

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.



PUT YOUR CHILD'S NAME HERE

STATUTE-BASED FLOW CHART (FOR MY CHILD)

Orthodontic services for my Child: **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

NOTE 1: Check off as many as apply to your child's condition

NOTE 2: You will most likely deserve coverage for Medical Necessity if:

Your Child is in Pain (Such as TMJ pain or chewing pain)

Your Child is Mentally harmed by their condition (Get a psychiatrist letter to prove this)

NOTE 3: You can use this form even though there are arrows and instructions on the form.

NOTE 4: You will be testifying under oath at the hearing that the above information is true.