

Letter of Medical Necessity – Roll-A-Bout Knee Walker

Provider: Phoenix Medical Solutions, LLC
NPI: 1013318021 Tax ID: 90-0642997

**HCPCS: CODE - E 0118 CRUTCH SUBSTITUTE, LOWER LEG PLATFORM,
WITH OR WITHOUT WHEELS**

Patient Name: _____ Date of Birth: _____

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 **Roll-a-bout 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 **Roll-a-bout Knee Walker**.

____ Patient has a Neurologic Musculoskeletal condition which makes him/her unable to effectively or safely bear weight on one foot. The **Roll-a-bout Knee Walker** will greatly increase this person's ability to function independently.

____ Other _____

I hereby certify that the brand Roll-a-bout Knee Walker by Phoenix Medical Solutions is medically necessary (**NO Substitutes**).

Signature

Date