Questionnaire: D1110 Prophylaxis

Prophylaxis D1110

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
   - ☐ Residing in a supported residence (including nursing homes or group home setting)
   - ☐ 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 medications known to cause gingival hyperplasia or xerostomia
   - ☐ Have a mental health condition
   - ☐ N/A

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

Instructions: WARNING: Attached documentation is subject to audit. Insure 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 prophy 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

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*
