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13000 Linden Ave N, # 102
Seattle, WA 98133

**Medical Necessity Letter / Rx
Knee Scooter (Rolleraid, Knee Walker) or Seated Scooter**

HCPC Code: # E1399 Durable Medical Equipment – miscellaneous / crutch substitute mobility scooter

Patient Name: _____

Date on 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: (_____) _____ - _____