

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: (_____) _____ - _____

Signature

Date