



What is a Letter of Medical Necessity?

A **letter of medical necessity** (LOMN) is like a prescription, but with more detail. It must include a medical diagnosis and recommended treatment plan from your doctor or medical care provider. An LOMN is required before we can reimburse the cost of certain medical care items or services. **For your convenience, a sample form of LOMN is provided on the reverse, which you may use if your provider does not have one.**

Expenses that do not qualify as “medical care” cannot be reimbursed, even with an LOMN (read NOTE below).

For faster and more efficient processing, an LOMN should contain the following information or elements:

- Licensed healthcare provider information.** The letter must be issued from a licensed healthcare provider. It is preferred that the letter be printed on official letterhead or include the provider’s stamp. LOMNs submitted electronically via email or online must be in a photo or PDF file format. Examples of licensed healthcare providers include:
 - Doctor of medicine or osteopathy
 - Podiatrist
 - Dentist
 - Chiropractor
 - Clinical psychologist
 - Optometrist
 - Nurse practitioner
 - Nurse midwife
 - Clinical social worker authorized to practice by the state
 - Naturopaths/Holistic Health Practitioners
- Specific diagnosis.** The provider’s diagnosis must be specific, not general. For example, if the letter contains only a list of symptoms, it will not qualify as an LOMN.

Incorrect: “Mr. X suffers from fatigue, bone pain, or weakness.”
Correct: “I have diagnosed Mr. X with osteoporosis.”
- Description of recommended treatment.** The provider’s recommended treatment should be described in detail, including how this treatment is a medical necessity for the patient or will alleviate the diagnosis or symptoms. The letter must not simply indicate that the recommended treatment, service, or item would be good for general health or merely “helpful” to treat the condition.

Incorrect: “Mr. X would benefit from calcium supplements.”
Correct: “I recommend that Mr. X begin a vitamin regimen of 1200 mg of calcium supplements each day for the next 12 months to slow down the progression of Mr. X’s osteoporosis.”
- Specific length of treatment.** The letter should state a specific length of treatment (e.g., 6 months or 5 years). If no length of treatment is provided, or an indefinite or lifetime length of treatment is indicated, the LOMN will be good for one year and then must be renewed.

Incorrect: “Mr. X should take calcium supplements for the rest of his life.”
Correct: “Mr. X should begin a vitamin regimen of 1200 mg of calcium supplements each day for the next 12 months.”

NOTE: IRS regulations define “medical care” to include those amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of a disease, or for the purpose of affecting any structure of function of the body. Some products or services will not qualify as treating a medical condition, including certain procedures or services that are considered purely cosmetic. Such non-qualifying expenses will not be reimbursable, even with a LOMN from a medical care provider.

MORE INFO?
HRAveba.org

QUESTIONS?
1-888-659-8828
customercare@hraveba.org

Each of the sections below must be completed and described with specificity. This letter must be printed or photocopied on the prescribing provider's letterhead or be stamped with the provider's stamp, along with the provider's name, address, and telephone number.

Date: _____

To Whom It May Concern:

I am writing this letter on behalf of my patient named below, to document the medical necessity of the recommended procedure, treatment, medication, equipment, or service described under Section I below for treatment of the specific medical condition described under Section II below.

Patient Name: _____

Section I. Specific diagnosis or description of medical condition:

Section II. Recommended procedure, treatment, medication, equipment, or service:

(Describe how this treatment plan is expected to help cure, alleviate, or treat the patient's specific diagnosis. Statements that the recommendation is helpful to general health will not meet the standard required for reimbursement.)

Section III. Recommended duration for procedure, treatment, medication, service:

(If not specified, a one-year expiration will apply.)

Sincerely,

Provider Signature: _____

Provider Printed Name: _____

Licensing Credentials: _____