



VitaFlex Statement of Medical Necessity Guidelines

Normally-Ineligible Expenses

There are many circumstances where a specific treatment is not typically considered an eligible expense under a Section 125 plan in general and under the VitaFlex Plan specifically.

An Important Exception

In certain situations, however, the same services or treatments which would normally not be considered eligible may actually be eligible for reimbursement under your FSA Plan. When a normally-ineligible service or treatment is accompanied by a specific Statement of Medical Necessity from your physician or provider, it may be considered eligible for reimbursement under the VitaFlex plan.

What Exactly Needs to be Included in a Statement of Medical Necessity

Following are the required elements for a statement of medical necessity. Please note all five of these items **MUST** be included in order for the Statement of Medical Necessity to be acceptable.

1. The name of the patient
2. The specific disease or disorder that is being treated
3. The specific treatment or item that is necessary
4. An affirmative statement by the medical provider that the specific treatment or item is *medically necessary* to treat the specific disease or disorder.
5. Provider signature

What to Avoid

Please note, a “recommendation” or “suggestion” that a certain treatment or item be used is **NOT** sufficient. The provider must specifically state that in their view the specific treatment is actually medically necessary.

Sample Statement of Medical Necessity

Any statement of medical necessity which contains all of the elements identified above is sufficient. However, following is a sample of such a statement that would be acceptable. The five required elements are underlined in this example for clarity.

Jane Doe has a medical diagnosis of osteoarthritis. Calcium tablets are medically necessary for the treatment of this disorder.

Signed: David Booth, MD