

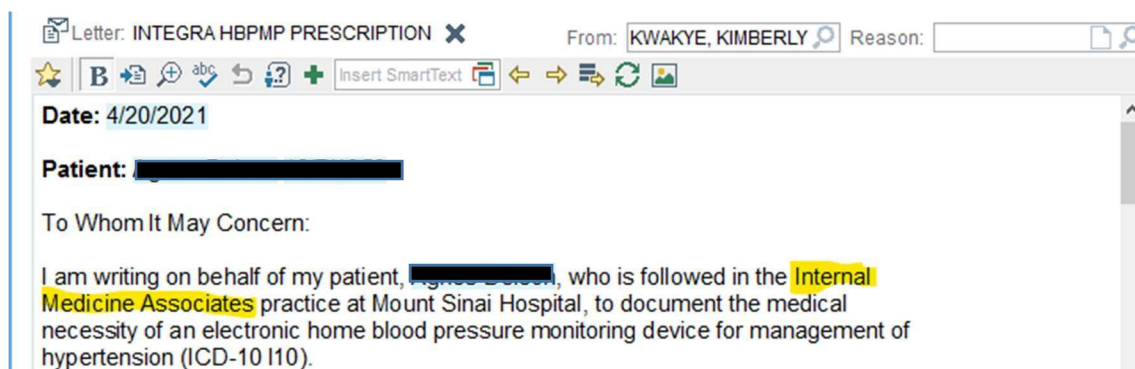


### Steps to Generate a Letter of Medical Necessity for BP Monitor:

To generate a Blood Pressure monitor request letter in EPIC please use letter Integra HBPMP Prescription.

Match:	integra
ID	Template
41373	INTEGRA HBPMP PRESCRIPTION
34464	MOBILE INTEGRATIVE ONCOLOGY FORM

The first paragraph of the letter states Internal Medicine Associates, please change the department name to the department sending the Letter of Medical Necessity for the BP Monitor.



Letter: INTEGRA HBPMP PRESCRIPTION X From: KWAKYE, KIMBERLY Reason:

Date: 4/20/2021

Patient: [redacted]

To Whom It May Concern:

I am writing on behalf of my patient, [redacted], who is followed in the Internal Medicine Associates practice at Mount Sinai Hospital, to document the medical necessity of an electronic home blood pressure monitoring device for management of hypertension (ICD-10 I10).

In the second paragraph, {BP Cuff Size:507} section,

1. Hover your mouse over {BP Cuff Size:507} and
2. Right click.
3. A grey drop down will appear. Select the first option; Next Field
4. Select the BP Cuff size that is suitable for the patient to have an accurate reading.



## Hypertension Workflow

Letterout

Care Teams Communications

Letter: INTEGRA HBPMP PRESCRIPTION X From: KWAKYE, KIMBERLY Reason:

**Patient: Test, Test**

To Whom It May Concern:

I am writing on behalf of my patient, Test, Test, who is followed in the Internal Medicine Associates practice at Mount Sinai Hospital, to document the medical necessity of an electronic home blood pressure monitoring device for management of hypertension (ICD-10 I10).

The patient requires a **(BP CUFF SIZE:507)**. Please confirm this sizing when you speak with the patient. Please supply the patient an Omron3 series BP 7100 with appropriate size cuff if possible.

+ Attach File

Attachments: No attachments

☐ Wait for results ☐ Wait for transcriptions

☐ Route draft

+ New Communication

Preview Pending Send Now Cancel

Restore Close Previous Next

Within the body of the paragraph scroll down until you reach:



## Hypertension Workflow

> 10. No recipient selected

Copy Letter Other

Letter: INTEGRA HBMP PRESCRIPTION X From: KWAKYE, KIMBERLY Reason:

test.test@gmail.com

The patient's health insurance information is as follows:

\*\*\*Click insurance in the patient's header, double-click the coverage information tab, copy/paste into this section.\*\*\*

If you have any questions or concerns about this prescription for a home blood pressure monitoring device, or are unable to contact the patient, please contact our population health team at 646-457-9285.

+ Attach File

Attachments: No attachments

☐ Wait for results ☐ Wait for transcriptions

Delete the highlighted green instructions.

To capture the patient's insurance information:

1. Go to the left side of the screen and click on "Primary Coverage"

Care Teams Communications

> 10. No recipient selected

Copy Letter Other

Letter: INTEGRA HBMP PRESC

Female, 61 y.o., 12/7/1959  
MRN: 1528911  
Code Status: Not on file

Search

Infection: None

Mayce Mansour, MD  
PCP - General

Primary Cvg: Healthfirst Me...  
Allergies: Lactose

4/20 LETTER (OUT)  
Interpreter: None  
Weight: 90.3 kg (199 lb)  
> 7 days

SINCE LAST INTERNAL MEDICINE VISIT  
No visits  
No results

CARE GAPS  
DIABETES CARE: EYE EX...

PROBLEM LIST (16)  
Social Determinants

The patient's health insurance

If you have any questions or cc monitoring device, or are unabl health team at 646-457-9285.

+ Attach File

Attachments: No attachments

☐ Wait for results ☐ Route draft

New Communication



## Hypertension Workflow

Copy Primary Visit Coverage Payer, Plan, and ID

### Primary Visit Coverage

Payer	Plan	Sponsor Code	Group Number	Group I
HEALTHFIRST MEDICARE MANAGED	HEALTHFIRST MCR- INCREASED BENEF			

### Primary Visit Coverage Subscriber

ID	Name	SSN	Address
[REDACTED]	[REDACTED]	XXX-XX-XXXX	[REDACTED]

### Secondary Visit Coverage

Payer	Plan	Sponsor Code	Group Number	Group I
MEDICARE NEW YORK STATE	MEDICARE A & B	M87		

### Secondary Visit Coverage Subscriber

ID	Name	SSN	Address
[REDACTED]	[REDACTED]	XXX-XX-XXXX	[REDACTED]

Close the Primary Coverage box and paste the coverage information in the body of the paragraph where the green highlighted instructions were.

> 10: No recipient selected

Copy Letter

Other

Letter: INTEGRA HBPMP PRESCRIPTION X

From: KWAKYE, KIMBERLY

Reason:

The patient's health insurance information is as follows:

HEALTHFIRST MEDICARE MANAGED	HEALTHFIRST MCR-INCREASED BENEF
---------------------------------	------------------------------------

**Primary Visit Coverage Subscriber**

ID	Name	SSN	Address
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

+ Attach File

Attachments: No attachments

Wait for results

Wait for transcriptions



## Hypertension Workflow

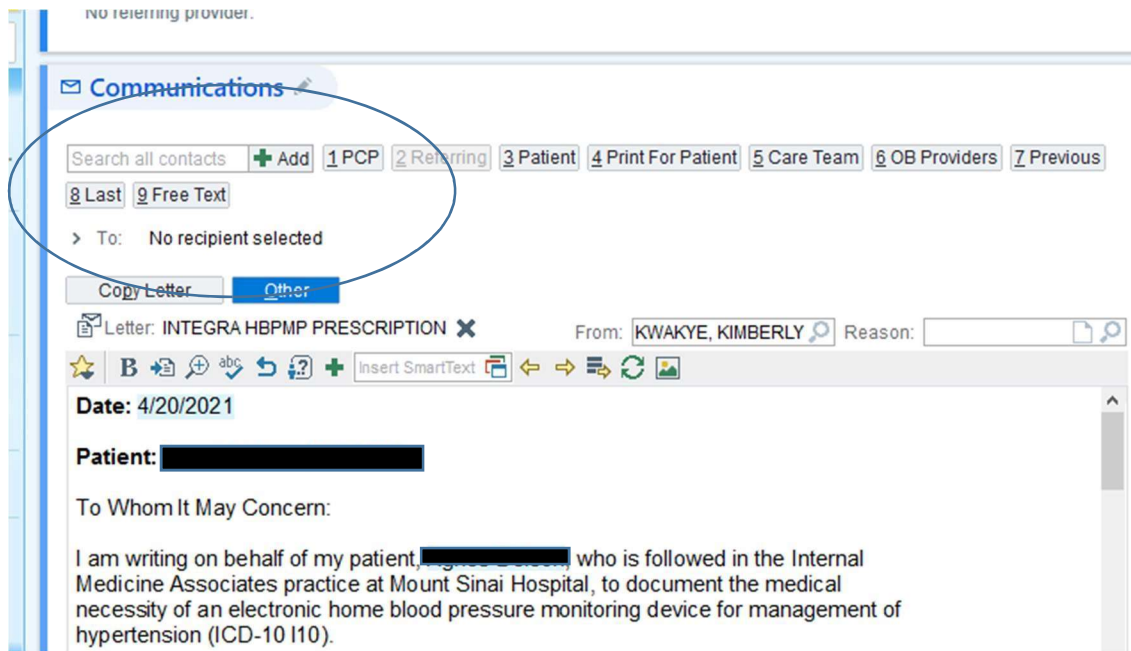
Scroll Down the closing of the letter and add the Provider's name and NPI. If the Provider has an electronic signature in EPIC please add to the closing of the letter.

A screenshot of the EPIC letter composition interface. At the top is a toolbar with various icons for formatting and inserting content. Below the toolbar, the text "health team at 646-457-9285." is visible. Below that, the word "Sincerely," is circled in blue. Further down, a note states: "Note: Letter should be faxed to Integra at 718-287-1229 or 718-288-9423". At the bottom of the interface, there is a section with a "+ Attach File" button, a status "Attachments: No attachments", and three checkboxes: "Wait for results", "Wait for transcriptions", and "Route draft".

If the Provider has a signature in EPIC the letter can be faxed directly from the letter communication page. If the Provider does not have an electronic signature in EPIC, print out the letter, Provider must sign, and fax manually. The Number to fax to Integra is 718-2871229 ONLY. DO NOT Fax to 718-288-9423.

## Steps to Fax from the communications page:

Go to the Add Contacts section, Top of the letter.



The screenshot shows the 'Communications' section of a medical software interface. A blue circle highlights the 'Add' button in the 'Search all contacts' section. Below this, there are buttons for '1 PCP', '2 Referring', '3 Patient', '4 Print For Patient', '5 Care Team', '6 OB Providers', and '7 Previous'. The 'To:' field shows 'No recipient selected'. Below the 'Copy Letter' button, there is a blue 'Other' button. The letter content area shows the title 'Letter: INTEGRA HBMP PRESCRIPTION', the date '4/20/2021', and the patient name redacted. The text of the letter begins with 'To Whom It May Concern:' and 'I am writing on behalf of my patient, [redacted] who is followed in the Internal Medicine Associates practice at Mount Sinai Hospital, to document the medical necessity of an electronic home blood pressure monitoring device for management of hypertension (ICD-10 I10).'

Type in Integra and press Enter

**Communications**

integra **+ Add** 1 PCP 2 Referring 3 Patient 4 Print For Patient 5 Care T

8 Last 9 Free Text

> To: No recipient selected

Copy Letter Other

Letter: INTEGRA HBPMP PRESCRIPTION X From: KWAKYE, KIMBERLY

★ B + ↻ abc ↶ ? + Insert SmartText ↷ ↺ ↻ ↻ ↻

**Date:** 4/20/2021

**Patient:** [REDACTED]

To Whom It May Concern:

I am writing on behalf of my patient, [REDACTED], who is followed in the Inte  
Medicine Associates practice at Mount Sinai Hospital, to document the medic  
necessity of an electronic home blood pressure monitoring device for manage

Select Integra Partners (Medical Supply)

▼ Clear Showing results for "integra" Most relevant matches on top

IP	<b>INTEGRA PARTNERS (Medical Supply)</b>	100 WALL STREET, SUITE 2502 NEW YORK New York NY 10005
RI	<b>Research Billing Specialist Integrated</b>	
II	<b>IB INTEGRATION</b>	
CI	<b>Chaitanya Indukuri, MD</b>	601 N Caroline St Baltimore MD 21287-0006
PI	<b>P. Raju Indukuri, MD</b>	2707 Airport Fwy Suite 206 FORT WORTH TX 76111-2370

Once you select Integra Partners (Medical Supply) you will then be directed back to the Letter Communication page. Confirm Integra Partners (Medical Supply) is located in the "To:" section







## Hypertension Workflow

no referring provider.



**Communications**









































Search all contacts **+ Add** 1 PCP 2 Referring 3 Patient 4 Print For Patient 5 Care Team 6 OB Providers 7 Previous

8 Last 9 Free Text

> To: INTEGRAPARTNERS (Medical Supply)  

Copy Letter Other

Letter: INTEGRA HBPMP PRESCRIPTION  From: KWAKYE, KIMBERLY Reason: 

☆ B                                           





## Hypertension Workflow

review

Pend

Send Now

Cancel

Height	4 11" (1.499 m)	4 11" (1.499 m)	5 (1.52 m)
BMI (Calculated) kg/m	40.3	—	38.8
Pain Score	8	0	8
Pain Loc	BACK	—	—

SIGN ENCOUNTER