The following is a general guide to assist dentists and medical clinicians to communicate with MassHealth about special circumstances patients. There are two different templates, one for patients for whom a dental infection would be life threatening and one for patients whose disability causes them to be unable to maintain their oral hygiene. This language is only meant to present an example. It is a basic letter, that covers the regulatory requirements. Additional details about your patient will make the application stronger.

SPECIAL CIRCUMSTANCES TEMPLATE:
RISK OF SEVERE INFECTION

A. DENTIST

[must be printed on professional letterhead]

RE: Jane Doe, DOB X/X/XX

To Whom It May Concern:

I am writing on behalf of my patient **[PATIENT NAME]** who should be designated a special circumstances dental patient. I am **[PATIENT NAME]**'s dentist. I have been treating him/her for **[NUMBER OF YEARS – omit if not applicable]**. He/she suffers from **[DIAGNOSIS]** Because of this condition, a dental infection would be life threatening for **[PATIENT NAME]**. He/she requires the following dental care **[DESCRIBE ONGOING DENTAL CARE NEEDS]** to avoid infection.

I am enclosing a letter from **[PATIENT NAME]**'s clinician **[DOCTOR OR NURSE PRACTITIONER]** further explaining his/her condition and supporting this application for special circumstances coverage.

Sincerely,

B. PHYSICIAN OR PRIMARY CARE CLINICIAN

[must be printed on professional letterhead]

RE: Jane Doe, DOB X/X/XX

To Whom It May Concern:

I am writing on behalf of my patient **[PATIENT NAME]** who should be designated a special circumstances dental patient. I am **[PATIENT NAME]**'s **[DOCTOR/NURSE PRACTITIONER]**. He/she suffers from **[DIAGNOSIS]**. This causes **[DESCRIPTION OF CONDITION]**. Because of this condition, a dental infection would be life threatening for **[PATIENT NAME]**.*

Sincerely,

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* You must reference specific supporting diagnostic evidence.

SPECIAL CIRCUMSTANCES TEMPLATE:
INABILITY TO MAINTAIN ORAL HYGEINE

A. DENTIST

[must be printed on professional letterhead]

RE: Jane Doe, DOB X/X/XX

To Whom It May Concern:

I am writing on behalf of my patient **[PATIENT NAME]** who should be designated a special circumstances dental patient. I am **[PATIENT NAME]**'s dentist. I have been treating him/her for **[NUMBER OF YEARS – omit if not applicable]** years. He/she suffers from **[DISABILITY]**. He/she is unable to maintain his/her oral hygiene because **[EXPLANATION OF EFFECT OF CONDITION]**.* This inability affects his/her dental health by **[DESCRIPTION OF EFFECT ON DENTAL HEALTH]**. Because of this condition, **[PATIENT NAME]** requires the following dental care **[DESCRIBE ONGOING DENTAL CARE NEEDS]**.

I am enclosing a letter from **[PATIENT NAME]**'s clinician **[DOCTOR OR NURSE PRACTITIONER NAME]** further explaining his/her condition and supporting this application for special circumstances coverage.

Sincerely,

B. PHYSICIAN OR PRIMARY CARE CLINICIAN

[must be printed on professional letterhead]

RE: Jane Doe, DOB X/X/XX

To Whom It May Concern:

I am writing on behalf of my patient **[PATIENT NAME]** who should be designated a special circumstances dental patient. I am **[PATIENT NAME]**'s **[PHYSICIAN/PRIMARY CARE CLINICIAN]**. He/she suffers from **[DISABILITY]**, a severe and chronic disability. I expect this condition to continue indefinitely. This causes **[DESCRIPTION OF DISABILING CONDITION]**. He/she is unable to maintain his/her oral hygiene because **[EXPLANATION OF EFFECT OF CONDITION]**.*

Sincerely,

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* There are four ways in which someone can be unable to maintain their oral hygiene:

1. physical inability,
2. mental/cognitive inability,
3. inability to report oral pain, or
4. the nature of their disability is such that routine personal care is not sufficient to maintain oral hygiene.

You should specify which of the above four applies to the patient, and address whether or not the patient is able to perform routine oral hygiene tasks, including brushing or flossing. If the patient has regular, reliable help with these tasks, you should document that in your letter and gauge their ability in light of that assistance.