

Some health care services and products can only be reimbursed by the Health Care Savings Plan (HCSP) if prescribed by a qualified medical practitioner to treat a specific medical condition. The medical condition and recommended treatment must be documented by the practitioner on either this Letter of Medical Necessity or a prescription.

The HCSP participant is responsible for having the medical practitioner complete this form. The participant must return the form to MSRS along with the Reimbursement Request form and appropriate documentation of the expense. Please see page 2 of this form for instructions and a list of medical expenses that can be reimbursed.

1. Participant information

Last name	First name	MI	MSRS ID or SSN
Date of birth	Date of termination	Daytime phone number	

2. Qualified licensed medical practitioner

This section must be completed by a medical doctor, physician assistant, nurse practitioner, osteopathic doctor, chiropractor, ophthalmologist, or dentist.

Name of qualified practitioner	Telephone number		
Name of medical facility	Name of patient		
Mailing address			
City	State	Zip code	

A. Specify the medical condition and/or ICD code requiring the treatment/expense: _____

B. Date of diagnosis: _____

C. Describe the recommended treatment: _____

D. Specify the frequency and duration of the treatment: _____

3. Signature of qualified licensed medical practitioner

I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.

Signature of qualified practitioner _____ Date _____

Letter of Medical Necessity Information

This Letter of Medical Necessity must be:

- completed by a qualified medical practitioner, which includes a medical doctor, physician assistant, nurse practitioner, osteopathic doctor, chiropractor, ophthalmologist, or dentist;
- dated prior to date the expense is incurred;
- returned to MSRS along with a Reimbursement Request form and appropriate documentation of the expense incurred; and
- renewed by the practitioner on an annual basis if the treatment will be continued and you wish to be reimbursed for the purchase/service.

Reimbursable Health Care Expenses with Physician's Note

The following health care items have a dual use and can only be reimbursed from HCSP if you provide this *Letter of Medical Necessity* or a written prescription signed by a qualified medical practitioner. The medical practitioner must:

- a) specify the name/type of treatment; and date of diagnosis;
- b) specify the medical condition requiring the treatment/expense and the duration of treatment; and
- c) update this letter or prescription on an annual basis to continue to be eligible for reimbursements.

- Acne/Rosacea treatment
- Aspirin
- Chondroitin (arthritis)
- Compression socks
- Diaper service
- Dietary supplements
- Exercise equipment *
- Fees for exercise, athletic or health club membership *
- Fiber supplements
- Fish oil
- Glucosamine (arthritis)
- Herbalist
- Hormone therapy (bio-identical/compounding)
- Hospital or burn bed
- Lactose intolerance pills (e.g., Lactaid)
- Massage therapy (prescription must indicate length of time needed and number of treatments needed)
- Nasal sprays/strips for snoring
- Nutritional supplements
- Orthopedic shoes (limited to one pair per prescription; only excess of cost over \$100)
- Over-the-counter (OTC) drugs
- Prenatal vitamins
- Preservision
- Shampoo and soaps, medicated
- Sunscreen
- St. John's Wort (depression)
- Toothpaste, prescription (Prevident 5000)
- Vitamins and minerals
- Weight loss program
- Wig (hair loss due to disease)

* Limitations apply. Please contact MSRS for more detail.

We encourage you to contact MSRS to verify that an expense can be reimbursed by your HCSP account.

Mail or fax the completed form to:



60 Empire Drive, Suite 300
St. Paul, MN 55103-3000



Toll-free: 1.800.657.5757
Fax: 651.282.9909

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1-800-627-3529 and ask to be connected to MSRS at 651-296-2761.

Letterofmedicalnecessity/HCSP/11.29.18