

To our patients,

MedStar Health Physical Therapy thanks you for placing your trust in our team of seating and mobility experts. We look forward to working with you throughout this process.

To ensure that your wheeled-mobility needs are met in a timely manner we have included an outline of the process for setting up your seating and mobility evaluation.

Step 1: Schedule an appointment with your referring physician to perform a seating and mobility Face-to-Face Evaluation.

PLEASE BRING PAGES 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 seating and mobility Face-to-Face Evaluation.
- Page 3 is the 'Seating and Mobility Request for Services' form for your physician to complete.

Step 2: Once the following documents are received from your physician's office, we will contact you by phone to schedule your seating and mobility evaluation appointment:

1. Seating and Mobility Request for Services (page 3) or a physician's prescription for a 'seating and mobility evaluation.'
2. Physician's documentation from your Seating and Mobility Face-to-Face Evaluation.

****MedStar Health Physical Therapy is **unable** to accept 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. Please schedule your transportation accordingly.

Late arrivals and cancellations: We are unable to guarantee that your 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 seating and mobility evaluation.

Dear Physician,

This letter is provided as a resource by the MedStar Health Seating and Mobility 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 Face-to-Face Evaluation in the patient's medical record.

Face-to-Face Evaluation (in-person) by a MD, DO, DPM, PA, N 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** the following information within the Face-to-Face Evaluation (Note: Payors will deny client's needs for a wheelchair if information is missing).

1. Current condition, past medical history, and pertinent physical examination that clearly describes client's mobility needs in their **home** (Note: Face-to-Face documentation must be separate and distinct for wheelchair and seating needs).
2. Height/weight
3. Cardiopulmonary exam
4. State type of recommended wheeled mobility device (i.e., manual wheelchair or powered mobility device.)
5. Documentation must support **significant** mobility impairment within the **home only** and identify how your client's ADL's are impacted. Be specific.
6. 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 Face-to-Face Evaluation please complete the following:

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

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

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

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

*****As soon as we receive all completed forms, we will schedule your patient for a seating and mobility evaluation.**

For further questions or information please contact the nearest MedStar Health Seating and Mobility Clinic.

Thank you for your referral.



Outpatient therapy seating and mobility clinic **request for services**

Patient name _____ Date of birth ____/____/____
 Address _____
 City _____ State _____ Zip code _____
 Home phone _____ Cell phone _____

Which MedStar Health seating and mobility clinic location do you prefer?

- ☐ Irving Street–Neurorehabilitation Center ☐ Bel Air ☐ MedStar St. Mary's Hospital–Rehabilitation Services
☐ MedStar Good Samaritan Hospital–Neurorehabilitation Center ☐ MedStar Georgetown University Hospital–Physical Medicine & Rehabilitation

Physician name (print clearly) _____ NPI # _____
Physician signature _____ Date _____
 Office phone _____ Fax _____
 Address _____
 City _____ State _____ Zip code _____

Seating and mobility 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: _____ | |



MedStar Health

Seating and mobility clinic locations near you.

Please contact the location convenient for you to schedule an appointment or learn more about our rehabilitation services for wheelchair assessments, seating, and mobility needs.

WASHINGTON, D.C.

MedStar Health: Physical Medicine & Rehabilitation at MedStar Georgetown University Hospital

3800 Reservoir Rd., NW
Pasquerilla Healthcare Center, (PHC) 3
Washington, DC 20007

P 202-295-0546 **F** 855-470-6848

MedStar Health Physical Therapy at Irving Street – Neurorehabilitation Center

MedStar National Rehabilitation Hospital
102 Irving St. NW
Washington, DC 20010
P 202-877-1822 (Seating and mobility clinic phone only)
F 667-359-3020

MARYLAND

Baltimore City

MedStar Health Physical Therapy at MedStar Good Samaritan Hospital

5601 Loch Raven Blvd.
O'Neill Bldg., 2nd Fl.
Baltimore, MD 21239
P 443-444-4600 **F** 443-444-4607

Harford County

MedStar Health Physical Therapy at Bel Air

12 MedStar Blvd., Ste. 225
Bel Air, MD 21015
P 410-877-8078, option #3, then option #2 (Seating and mobility clinic phone only)
F 410-877-8079

St. Mary's County

MedStar St. Mary's Hospital–Rehabilitation Services

25500 Point Lookout Rd.
Leonardtown, MD 20650
P 301-475-6062 **F** 301-997-6502

[MedStarHealth.org/services/seating-and-mobility-clinic](https://www.MedStarHealth.org/services/seating-and-mobility-clinic)