



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 Hollywood Waldorf

Loch Raven - Neurorehabilitation Center Rockville*

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

Diagnosis and ICD-10 Code

Include all diagnoses and ICD10 Codes that apply

- Alzheimer: ICD10 _____
- ALS: ICD10 _____
- Amputee: CD10 _____
- Brain Injury: ICD10 _____
- Cerebral Palsy: ICD10 _____
- CVA: ICD10 _____
- Diabetes: ICD10 _____
- Multiple Sclerosis: ICD10 _____
- Muscular Dystrophy: ICD10 _____
- Osteoarthritis: ICD10 _____
- Other: _____
- Paraplegia: ICD10 _____
- Peripheral Neuropathy: ICD10 _____
- Pressure Ulcer: Location: ICD10 _____
- Spinal Bifida : ICD10 _____
- Stenosis: ICD10 _____
- Tetraplegia: ICD10 _____
- Transverse Myelitis: ICD10 _____
- Paraplegia: ICD10 _____
- Peripheral Neuropathy: ICD10 _____
- Other: _____



Wheelchair and Seating Clinic Locations 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

Montgomery County

NRH Rehabilitation Network at Rockville*

6001 Montrose Road, Suite 402
Rockville, MD 20852
Phone 301-984-6594
Fax 301-984-7271

St. Mary's County

MedStar Health Physical Therapy at Hollywood

24035 Three Notch Road
Hollywood, MD 20636
Phone 301-373-2588
Fax 301-373-4558

Charles County

MedStar Health Physical Therapy at Waldorf

3 Post Office Road,
Suite 105 Waldorf, MD 20602
Phone 301-893-2345
Fax 301-638-1783

Baltimore City

MedStar Health at Loch Raven - Neurorehabilitation Center

O'Neill Building, Second Floor
5601 Loch Raven Boulevard
Baltimore, MD 21239-2905
Phone 443-444-5500
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

*Rockville is a joint venture with Medstar Health and Suburban Hospital.