



To our Patients,

MedStar Health Physical Therapy is thrilled that you have placed your trust in our team of seating and mobility experts. We look forward to working with you throughout this process. To ensure that your wheelchair and seating needs are met in a timely manner we have included an outline of the process for setting up your wheelchair and seating evaluation.

Step 1: Schedule an appointment with your referring Physician to have him/her perform a wheelchair Face-to-Face Evaluation.

PLEASE BRING PAGE 2 AND 3 OF THIS DOCUMENT WITH YOU TO YOUR PHYSICIAN'S APPOINTMENT AND GIVE BOTH PAGES TO YOUR PHYSICIAN.

- Page 2 contains the instructions your physician needs to document the requirements for your Wheelchair Face-to-Face Evaluation.
- Page 3 is the 'Wheelchair and Seating Request for Services' form for your Physician to complete.

Step 2: We will contact you by phone to schedule your Wheelchair and Seating Evaluation appointment with a therapist once the following documents are received from your Physician's office:

1. A Physician's prescription for a 'Wheelchair and Seating Evaluation' or Page 3 completed.
2. The Physicians documentation from your Wheelchair Face-to-Face Evaluation.**

(**Unable to accept Wheelchair Face-to-Face Evaluations older than 6 months)

Step 3: On the day of your appointment:

What to expect: Please arrive 20 minutes early to complete the patient registration process. Wheelchair and Seating Evaluations typically take 2 hours. Please schedule your transportation accordingly.

Late Arrivals and Cancellations: We are unable to guarantee that your Wheelchair and Seating Evaluation will be completed if you arrive late. If you are unable to make your scheduled appointment, please provide advanced notification and contact our customer service representatives at least one (1) day prior to your scheduled appointment and we will make arrangements to reschedule your visit.

We look forward to seeing you for your Wheelchair and Seating Evaluation.

Sincerely,

MedStar Health Physical Therapy Wheelchair and Seating Team

Dear Physician,

This letter is provided as a resource by *MedStar Health Physical Therapy* Wheelchair and Seating Team to assist you in the prescription process of a wheeled mobility device for your patient. Please use the following information as a guide for documenting essential information for the Wheelchair Face-to-Face Evaluation in the patient's medical record.

Face-to-Face Evaluation (in-person) by a MD, DO, DPM, PA, NP or CNS. An NP, PA or CNS Face-to-Face Evaluation must be co-signed by a MD or DO (unless PECOS enrolled).

Please include **ALL** of the following information within the Wheelchair Face-to-Face Evaluation (Note: Payers will deny patient's needs for a wheelchair if information is missing).

1. Current condition, past medical history, and pertinent physical examination that clearly describes patient's mobility needs in their home (Note: The Wheelchair Face-to-Face documentation must be separate and distinct for wheelchair and seating needs).
2. Cardiopulmonary exam
3. State type of wheelchair you are recommending, ie. manual wheelchair or powered mobility device.
4. Documentation must support significant mobility impairment within the **home only** and identify how your patient's ADL's are impacted. Be specific.
5. For patients with non-neurological disorders, historical chart notes can be used as supporting documentation demonstrating progression of the condition (this is not required but beneficial).

In addition to the Wheelchair Face-to-Face Evaluation please complete the following:

Prescription/Order Include the following on the order/prescription or complete referral on page 3, 'Wheelchair and Seating Request for Services'.

- a. Name, DOB, ICD-10 code, patient's diagnosis, patient's contact information
- b. Reason for referral ('Wheelchair and Seating Evaluation, delivery, follow-up')

****Signature and date stamps are not allowed**

Please Fax: The Wheelchair Face-to-Face Evaluation, prescription and demographics to the MedStar Health Wheelchair and Seating Clinic at the location your patient is requesting to be scheduled.

*****As soon as we receive all completed forms, we will schedule your patient for a Wheelchair and Seating Evaluation.**

For further questions or information, please contact the nearest *MedStar Health Physical Therapy* Wheelchair and Seating Clinic.

Thank you for your referral.

**Outpatient Therapy Wheelchair and Seating Clinic
Request for Services**

Patient Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Which MedStar Health Wheelchair and Seating Clinic location do you prefer?

- ☐ Irving Street - Neurorehabilitation Center ☐ Bel Air ☐ St. Mary's
☐ Loch Raven - Neurorehabilitation Center

Physician Name (print clearly) _____ NPI# _____

➤ **Physician Signature** _____ **Date** _____

Office Phone _____ Fax _____

Address _____

City _____ State _____ Zip Code _____

Wheelchair and Seating Clinic Evaluation: OT or PT

- ☐ Manual Wheelchair ☐ Other: _____
☐ Power Wheelchair _____
☐ Posture Assessment (Cushion/Backrest) _____
☐ Pressure Ulcer/Pressure Mapping _____

Diagnosis and ICD-10 Code

Include all diagnoses and ICD10 Codes that apply

- | | |
|--|--|
| <input type="checkbox"/> Alzheimer: ICD10 _____ | <input type="checkbox"/> Osteoarthritis: ICD10 _____ |
| <input type="checkbox"/> ALS: ICD10 _____ | <input type="checkbox"/> Paraplegia: ICD10 _____ |
| <input type="checkbox"/> Amputee: CD10 _____ | <input type="checkbox"/> Peripheral Neuropathy: ICD10 _____ |
| <input type="checkbox"/> Brain Injury: ICD10 _____ | <input type="checkbox"/> Pressure Ulcer: Location: ICD10 _____ |
| <input type="checkbox"/> Cerebral Palsy: ICD10 _____ | <input type="checkbox"/> Spinal Bifida : ICD10 _____ |
| <input type="checkbox"/> CVA: ICD10 _____ | <input type="checkbox"/> Stenosis: ICD10 _____ |
| <input type="checkbox"/> Diabetes: ICD10 _____ | <input type="checkbox"/> Tetraplegia: ICD10 _____ |
| <input type="checkbox"/> Multiple Sclerosis: ICD10 _____ | <input type="checkbox"/> Transverse Myelitis: ICD10 _____ |
| <input type="checkbox"/> Muscular Dystrophy: ICD10 _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | |

Wheelchair and Seating Clinic Location Near You

WASHINGTON, DC

MedStar Health Physical Therapy at Irving Street - Neurorehabilitation Center

102 Irving Street, NW
Washington, DC 20010-2949
Wheelchair and Seating Clinic Phone: 202-877-1822 or 202-877-1123
Fax 202-877-1030

MARYLAND

Baltimore City

MedStar Health Physical Therapy Loch Raven - Neurorehabilitation Center

Good Samaritan Hospital
O'Neill Building, Second Floor
5601 Loch Raven Boulevard
Baltimore, MD 21239-2905
Phone 443-444-4600
Fax 443-444-4607

Harford County

MedStar Health Physical Therapy at Bel Air

12 MedStar Blvd, Suite 255
Bel Air, MD 21015
Wheelchair and Seating Clinic Phone: 410-877-8078, Option #2
Fax 410-877-2061

St. Mary's County

MedStar St. Mary's Hospital

25500 Point Lookout Road
Leonardtown, MD 20650
Phone 301-475-6062
Fax 301-997-6502