

GLUTEN HERO

# Letter of Medical Necessity Template

For celiac disease, version 1

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## About this template

A Letter of Medical Necessity (LMN) is a signed statement from your treating physician that your celiac disease requires a strict gluten free diet as medical care. With this letter on file, your HSA or FSA administrator can consider reimbursing the gluten free price premium with pre-tax dollars, and your CPA or tax professional has the documentation they need to support the corresponding line on Schedule A. The letter is what makes the expense eligible to be considered; your administrator still decides what they reimburse.

**How to use this template:** Fill in only the patient and provider information at the top. Leave the medical language as written so your doctor can review and edit. Bring it to your next celiac follow up, or email it to your gastroenterologist with a brief note asking them to review, sign, and return.

**Renewal:** Most administrators want a fresh letter every 12 months. Set a calendar reminder for 11 months from the signature date.

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## Letter of Medical Necessity

*[Provider name or practice letterhead]*

*[Provider street address]*

*[City, State, ZIP]*

*[Phone, fax, secure email]*

**Date:** *[MM / DD / YYYY]*

**To:** HSA or FSA Plan Administrator (or whom it may concern)

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**RE: Letter of Medical Necessity for** *[Patient full legal name]*

**Patient name:** *[Patient full legal name]*

**Date of birth:** *[MM / DD / YYYY]*

**Patient address:** *[Street, City, State, ZIP]*

**Insurance ID or member ID, if applicable:** *[Member ID]*

## Diagnosis

I am the treating physician for the above named patient. The patient has been diagnosed with **celiac disease**.

**Primary ICD-10 diagnosis code:** K90.0 (Celiac disease)

**Date of diagnosis:** [MM / DD / YYYY]

**Method of diagnosis:** [for example, positive serology, including tTG-IgA, EMA, or DGP, with confirmatory small bowel biopsy showing villous atrophy consistent with Marsh classification]

**Additional related ICD-10 codes, if applicable:** [for example, L13.0 dermatitis herpetiformis; D50.9 iron deficiency anemia; M85.80 osteopenia; K90.4 malabsorption due to intolerance]

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## Medical necessity of a strict gluten free diet

A strict, lifelong **gluten free diet** is the only medically accepted treatment for celiac disease. It is medically necessary for this patient to:

- Prevent ongoing autoimmune damage to the small intestine.
- Avoid serious complications, including malabsorption, anemia, osteoporosis, infertility, neurological symptoms, refractory celiac disease, and an elevated risk of small bowel lymphoma.
- Maintain remission and resolution of symptoms.

This is not a dietary preference, a wellness choice, or an elective lifestyle modification. It is the prescribed medical treatment for the patient's diagnosed disease.

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## Specific expenses that are medically necessary

The following expenses are medically necessary for the treatment of this patient's celiac disease and should be considered eligible medical expenses under **Internal Revenue Code Section 213(d)** and the framework set out in IRS Revenue Ruling 55-261 and IRS Publication 502:

1. **The incremental cost** of certified gluten free food above the cost of conventional, gluten containing equivalents.
2. **The full cost** of specialty gluten free items that have no conventional counterpart, including but not limited to xanthan gum, guar gum, sorghum flour, certified gluten free oats, dedicated gluten free flour blends, and certified gluten free baking mixes.

3. **Mileage and travel costs** related to obtaining gluten free food, attending celiac related medical appointments, and accessing celiac safe dining or specialty stores when local options are unavailable.
4. **Nutrition counseling** and follow up appointments related to celiac disease management.
5. **Medically prescribed supplements** related to celiac associated deficiencies, including but not limited to iron, vitamin B12, vitamin D, calcium, and folate.
6. **Diagnostic and follow up testing**, including endoscopy, biopsy, antibody panels, and bone density scans where clinically indicated.

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### Duration of treatment

This patient requires a strict gluten free diet **for life**. Celiac disease is a chronic, lifelong autoimmune condition with no cure other than complete and ongoing avoidance of gluten. This Letter of Medical Necessity should therefore be considered ongoing.

For administrative purposes, please consider this letter valid for the **maximum duration permitted by the plan**. I am happy to provide an updated letter on request.

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### Provider certification

I certify that the above information is true and accurate to the best of my knowledge, and that the medical necessity described is based on my direct examination, diagnosis, and ongoing treatment of this patient.

**Provider name (printed):** *[Dr. Full Name]*

**Credentials:** *[MD or DO or NP or PA, plus board certification, e.g., Gastroenterology]*

**NPI number:** *[10 digit NPI]*

**State license number:** *[License number, State]*

**Provider signature:** \_\_\_\_\_

**Date signed:** *[MM / DD / YYYY]*

## Tips for getting your doctor to sign

This is the part that intimidates people. It should not.

### Bring the letter pre-filled.

Doctors are busy. If you walk in with everything but their signature already done, the odds of getting it signed at the visit go up dramatically.

### Frame it correctly.

Try this script: *I would like to use my HSA or FSA for celiac related expenses. My benefits administrator requires a Letter of Medical Necessity. I drafted one based on your records. Could you review and sign?*

### If they push back.

Some doctors are not familiar with the LMN process. You can point them to the Celiac Disease Foundation page at [celiac.org/gluten-free-living/federal-benefits/tax-deductions](http://celiac.org/gluten-free-living/federal-benefits/tax-deductions) or the Beyond Celiac guide at [beyondceliac.org/gluten-free-diet/shopping/tax-deduction-guide](http://beyondceliac.org/gluten-free-diet/shopping/tax-deduction-guide). Both describe the same documentation requirements that apply to LMNs.

### If they do not have time at the visit.

Email or fax the template to the practice's medical records or care coordinator with a polite note asking them to review, sign, and return. Most practices charge a small fee for forms outside of a visit, often \$10 to \$50. It is almost always worth it.

### Renewal.

Set a calendar reminder for 11 months out so you can renew the letter before the old one expires. Gluten Hero tracks this for you automatically.

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## What happens after your doctor signs

1. **Submit a copy** to your HSA or FSA administrator. They will keep it on file.
  2. **Save the original** in your medical records folder, both digital and paper.
  3. **Submit your gluten free expense receipts** to your HSA or FSA throughout the year. Many administrators have a portal or app for this.
  4. **Track your reimbursements** so you know exactly how much pre-tax money you recovered. Gluten Hero handles this automatically.
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## Sources

IRS Publication 502, Medical and Dental Expenses, at [irs.gov/pub/irs-pdf/p502.pdf](https://irs.gov/pub/irs-pdf/p502.pdf)

IRS Private Letter Ruling 202311001 (citing Rev. Rul. 55-261), at [irs.gov/pub/irs-wd/202311001.pdf](https://irs.gov/pub/irs-wd/202311001.pdf)

IRS FAQ on medical expenses related to nutrition, wellness, and general health, at [irs.gov/individuals](https://irs.gov/individuals) (search the FAQ)

Internal Revenue Code Section 213(d) on Cornell LII, at [law.cornell.edu/uscode/text/26/213](https://law.cornell.edu/uscode/text/26/213)

Celiac Disease Foundation, Federal Benefits, at [celiac.org/gluten-free-living/federal-benefits/tax-deductions](https://celiac.org/gluten-free-living/federal-benefits/tax-deductions)

Beyond Celiac, Tax Deduction Guide for Gluten Free Products, at [beyondceliac.org/gluten-free-diet/shopping/tax-deduction-guide](https://beyondceliac.org/gluten-free-diet/shopping/tax-deduction-guide)

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*This template is general educational information, not personalized medical, tax, or legal advice. Your doctor's actual letter must reflect their independent clinical judgment. Some administrators accept a signed physician letter like this one; others require their own form, so check with yours before submitting. Whether a given expense is reimbursed is decided by your plan administrator, not by this letter. One more rule worth knowing: you cannot reimburse an expense from an HSA or FSA and also count that same dollar toward the medical expense total on Schedule A. Pick one path per expense. Always confirm with your physician, your HSA or FSA administrator, and your CPA or tax professional before relying on this letter.*