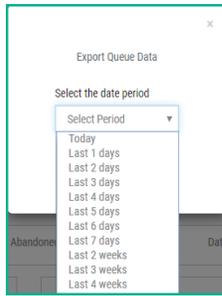
- Accepted Orders: This percentage represents all orders accepted through DMEscripts.
- Orders Accepted on 1st submission: This percentage represents all accepted orders upon 1st submission.
- Orders Accepted on Subsequent Submissions: This percentage represents any order that is resubmitted one time or more and accepted.
- Abandoned Orders: 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.
- Total Orders Submitted: All orders submitted through DMEscripts regardless of status
- Orders Submitted this Week: All orders submitted in the last 7 days.
- Weekly Order Average: The weekly order average is calculated on the order volume from the last 4 weeks.
- Active Suppliers: Number of active suppliers utilized by the healthcare referral.

How to Generate a Report in DMEscripts

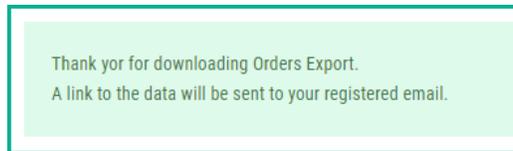
1. Click on the 'Reporting' icon from the menu bar
2. Click 'Export Queue Data'



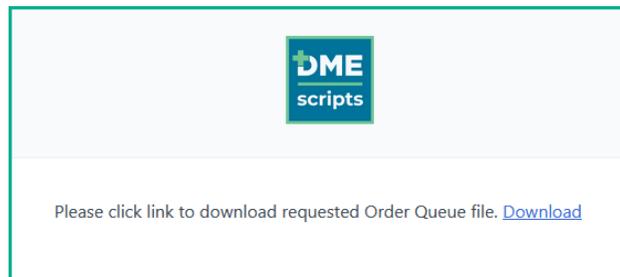
3. Select the date range to be exported from the dropdown menu
4. Click 'Export Queue Data'



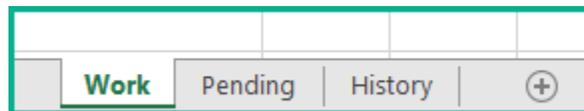
5. A confirmation message will display and a link for the download will be emailed to the user.



6. Click on the 'Download' link.



7. Open the Excel file



- a. Work Tab: Any order that is in the work queue will be listed with details. This will include statuses of incomplete, unsigned, and rejected.
- b. Pending Tab: 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. History Tab: Any order that is in the history will be listed with details. This will include statuses of accepted, delivered and cancelled.

Order ID	Order Type	Patient Name	Order Date	Status	Owner	Supplier Site	Provider Site	Primary Payer Type	Encounter Date	Discharge Date	Delivery Zip Code	Billing Zip Code	MRN or PID	Deliver by Date/Time	Delivery Method	Order Completed Date	eSigned/Su mitted Date	OCTS Timestamp	Accepted Date	STA Timestamp	Rejected Date	STR Timestamp	Delivered Date	ATD Timestamp	STD Timestamp
CHYMWD	Oxygen	Ken Doe	06/30/2020	Accepted	Sara T Smith RN Registered Nurse	USA	Midtown Pulmonary Clinic	Medicaid	06/25/2020		77449	77449		07/16/2020 at 10:00 AM CDT		06/30/2020 at 8:58 PM CDT	07/01/2020 at 12:14 AM CDT	3 hours - 15 minutes	07/01/2020 at 7:40 PM CDT	19 hours - 26 minutes					
CGNW4D	Oximetry	Brooke Doe	06/30/2020	Delivered	Sara T Smith RN Registered Nurse	USA	Midtown Pulmonary Clinic	Medicare			77002	77002		07/02/2020 at 8:57 AM CDT	Delivery Driver	06/30/2020 at 11:10 PM CDT	06/30/2020 at 11:33 PM CDT	23 minutes	07/01/2020 at 7:36 PM CDT	20 hours - 5 minutes	07/01/2020 at 7:16 PM CDT	0 days - 19 hours - 42 minutes	07/15/2020 at 9:30 PM CDT	14days - 1 hour - 51 minutes	14days - 21 hours - 56 minutes

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

History Tab - this includes all orders currently in the 'History' of DMEhub; these orders are in one of 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 and 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 signed 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