

To our Patients,

The Medstar NRH Rehabilitation Network 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 wheeled mobility needs are met in a timely manner we have included an outline of the process for setting up your wheelchair clinic 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 Evaluation appointment with an NRH therapist once the following documents are received from your Physician's office:

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

****NRH 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. Wheelchair Evaluations typically take 2 hours. 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 Wheelchair Evaluation.

Sincerely,
The NRH Wheelchair and Seating Team

Dear Physician,

This letter is provided as a resource by the NRH 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 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 Face-to-Face Evaluation (Note: Payers will deny clients 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 wheelchair you are recommending, ie. 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 clients 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, 'Wheelchair and Seating Request for Services'.

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

**Signature and date stamps are not allowed

Please Fax: Face-to-Face Evaluation, prescription and demographics to the NRH Wheelchair and Seating 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 Wheelchair/Seating Evaluation.

For further questions or information please contact the nearest NRH Wheelchair and Seating Clinic.

Thank you for your referral.

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

Patient Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Which Medstar Wheelchair and Seating Clinic location you would like to be scheduled at?

Bel Air
 Irving St, NW
 Hollywood**
 Mitchellville
 Rockville*
 Waldorf**
 Good Samaritan Hospital

Physician Name (print clearly) _____ NPI# _____

➤ *Physician Signature* _____ Date _____

Office Phone _____ Fax _____

Address _____

City _____ State _____ Zip Code _____

Wheelchair and Seating Clinic Evaluation: OT or PT

- | | |
|---|--|
| <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Power Wheelchair <input type="checkbox"/> Posture Assessment (Cushion/Backrest) <input type="checkbox"/> Pressure Ulcer/Pressure Mapping | <input type="checkbox"/> Other: _____ _____ _____ _____ |
|---|--|

Diagnosis and ICD-10 Code

Include all diagnoses and ICD10 Codes that apply

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

medstarnrh.org/wheelchairclinic

The NRH Rehabilitation Network is a growing network of outpatient therapy centers located throughout Maryland, the District of Columbia and Northern Virginia. It is a part of MedStar National Rehabilitation Hospital (MedStar NRH). A number of centers are a joint service of MedStar NRH and other entities. Hollywood and Waldorf centers are a joint venture with MedStar NRH and Calvert Memorial Hospital (**).

MedStar NRH Rehabilitation Network

with a Wheelchair and Seating Clinic location near you

WASHINGTON, DC

MedStar NRH Rehabilitation Network
Irving Street
102 Irving Street, NW
Washington, DC 20010-2949
Wheelchair and Seating Clinic:
202-877-1822 or 202-877-1123
202-877-1030 FAX

MARYLAND

Montgomery County

NRH Rehabilitation Network
Rockville*
6001 Montrose Road, Suite 402
Rockville, MD 20852
Wheelchair and Seating Clinic:
202-877-1822 or 202-877-1123
202-877-1030 FAX

Prince George's County

MedStar NRH Rehabilitation Network
Mitchellville
12158 Central Avenue
Mitchellville, MD 20721-1932
Wheelchair and Seating Clinic:
202-877-1822 or 202-877-1123
202-877-1030 FAX

St. Mary's County

NRH Rehabilitation Network
Hollywood**
24035 Three Notch Road
Hollywood, MD 20636
301-373-2588
301-373-4558 FAX

Charles County

NRH Rehabilitation Network
Waldorf**
3 Post Office Road,
Suite 105 Waldorf, MD 20602
Wheelchair and Seating Clinic:
202-877-1822 or 202-877-1123
202-877-1030 FAX

Baltimore City

MedStar Good Samaritan Hospital
O'Neill Building, Second Floor
5601 Loch Raven Boulevard
Baltimore, MD 21239-2905
443-444-5500
443-444-4607 FAX

Harford County

MedStar NRH Rehabilitation Network
Bel Air
12 MedStar Blvd, Suite 255
Bel Air, MD 21015
Wheelchair and Seating Clinic:
410-877-8078, Option #2
410-877-2061 FAX

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