

HEALTH CARE SPENDING ACCOUNT

LETTER OF MEDICAL NECESSITY (LMN)

The IRS defines qualified medical expenses as the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part or function of the body. Medical care expenses must be primarily to alleviate or prevent a physical or mental defect or illness. They don't include expenses that are merely beneficial to general health. Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Care Spending Account (HCSA) when your doctor or other licensed health care provider certifies they are medically necessary.

This form will assist you and your health care provider in providing the information we need in order to review your claim. Alternatively, your provider can choose to submit a letter or statement on his or her letterhead including all of the required information. The form/letter must be valid on the date the expense is incurred.

Patient's Name:	Plan Participant's Name/ID Number:
Diagnosis:	Diagnosis Code:

List the specific product(s) and/or services recommended for treatment:
How will the recommended treatment/product(s) alleviate the diagnosis?

Length of Treatment:	Begin Date:
	End Date:

As the provider, I certify that the service or product recommended is medically necessary to treat the specific medical condition described above and is not for general health or cosmetic purposes.

Provider Signature:	Date:
Provider Name:	Provider License #:
	Provider Telephone #:

Please review the Letter of Medical Necessity guidelines on the back of this form before submitting.

You only need to submit this form, or your provider's letter containing the same information, with the first claim you submit for the service or product. The letter will remain on file for 12 months from the date of the document. If treatment extends beyond this time period, you must submit a new letter. **To expedite processing of your claim, you may submit a copy of the letter with each applicable claim for reimbursement.**

When submitting a claim for reimbursement, you are responsible for ensuring the expenses are acceptable per the plan and IRS guidelines, and appropriate supporting documentation is provided. A completed Letter of Medical Necessity does not guarantee reimbursement. The following guidelines should be used when submitting a Letter of Medical Necessity:

The health care provider must provide:

- The patient's specific diagnosis
- The length of treatment
- The specific treatment needed
- How this treatment will alleviate the medical condition

The diagnosis must be specific and must include the diagnosis code.

For example, a diagnosis of "elevated levels of triglycerides or cholesterol" is not specific. A diagnosis of "hypercholesterolemia – 272.0" is specific.

The recommended treatment must be named and described in detail by your licensed health care provider.

A recommended treatment described as "regular or daily exercise recommended for weight loss" is not enough information for a gym membership or weight loss program. Your provider must specifically name and describe the recommended treatment. An acceptable description of treatment would be "I recommend an exercise program through a gym membership for the next 6 months to alleviate the patient's hypertension."

If purchasing an item, the specific item must be named in the Letter of Medical Necessity.

Your provider must state a specific length of treatment.

Lifetime or indefinite lengths of treatment will not be approved. If the treatment is for a chronic condition or treatment extends beyond 12 months, you will need to submit a new Letter of Medical Necessity each year. The letter must be valid on the date the expense is incurred.

Your licensed provider must provide his/her name, license number as well as sign and date the form.

All requested information is required before consideration can be given.

Visit the [University Benefits Flexible Spending Accounts](#) website for more information or contact the Benefits Office by phone at (319) 335-2676 / Toll-Free at 1-877-830-4001 or by e-mail at benefits-fsa@uiowa.edu.