



Providence

Little Company of Mary  
Medical Center  
San Pedro

# Center for Optimal Aging

The Center for Optimal Aging (COA) is an outpatient program offered at Providence Little Company of Mary Medical Center San Pedro. This assessment, performed by an expert, multi-disciplinary team comprised of physical therapists, occupational therapists, pharmacists, dietitians and Gerontology Specialist, is designed to help patients, families and caregivers understand how to safely plan and navigate any potential obstacles that may arise during the aging process.

## What is needed to participate?

1. **Physician prescription** (see other side for blank prescription form to be filled out by physician)
2. **Insurance authorization:** Patients with Medicare, PPO and other private insurances can participate by submitting their signed prescription to the therapy department. HMO participants need prior authorization submitted by their physician for PT evaluation and treatment and OT evaluation and treatment. Once authorization is obtained by the HMO the patient will be scheduled for the program. The COA program is also available for a cash fee (inquire for amount).

## Assessments provided by the program include:

1. **Physical Therapy Evaluation (EPIC ref87):** evaluates mobility / balance
2. **Occupational Therapy Evaluation (EPIC ref53):** evaluates activities of daily living
3. **Cognitive Performance Test / Cognition (included in EPIC ref53):** evaluates cognition / memory
4. **Medication Management Clinic (EPIC ref202g):** reviews and educates prescription / over the counter medication
5. **Nutritional Screening (does not require a referral):** evaluates nutritional risks / needs
6. **Gerontology Specialist (EPIC ref213):** provides social / emotional support, resources / referrals

Once all assessments are completed, we will schedule an appointment for the patient and their family/caregivers to consult with our Gerontology Specialist. This consultation is the key, final meeting that summarizes all of the findings from the program; and where the Gerontology Specialist provides support, resources, referrals, and the complete final Team Report. The comprehensive Team Report will also be given to the referring physician.

# Center for Optimal Aging

## Physician Order

Providence Little Company of Mary  
Medical Center SAN PEDRO  
1300 West 7th St, San Pedro, CA 90732  
310-514-5370 FAX: 310-514-5374

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Additional Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Referring Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_ Fax \_\_\_\_\_

**\*NOTE: Patients receiving home health care will not be eligible for this program. A cash rate is available—please call us!**

## Multi-Disciplinary Team Order

### PHYSICAL THERAPY (Diagnosis AND ICD 10 code is required.)

#### EVALUATION

- |   |   |
|---|---|
| <input type="checkbox"/> Alzheimer's                | <input type="checkbox"/> Neuropathy                     |
| <input type="checkbox"/> Brain Injury               | <input type="checkbox"/> Age related cognitive debility |
| <input type="checkbox"/> COPD                       | <input type="checkbox"/> Osteoarthritis                 |
| <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Parkinson's                    |
| <input type="checkbox"/> Degenerative Joint Disease | <input type="checkbox"/> Spinal Cord Injury             |
| <input type="checkbox"/> Dementia                   | <input type="checkbox"/> Status Post Surgery            |
| <input type="checkbox"/> Disturbance of Gait        | <input type="checkbox"/> Stroke                         |
| <input type="checkbox"/> Lymphedema                 |   |
| <input type="checkbox"/> Other _____                |   |

#### TREATMENT

- Gait training
- Balance / coordination
- Functional mobility training
- Patient, family, caregiver education and training
- Other

### OCCUPATIONAL THERAPY (Diagnosis AND ICD 10 code is required.)

#### EVALUATION

- |   |   |
|---|---|
| <input type="checkbox"/> Alzheimer's                | <input type="checkbox"/> Lymphedema                     |
| <input type="checkbox"/> Brain Injury               | <input type="checkbox"/> Neuropathy                     |
| <input type="checkbox"/> COPD                       | <input type="checkbox"/> Age related cognitive debility |
| <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Osteoarthritis                 |
| <input type="checkbox"/> Degenerative Joint Disease | <input type="checkbox"/> Parkinson's                    |
| <input type="checkbox"/> Dementia                   | <input type="checkbox"/> Spinal Cord Injury             |
| <input type="checkbox"/> Disturbance of Gait        | <input type="checkbox"/> Status Post Surgery            |
| <input type="checkbox"/> Other _____                |   |

#### TREATMENT

- Activities of daily living retraining
- Functional activity
- Cognitive / perceptual retraining
- Patient, family, caregiver education and training
- Cognitive Performance Test (CPT)
- Other

NUTRITIONAL REVIEW  MEDICATION MANAGEMENT  GERONTOLOGY SPECIALIST ASSESSMENT

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



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## Electronic Ordering Instructions

### FOR PHYSICIANS ORDERING THROUGH EPIC ONLY

1. Sign in to EPIC
2. Locate the patient in EPIC
3. Open a new referral
4. Page 1: in "General" - enter the following:
  - a. Status: pending review
  - b. Pend reason: unverified/pending coverage
  - c. Class: internal
  - d. Type: evaluate and treat
  - e. Provider: should be the internal physician
  - f. Department: "CLS Therapy PT" for PT and eldercare specialists; or CLS Therapy OT; or CLS Med Management Clinic
5. Page 2: "Dx/Px"
  - a. Diagnoses: enter ICD 10 codes
  - b. Procedure:
    - A. Ref87 for PT
    - B. Ref53 for OT
    - C. Ref213 for eldercare consultant assessment
    - D. Ref202g for medication management clinic
6. Page 3: "Authorization"
  - a. Start date: should be the date the internal referral is entered

7. Page 4: "Scheduling"
  - a. Status: pending authorization
8. Page 5: "Notes"
  - a. Add any notes; insurance information would be helpful.
9. Accept

There should be four referrals for each COA patient. We will obtain insurance verification and authorization for Medicare, PPO and other private insurance plans. For all HMOs: physicians will have to submit for PT and OT evaluation and treatments. Once authorization is obtained, the physician can enter the referrals into EPIC and scan the authorization into the EMR.

**Center for Optimal Aging Program  
at Providence Little Company of Mary  
Medical Center San Pedro**

1300 West 7th St  
San Pedro, CA 90732

**Please let us know if we can provide  
further assistance.**

Phone: 310-514-5370  
Fax: 310-514-5374