

SEBB Letter of Medical Necessity

Certain medical expenses are not reimbursable under a Medical Flexible Spending Arrangement (FSA) unless a licensed health care professional states that the service or product is medically necessary. These expenses require a Letter of Medical Necessity (LMN) before they can be reimbursed.

Have your licensed health care professional complete the LMN if your claim has been denied or you think it might be denied. A doctor's letter satisfying all the required fields in the LMN is also acceptable.

IRS Regulation Section 1.213(e)(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 and dietary supplements
- Cosmetic procedures and products
- Weight loss programs

You can find a complete list of expenses that require an LMN at sebb.naviabenefits.com/benefits/expenses.

IRS Regulation Section 1.213 says "[an] expenditure which is merely beneficial to the general health of an individual...is not an expenditure for medical care."

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.

However, there are exceptions to the above rules. Examples:

- Vitamin C would be eligible for reimbursement if your doctor diagnosed scurvy and prescribed vitamin C as a treatment.
- Calcium supplements would be eligible for reimbursement if your doctor diagnosed osteoporosis and prescribed calcium for a treatment.
- Certain weight loss medications would be eligible for reimbursement if your doctor prescribed them to treat a medical condition such as obesity.

Note: Navia Benefit Solutions requires that the proper documentation support your Medical FSA claims and does not consider the sufficiency or substance of the letter. If your letter is incomplete, your claim will be denied until the proper documentation is provided.



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Section I: Employee Information

Employee Name: _____ Date: _____

School District, ESD, or Charter School Name _____

Section II: Medical Information (required) – To be completed by a licensed health care professional

Patient Name: _____

Diagnosis: _____

Treatment Start Date (mm/dd/yyyy) _____ End Date (mm/dd/yyyy) _____

Procedure (CPT) Code: _____

Describe the **medical condition**, the **treatment you recommend**, and **how such treatment relates** to the medical condition.

Provider's Signature: _____

Clinic/Hospital/Office Name: _____

Address: _____

Phone Number: _____