

# **Flex-Plan Services**

## **Letter of Medical Necessity**

Certain medical expenses are not reimbursable under a Health Care Flexible Spending Arrangement unless a licensed health care professional states that the service or product is medically necessary.

IRS Regulation Section 1.213(d)(1) defines “medical care” to include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.

Some services or products do not always “treat” a medical condition. For example:

- Vitamins & dietary supplements
- Cosmetic procedures and products
- Massage therapy

IRS Regulation Section 1.213 states that “[an] expenditure which is merely beneficial to the general health of an individual...is not an expenditure for medical care.” Additionally, IRS Revenue Ruling 2003-102 excludes vitamins by stating that vitamins and dietary supplements are “merely beneficial...to general good health” and, therefore, not reimbursable.

If you purchase vitamin C it would not be eligible for reimbursement. However, vitamin C would be eligible if you have scurvy and your doctor completes the attached letter diagnosing the specific medical condition and necessity for vitamin C treatment. Similarly, glucosamine is not reimbursable unless your doctor has diagnosed you with a specific medical condition—such as arthritis.

Weight loss medications are considered “cosmetic” and are not reimbursable. Certain prescribed drugs for weight loss would be reimbursable to treat a medical condition e.g. obesity.

Finally, massage therapy can improve the “general health” of the participant or it can “treat” a specific medical condition. If your doctor diagnoses you with a specific medical condition such as fibromyalgia or rheumatoid arthritis, massage therapy would be reimbursable with the attached letter.

Please have your licensed health care professional complete the attached sections if your claim has been denied or you anticipate its denial. Note that a doctor’s letter satisfying all the required fields is also acceptable.

## **Over-the-counter medicines and drugs**

Over-the-Counter (“OTC”) medicines and drugs (excluding insulin) purchased on or after January 1, 2011, will require a prescription or other document certifying that a prescription has been issued for that OTC medicine or drug before reimbursement will be made. Provide a prescription with your claim and we will store the prescription for the duration permitted. If you do not have the prescription, have your physician complete section I and III of the LMN.

## Letter of Medical Necessity

### Section I

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

### Section II (required for all expenses specifically requiring an LMN e.g. massage therapy, vitamins, etc.)

Diagnosis: \_\_\_\_\_

Treatment Duration (required for massage) Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

CPT Code: \_\_\_\_\_

#### Hello Flex-Plan Services:

(Please describe the medical condition, the treatment you recommend, and how such treatment relates to the medical condition)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section III (required for OTC Medicines and Drugs)

I certify that I have issued a prescription for the OTC medicines and drugs listed below and that I am an individual authorized to issue a prescription in the state in which the prescription was issued and that the prescription meets the legal requirements of a prescription in the state in which the medical expense is incurred.

List OTC medicines and drugs \_\_\_\_\_

Date prescription was issued \_\_\_\_\_ (your prescription will be valid with Flex-Plan for one year beginning on the date the prescription was issued. If no date was provided your prescription or LMN will be valid for one year beginning on the date this LMN was received by Flex-Plan.)

**Best regards,**

Provider's signature: \_\_\_\_\_

Clinic/Hospital/Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Note: Flex-Plan Services requires that the proper documentation support your FSA claims and does not consider the sufficiency or substance of the letter. If your letter is incomplete your claim will be denied.

Please call Flex-Plan Services if you have questions: 1-800-669-3539.

Please Fax to: 1-866-535-9227 or email to [flexplan@flex-plan.com](mailto:flexplan@flex-plan.com).

Flex-Plan Services, Inc. • PO Box 53250 • Bellevue, WA 98015