Letter of Medical Necessity for Knee Scooter

A Leg Up Bay Area
3248 Briggs Ave B
Alameda, California 94501
Phone: (510) 523-4143  Fax: (510) 523-4829
E-Mail: alegup@comcast.net
EIN: 82-2892881

HCPC: Code EO118 – Crutch Substitute

Patient: _______________________________________________________________

Date of Need: _________________ Expected Duration of Need: _____________

Diagnosis: ______________________________________________________________

____________________________________ Code: _____________________________

____________________________________ Code: _____________________________

____________________________________ Code: _____________________________

____ Patient has fracture dislocation tendon rupture surgery which requires absolute non weight bearing maximize chance for optimal healing and recovery. This patient is unable to utilize crutches effectively, or is unable to perform tasks of daily living with crutches, but can do so with the knee scooter.

____ Patient has an ulcer infection which requires absolute non weight bearing to maximize chance for optimal healing and recovery. This patient is unable to utilize crutches effectively, or is unable to perform tasks of daily living with crutches, but can do so with the knee scooter.

____ 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: ___________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

I hereby certify that this device is medically necessary.

___________________________________________                  _________________
Signature                                                                                        Date