

MEDICAL NECESSITY NARRATIVE FORM

MEDICAL NECESSITY STATUTE

(130 CMR 450.204 A & B)

A Service is medically necessary if:

(A) it is **REASONABLY CALCULATED TO** prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member **THAT** endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; **AND (B) THERE IS NO OTHER MEDICAL SERVICE** or site of service, comparable in effect, available, and suitable for the member requesting the service that is more conservative or less costly to the MassHealth agency.



STATUTE-BASED FLOW CHART (FOR THIS PATIENT)

Orthodontic services for Patient:

is Medically Necessary because:

(A) THE SERVICE IS REASONABLY CALCULATED TO:

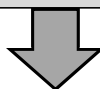
- Prevent a Condition
- Diagnose a Condition
- Prevent Worsening of a Condition
- Alleviate a Condition
- Correct a Condition
- Cure a Condition

THAT:

- Endangers Life
- Causes Suffering or pain
- Causes Physical Deformity
- Causes Malfunction
- Threatens to cause a handicap
- Threatens to aggravate a handicap
- Results in Illness
- Results in infirmity (Physical or Mental)

AND (B) THERE IS NO OTHER MEDICAL SERVICE:

- Comparable in effect
- Available
- Suitable
- More Conservative or Less Costly



ORTHODONTIC FLOW CHART DETAILS (FOR THIS PATIENT)

HARMFUL CONDITION FOR THIS PATIENT

- Crowding (non-cleansable)
- Spacing (gingival food-impaction)
- Deep Impinging Overbite
- Open Bite
 - Anterior
 - Posterior
- Cross Bite (edge-to-edge included)
 - Anterior
 - Posterior
- Occlusal Trauma
 - Tooth Structure Trauma (#s) _____
 - Gingival Structure Trauma (#s) _____
 - TMJ Trauma (i.e.) _____
- Impacted Tooth # _____
- Ectopic Tooth # _____
- Other Condition: _____

HARMFUL EFFECT FOR THIS PATIENT

- Causes Gum & Bone Infirmity
- Causes Tooth Infirmity
- Causes TMJ Infirmity
- Cause Emotional Infirmity
- Causes Pain At: _____
- Causes Other Suffering _____

OTHER MEDICAL SERVICE OPTIONS?

- Comparable in effect
- Available
- Suitable
- More Conservative or Less Costly

MEDICAL NECESSITY NARRATIVE:

Based on these checked off harmful conditions, harmful effects, and since there is no other medical service option, I am hereby certifying that this patient meets the threshold for coverage under The Medical Necessity Statute, which defines this service as Medically Necessary.

Dr. _____

DATE _____