

Letter of Medical Necessity

Certain medical expenses are not reimbursable under a Health Care Expense Account 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
- Exercise Equipment

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, calcium is not reimbursable unless your doctor has diagnosed you with a specific medical condition—such as osteoporosis.

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.

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 the OTC Medicines and Drugs section of the LMN.

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Section I

Date: _____

Patient Name: _____

Employer Name: _____

Employee Name: _____

Section II (required for expenses specifically requiring an LMN e.g. weight loss programs, vitamins/supplements, etc.)

Diagnosis: _____

Treatment Duration Start date: _____ End date: _____

Procedure (CPT) Code: _____

Hello Navia Benefits:

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

OTC Medicines and Drugs – if you are prescribing vitamins/supplements please use Section II

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 Navia for one year after the prescribed date. If no date was provided, your prescription or LMN will be valid for one year from the date received by Navia).

Provider's signature: _____

Clinic/Hospital/Office Name: _____

Address: _____

Phone Number: _____

Note: Navia Benefits requires that proper documentation support your Health Care Expense Account claims. If your letter is incomplete your claim will be denied.

Please email to: customerservice@naviabenefits.com
Questions? Please call: 800-669-3539