

Possible Eligible Expenses with a Letter of Medical Necessity



Certain products or services require additional verification before reimbursement. Examples include:

NUTRITIONAL SUPPLEMENTS OR VITAMINS



vitamin D for deficiency, iron for anemia, or prenatal vitamins during pregnancy

GYM MEMBERSHIPS OR PERSONAL TRAINING



obesity, high blood pressure, or diabetes

ALTERNATIVE THERAPIES (ACUPUNCTURE, CHIROPRACTICE CARE)



pain management, musculoskeletal disorders, or chronic conditions such as migraines

FITNESS EQUIPMENT



obesity, diabetes, hypertension, or high blood pressure

MASSAGE THERAPY



injury recovery, chronic pain, or physical therapy support

COMPRESSION GARMENTS OR STOCKINGS



circulation issues, varicose veins, or lymphedema

ORTHOPEDIC SHOES OR CUSTOM SHOE INSERTS



plantar fasciitis, flat feet, or diabetes-related foot issues

AIR PURIFIERS OR HUMIDIFIERS



asthma, severe allergies, or respiratory conditions

MENTAL HEALTH TREATMENTS OR PROGRAMS



treatment for anxiety, depression, or other diagnosed mental health conditions

SMOKING CESSATION PROGRAMS



nicotine dependence

SLEEP AIDS OR DEVICES (WHITE NOISE MACHINES)



sleep disorders when recommended by a provider

ERGONOMIC OFFICE EQUIPMENT (CHAIRS, STANDING DESKS)



chronic back pain, spinal conditions, or injury recovery

HOME MODIFICATIONS (RAMPS OR GRAB BARS)



mobility limitations or disability-related needs

SPECIALIZED CURRICULUM OR TUTORING SERVICES



Mental or physical impairment such as dyslexia, ADHD, or hearing/speech issues

WIGS



hair loss due to alopecia, chemotherapy, or radiation treatment