

How to review an order prescribed through Tomorrow Health

A guide to how to read and process our documentation

Overview:

We will cover the following topics:

1. How can I tell when an order comes through fax vs. e-prescribed through Tomorrow Health?
2. How do I read an order e-prescribed through Tomorrow Health?
 - a. Checklist
3. Is an order prescribed through Tomorrow Health sufficient for Medicare?
 - a. Our compliance standards

1. How can I tell when an order comes through fax vs. prescribed through Tomorrow Health?

Scenario A: An order is prescribed through Tomorrow Health



STANDARD WRITTEN ORDER

Test Smith

Provider Info
 PROVIDER: Julia Bazzini
 PRACTICE NAME: Alpaca Family Medicine
 POINT OF CONTACT: julianne.guito+alpaca@tomorrowhealth.com

Patient Info
 PATIENT NAME: Test Smith
 PRIMARY INSURANCE: Geisinger Health Plans ID #: 112312312323
 DATE OF BIRTH: 01/22/1990
 GENDER: Female
 PHONE: 2122222222 (h)
 DIAGNOSES: Obstructive Sleep Apnea (G47.33)

Fulfillment Info
 TYPE OF SERVICE: Standard/Expedited
 PHYSICIAN ADDRESS: 1231 1st Ave E, Big Stone Gap, VA 12232

Product Selection

Cont airway pressure device - E0401
 Quantity: 1 | Length Of Need: 99 Months | Frequency: Daily | Ramp Time: 10 | Machine Type: Auto Cpap | Airview Username: Apple1 | Compliance Reports: Careorchestrator/Airview | Supplemental Oxygens: No: The Patient Does Not Require Oxygen | Auto Cpap MaximumCm H2O2: 20 | Auto Cpap MinimumCm H2O2: 4 | Careorchestrator Username: Apple2

Humidifier heated used w pap - E0562
 Quantity: 1 | Length Of Need: 99 Months | Careorchestrator Username: Apple2

Tubing with heating element - A4604
 Quantity: 1 | Length Of Need: 99 Months | Frequency: 1 Per 3 Month | Careorchestrator Username: Apple2

Pos airway pressure filter - A7038
 Quantity: 1 | Length Of Need: 99 Months | Frequency: 2 Per 1 Month | Careorchestrator Username: Apple2

Repl water chamber, pap dev - A7046
 Quantity: 1 | Length Of Need: 99 Months | Frequency: 1 Per 6 Months | Careorchestrator Username: Apple2

Nasal application device - A7034
 Quantity: 1 | Length Of Need: 99 Months | Frequency: 1 Per 3 Months | Airview Username: Apple1 | Compliance Reports: Careorchestrator/Airview | Careorchestrator Username: Apple2

See the next page for additional products in this order



Signature

ELECTRONICALLY SIGNED BY: Julia Bazzini, MD
 NPI: 1518569292
 DATE: 08/24/2022

As the treating practitioner of the patient for whom this order is made, I hereby certify that I have completed, signed, and submitted this form within the scope of my practice as a licensed healthcare clinician. I further certify that the information contained herein is true and correct to the best of my knowledge and consistent with the patient's records as maintained by me and/or my medical group. I understand that any false information or omissions on this form may subject me to civil or criminal liability. Further, I recognize and acknowledge that Believe Health Inc. d/b/a Tomorrow Health shall transmit this information to a fulfilling DMEPOS supplier but that it makes no representations or warranties with respect to product availability, the coding accuracy, medical necessity or covered status of the order or the patient.

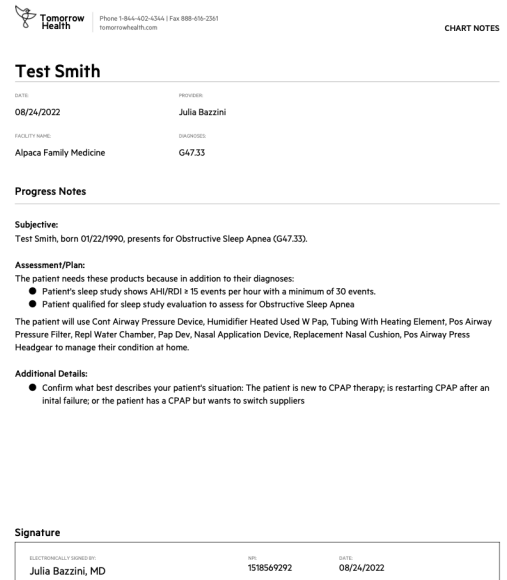


CHART NOTES

Test Smith

DATE: 08/24/2022
 PROVIDER: Julia Bazzini
 FACILITY NAME: Alpaca Family Medicine
 DIAGNOSES: G47.33

Progress Notes

Subjective:
 Test Smith, born 01/22/1990, presents for Obstructive Sleep Apnea (G47.33).

Assessment/Plan:
 The patient needs these products because in addition to their diagnoses:
 ● Patient's sleep study shows AHI/APOI = 15 events per hour with a minimum of 30 events.
 ● Patient qualified for sleep study evaluation to assess for Obstructive Sleep Apnea

The patient will use Cont Airway Pressure Device, Humidifier Heated Used W Pap, Tubing With Heating Element, Pos Airway Pressure Filter, Repl Water Chamber, Pap Dev, Nasal Application Device, Replacement Nasal Cushion, Pos Airway Press Headgear to manage their condition at home.

Additional Details:
 ● Confirm what best describes your patient's situation: The patient is new to CPAP therapy; is restarting CPAP after an initial failure; or the patient has a CPAP but wants to switch suppliers

Signature

ELECTRONICALLY SIGNED BY: Julia Bazzini, MD
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As the treating practitioner of the patient for whom this order is made, I hereby certify that I have completed, signed, and submitted this form within the scope of my practice as a licensed healthcare clinician. I further certify that the information contained herein is true and correct to the best of my knowledge and consistent with the patient's records as maintained by me and/or my medical group. I understand that any false information or omissions on this form may subject me to civil or criminal liability. Further, I recognize and acknowledge that Believe Health Inc. d/b/a Tomorrow Health shall transmit this information to a fulfilling DMEPOS supplier but that it makes no representations or warranties with respect to product availability, the coding accuracy, medical necessity or covered status of the order or the patient.

You will see a **Signed Written Order** (page 3-4 depending on how long the script is) and **our auto-generated Chart Notes** (page 4 or 5). Our chart notes are auto generated based on the clinical questions that providers are asked during order submission (diagnosis, symptoms, qualifying information, etc.)

Scenario B: An order is sent via fax

FAX

TO: Recipient name FROM: Sender name
 FAX: Recipient fax FAX: Sender fax
 PHONE: Recipient phone PHONE: Sender phone
 SUBJECT: Enter subject here DATE: Date
 COMMENTS: To get started right away, just tap any placeholder text (such as that) and start typing to replace it with your own.




You will see something like this. Fax orders vary highly so you could receive an unassigned script, just chart notes, or other document. **The way to tell it's not prescribed through Tomorrow Health and has been faxed in is that it will not have Tomorrow Health branding or follow the same format of the example in part a.**

2. How do I read an order prescribed through Tomorrow Health?



Our Checklist

Is SWO signed?

 Phone 1-844-402-4344 | Fax 888-656-2301 | tomorrowhealth.com
 STANDARD WRITTEN ORDER

Test Smith

<p>Provider Info</p> <p>PROVIDER: Julia Bazzini PRACTICE NAME: Alpacas Family Medicine POINT OF CONTACT: julianne.gallo@alpacatomorrowhealth.com</p> <p>Patient Info</p> <p>PATIENT NAME: Test Smith PRIMARY INSURANCE: Geisinger Health Plans ID #: 112312312323</p> <p>DATE OF BIRTH: 01/22/1990 GENDER: Female PHONE: 7122222222 (0) DIAGNOSES: Obstructive Sleep Apnea (G47.33)</p> <p>Fulfillment Info</p> <p>TYPE OF SERVICE: Standard/Expedited SHIPPING ADDRESS: PATIENT'S HOME ADDRESS 1231 1st Ave E, Big Stone Gap, VA 12232</p>	<p>Product Selection</p> <p>Cont airway pressure device - E0601 Quantity: 1 Length Of Need: 99 Months Frequency: Daily Range: Time: 50 Machine: Type: Auto Cpap Airview Username: Appl01 Compliance Reports: Careorchestrator/Airview Supplemental Oxygen: No, The Patient Does Not Require Oxygen Auto Cpap Maximum(Cm H2O): 20 Auto Cpap Minimum(Cm H2O): 4 Careorchestrator Username: Appl02</p> <p>Humidifier heated used w pap - E0562 Quantity: 1 Length Of Need: 99 Months Careorchestrator Username: Appl02</p> <p>Tubing with heating element - A4604 Quantity: 1 Length Of Need: 99 Months Frequency: 1 Per 3 Months Careorchestrator Username: Appl02</p> <p>Pap airway pressure filter - A7038 Quantity: 1 Length Of Need: 99 Months Frequency: 2 Per 1 Month Careorchestrator Username: Appl02</p> <p>Repl water chamber, pap dev - A7046 Quantity: 1 Length Of Need: 99 Months Frequency: 1 Per 6 Months Careorchestrator Username: Appl02</p> <p>Nasal application device - A7054 Quantity: 1 Length Of Need: 99 Months Frequency: 1 Per 3 Months Airview Username: Appl01 Compliance Reports: Careorchestrator/Airview Careorchestrator Username: Appl02</p> <p style="text-align: center;">See the next page for additional products in this order</p>
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Signature

ELECTRONICALLY SIGNED BY: Julia Bazzini, MD	ID#: 1518567292	DATE: 08/24/2022
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As the duly practicing provider of the patient for whom this order is made, I hereby certify that I have completed, signed, and submitted this form within the scope of my practice as a licensed health care professional and that the information contained herein is true and correct to the best of my knowledge and consistent with the patient's records as maintained by me and/or my medical group. I understand that any false information or omissions on this form may subject me to civil or criminal liability. Further, I recognize and acknowledge that delivery of this order to Tomorrow Health shall release me from liability for a validly signed order, but shall not release my representatives or associates with respect to product availability, the coding accuracy, medical necessity or covered status of the order or the patient.

Order TH-4990223 Page 1 / 2

Check the items and diagnosis code on our SWO

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tomorrowhealth.com

STANDARD WRITTEN ORDER

Test Smith

<p>Provider Info</p> <p>PROVIDER: Julia Bazzini</p> <p>PROVIDER NAME: Alpaca Family Medicine</p> <p>POINT OF CONTACT: juliana.gallo@alpaca.tomorrowhealth.com</p> <p>Patient Info</p> <p>PATIENT NAME: Test Smith</p> <p>PRIMARY ADDRESS: Gelsinger Health Plans ID #: T2323232323</p> <p>DATE OF BIRTH: 01/22/1990</p> <p>SEX: Female</p> <p>PHONE: 2122222222 (0)</p> <p>DISEASES: Obstructive Sleep Apnea (G47.33)</p> <p>Fulfillment Info</p> <p>TYPE OF SERVICE: Standard/Expedited</p> <p>SHIPMENT ADDRESS: 1231 1st Ave E, Big Stone Gap, VA 22332</p>	<p>Product Selection</p> <p>Cont airway pressure device - E0601 Quantity: 1 Length Of Need: 99 Months Frequency: Daily Range: Time 10 Machine Type: Auto-Cpap Airview Username: Apple1 Compliance Reports: Careorchestrator/Airview Supplemental Oxygen: No. The Patient Does Not Require Oxygen Auto-Cpap: RespirationCm: 1020; 20 Auto-Cpap MinimumCm: 1020; 4 Careorchestrator Username: Apple2</p> <p>Humidifier heated used w pap - E0562 Quantity: 1 Length Of Need: 99 Months Careorchestrator Username: Apple2</p> <p>Tubing with heating element - A6604 Quantity: 1 Length Of Need: 99 Months Frequency: 1 Per 3 Months Careorchestrator Username: Apple2</p> <p>Pos airway pressure filter - A7038 Quantity: 1 Length Of Need: 99 Months Frequency: 2 Per 1 Month Careorchestrator Username: Apple2</p> <p>Real water chamber, pap dev - A7044 Quantity: 1 Length Of Need: 99 Months Frequency: 1 Per 6 Months Careorchestrator Username: Apple2</p> <p>Nasal application device - A7054 Quantity: 1 Length Of Need: 99 Months Frequency: 1 Per 3 Months Airview Username: Apple1 Compliance Reports: Careorchestrator/Airview Careorchestrator Username: Apple2</p> <p>Go to the next page for additional products in this order</p>
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Signature

<p>LEGALLY AUTHORIZED SIGNER: Julia Bazzini, MD</p>	<p>ID: 1518569292</p>	<p>DATE: 08/24/2022</p>
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Read the patient's assessment plan and check the additional details for any brand preferences or other important details about the order on our auto-generated chart Notes

Tomorrow Health Phone 1-844-422-4344 | Fax 888-616-2501
tomorrowhealth.com

CHART NOTES

Test Smith

DATE: 08/24/2022	PROVIDER: Julia Bazzini
FACILITY NAME: Alpaca Family Medicine	DISEASES: G47.33

Progress Notes

Subjective:
Test Smith (born 01/22/1990), presents for Obstructive Sleep Apnea (G47.33).

Assessment/Plan:
The patient needs these products because in addition to their diagnosis:

- Patient's sleep study shows AHI/SDI + 15 events per hour with a minimum of 30 events.
- Patient qualified for sleep study evaluation to assess for Obstructive Sleep Apnea

 The patient will use Cont Airway Pressure Device, Humidifier Heated Used W Pap, Tubing With Heating Element, Pos Airway Pressure Filter, Real Water Chamber, Pap Dev, Nasal Application Device, Replacement Nasal Cushion, Pos Airway Press Headgear to manage their condition at home.

Additional Details:

- Confirm what best describes your patient's situation: The patient is new to CPAP therapy; is restarting CPAP after an initial failure; or the patient has a CPAP but wants to switch suppliers

Signature

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- Look at any other supporting documentation attached (sleep studies, demographics, chart notes, testing, etc)



3. Is an order prescribed through Tomorrow Health sufficient for Medicare?

Yes! We work closely with industry-recognized compliance groups to ensure that Tomorrow Health’s e-prescribed Standard Written Order (SWO) meets the Medicare requirements for DME billing.

As stated above, **you can tell that an order has been e-prescribed through Tomorrow Health if the Tomorrow Health SWO has been electronically signed** in the bottom left corner.

Tomorrow Health asks referring providers a series of product and clinical questions specific to the Medicare requirements of a given HCPCS. Our decision trees help guide providers in ordering completely and according to billing best-practices by intaking necessary product-level documentation (testing, face-to-face notes, etc.) and providing guidance on order details such as allowed amounts, machine settings or qualifying values.