



Private Duty Nursing for Children HH-002

Iowa Medicaid Program	Prior Authorization	Effective Date	09/11/2009
Revision Number	7	Last Reviewed	04/17/2026
Reviewed By	Medicaid Medical Director	Next Review	04/16/2027
Approved By	Medicaid Clinical Advisory Committee	Approved Date	05/23/2018

Descriptive Narrative

Private-duty nursing services are services provided to a child by a registered nurse or a licensed practical nurse under the direction of the child’s physician. Services may be provided in the child’s place of residence or outside the child’s residence when performing normal life activities.

Criteria

Plans of care are reviewed and points assigned based on the Medical Needs Acuity Scoring Tool (MNAAT – see scoring guide below) form [#470-4815](#). Total points are used to determine the number of hours to meet medical need.

Units of service (hours) are authorized based on the following point accumulations:

- 0-4 points = 0 hours
- 5-9 points = up to 3 hours
- 10-14 points = up to 4 hours
- 15-19 points = up to 8 hours
- 20-29 points = up to 12 hours
- 30-39 points = up to 14 hours
- 40 or more points = up to 16 hours

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes.

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

Virginia Medicaid Waiver Tool.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]

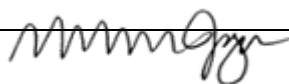
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Change Date	Changed By	Description of Change	Version
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Change Date	Changed By	Description of Change	Version
04/17/2026	CAC	Annual Review.	7

Signature



Criteria Change History

William (Bill) Jagiello, DO

Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Annual Review. Added form # link in Criteria.	6

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William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
04/19/2024	CAC	Annual Review.	5

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Change Date	Changed By	Description of Change	Version
04/21/2023	CAC	Annual Review.	4

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Change Date	Changed By	Description of Change	Version
04/15/2022	CAC	Annual Review.	3

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Change Date	Changed By	Description of Change	Version
04/16/2021	CAC	Annual review. Minor formatting changes.	2

Signature

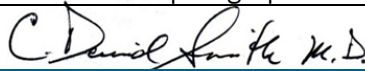
William (Bill) Jagiello, DO



Change Date	Changed By	Description of Change	Version
04/17/2015	CAC	Added last paragraph in References.	1

Signature

C. David Smith, MD



CAC = Medicaid Clinical Advisory Committee