MEDICAL NECESSITY LETTER / RX
KNEE SCOOTER OR KNEE CRUTCH
HCPC Code: # E0118
(Durable Medical Equipment – miscellaneous / crutch substitute mobility scooter or knee crutch)

Patient Name: ________________________________________________________________

Date of Need: ___________________ Expected Duration of Need: ____________________

Diagnosis(es): ___________________________ ICD9 Code: ___________________________

_________________________ ICD9 Code: ___________________________

_________________________ ICD9 Code: ___________________________

□ Patient has fracture dislocation tendon rupture surgery which requires absolute non weight bearing to maximize chances for optimal healing and recovery. This patient is unable to utilize crutches effectively, or is unable to perform tasks of daily living with crutches.

□ Patient has an ulcer infection which requires absolute non weight bearing to maximize chances for optimal healing and recovery. This patient is unable to utilize crutches effectively, or is unable to perform tasks of daily living with crutches.

□ Patient has a neurologic musculoskeletal condition which makes him/her unable to effectively or safely bear weight on one foot. The knee scooter will greatly increase this person’s ability to function independently.

□ Other: ______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Signature: ___________________________________________ Date: ____________________

Printed Name / NPI #: _________________________________________________________

Phone Number: (_____) _______ - ________________