

# CHECKLIST: PERIODONTAL THERAPY

**Instructions:** MEDICAL NECESSITY DOCUMENTATION REQUIREMENTS PER DHS POLICY (Must be uploaded to the case) Please confirm by checking the box that all required documentation has been included.

---

1. Submit requests for authorization with the following dental history, case information, and documentation:
  - Copies of current diagnostic imaging (BWX, PA's, FMX)**
  - Six-point periodontal charting including attachment loss and mobility**
  
2. Clinical information - Must be in attached clinical notes:
  - Periodontal Prognosis for all requested teeth**
  - Classification of the periodontology case type which must be in accordance with documentation established by the AAP**
  
3. Presence of pathology in requested sites including:
  - bleeding per requested site**
  - deposit levels (plaque and calculus) per requested site**
  - tissue conditions per requested site**
  
4. 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 \*\*\*
  - I agree**
  
5. Electronic Signature