

Questionnaire: D1110 Prophylaxis

****CLINICAL DOCUMENTATION MUST SUPPORT THE ANSWERS GIVEN IN THIS QUESTIONNAIRE****

1. *Does this patient meet DHS Criteria for additional Prophylaxis (D1110) for any of the following? Please check all that apply.*
(Please select between 1 and 7 items.)
 - Physically disabled. An explanation of how the condition is effecting self-care is required in the clinical notes
 - Residing in a supported residence (including nursing homes or group home setting) relying on others for care
 - Patient physically unable to adequately perform daily oral hygiene without support
 - Have a cognitive impairment or brain injury
 - Have a medical condition that puts them at high risk for complications, including xerostomia
 - Taking medication known to cause gingival hyperplasia or medication that is causing xerostomia. Clinical documentation must support this statement
 - Have a mental health condition that is inhibiting proper self-care. An explanation of how the condition is affecting self-care is required in the clinical notes.
 - NA

2. *Is this Solely for Cosmetic purposes? (Please select one.)*
 - Yes
 - No

Instructions: WARNING: Attached documentation is subject to audit. Ensure all information below is submitted. Level of plaque Level of calculus Tissue condition Periodontal class type Education/oral hygiene instruction

3. *Please provide the date the first prophylaxis of this calendar year was completed. (Please attach the SOAP note to this case.)*

4. *Is the Clinicians recommended recall frequency stated clearly in the clinical notes? (Please select one.)*
 - Yes
 - No

If you answered "Yes" on question 4

4.1. *Recall Frequency* (Please select one.)

- 3 month
- 4 month
- 6 month

5. *What length of approval is being requested 1 calendar year or 2 calendar years?* (Please select one.)

- 1 Calendar Year
- 2 Calendar Years

Signature

1. *By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. In addition, I attest and certify that I have verified the profile change against an acceptable form of identification and that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. 325L.07) *** You MUST attach documentation to support the answers given in the questionnaire ****

(Please select one.)

- I agree

2. *Electronic Signature*