

The HCSP participant is responsible for having a qualified 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 more information and a list of medical expenses that can be reimbursed if MSRS has an up-to-date *Letter of Medical Necessity* on file.

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

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

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

1. Specify the medical condition and/or ICD code requiring the treatment/expense: _____
2. Date of diagnosis: _____
3. Describe the recommended treatment or product name: _____
4. 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 _____ / _____ / _____
Month Day Year

Letter of Medical Necessity *Information*

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.

This Letter of Medical Necessity must be:

- completed by a qualified medical practitioner, which includes a medical doctor, physician assistant, nurse practitioner, osteopathic doctor (licensed), 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. We encourage you to contact MSRS to verify that an expense can be reimbursed by your HCSP account.

- Chondroitin (arthritis)
- Compression socks
- Cosmetics or similar products with sunscreen
- 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
- Massage therapy (prescription must indicate length of time needed and number of treatments needed)
- Mattress *
- Nutritional supplements
- Nutritionist's professional services
- Occupational therapy
- Orthopedic shoes (limited to one pair per prescription; only excess of cost over \$100)
- Prenatal vitamins
- Psychoanalysis or Psychologist
- 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.

Questions?



Phone: **1.800.657.5757** or **651.296.2761**

HCSP Fax: **651.282.9909**

Schedule an appointment:

www.msrs.state.mn.us/request-appointment

Privacy Notice: Private data requested on this form will be used by MSRS to process your request. You are not legally required to provide the data requested. However, we may not be able to process your request without sufficient information. Your private data will not be shared with an unauthorized person without written consent except as authorized by federal or state law or a court order.

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/04.26.24