Medical Necessity Letter for Knee Walker

HCPCS: E0118 – Crutch Substitute, Lower Leg Platform, With or Without Wheels

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 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 Walker.

_____ 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 Walker.

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

_____ Other ____________________________

________________________________________

I hereby certify that this device is medically necessary.

________________________________________ Date: __________________________
Physician Signature

________________________________________
Printed Name

GoodbyeCrutches
Hello Freedom!