# Medical Certificate of Need (Universal Kyphotic Vests)

| Date: | Name of Insurance Company: | |
|---|---|---|
| Address: | | |
| City: | State: | Zip: |

**Re: Letter of Medical Certificate of Need for the Universal Kyphotic Vests (UKV)**

| Patient Name: | |
|---|---|
| Group/Policy Number: | Diagnosis Code: |

- ○ Compression/Stability ○ Spine Stabilization ○ Thoracic Stabilization ○ Trunk Control/Posture
- ○ Back/Lumbar/Sacral Pain ○ Lifts/Transfers ○ Gait Training ○ Coronal Region/Cervical Support

**Universal Kyphotic Vests (UKV) Needed:**

- ○ Universal Kyphotic Vests (UKV) ○ Universal Kyphotic Vests (UKV) Pro Series

**This letter serves to document that ________________________________________ has a diagnosis of _______________________________ and requires the utilization of the Universal Kyphotic Vests (UKV), and is medically necessary for him/her as prescribed.**

## Medical History:

| Patient Name: | | |
|---|---|---|
| Patient Age: | Male \| Female | In My Care Since: |
| Patient Diagnosis: | | |
| His/Her Medical History is described as: | | |

**The attached medical records document my patient's clinical condition and medical necessity for the use of the Universal Kyphotic Vests (UKV) to assist with ambulation, lifts and transfer maneuvers. Based on the above facts, I am confident that you will agree that the Universal Kyphotic Vests (UKV) is indicated and medically necessary for this patient.**

**The Universal Kyphotic Vest (UKV) provides the necessary lumbar sacral orthosis, sagittal-coronal control and lumbar flexion. The UKV will also assist the patient to maintain midline and symmetry in dynamic or static sitting or in standing. The vest will also assist the patient with trunk control, posture and maintain spine and thoracic stability as well. The UKV has rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated or otherwise customized to fit this patient or a specific patient by an individual with expertise or thorough training of the Universal Kyphotic Vest.**

**Treatment Plan: Please consider coverage of the Universal Kyphotic Vests (UKV) on behalf of ______________________ and approve the use and subsequent payment for the Universal Kyphotic Vests (UKV) as planned. Please refer to the enclosed prescribing information for the Universal Kyphotic Vests (UKV) . If you have any further questions, please do not hesitate to call our office at: ____________________.**

**Thank you for your prompt attention to this matter. Sincerely,**

| Physician Signature | Date Signed: |
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