



## Private Duty Nursing for Children HH-002

<b>Iowa Medicaid Program</b>	Prior Authorization	<b>Effective Date</b>	09/11/2009
<b>Revision Number</b>	6	<b>Last Reviewed</b>	04/18/2025
<b>Reviewed By</b>	Medicaid Medical Director	<b>Next Review</b>	04/17/2026
<b>Approved By</b>	Medicaid Clinical Advisory Committee	<b>Approved Date</b>	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 (MNASt – see scoring guide below) form [#470-4815](#). Total points are used to determine the number of hours to meet medical need.

MNASt		
Medical Need	Frequency	Points
Behavior that interferes with cares	Mild	1.00
	Moderate	2.00
	Severe	3.00
Requires Isolation		1.00
Skilled assessment of <u>1</u> system: (choose one)	Every 2 hours or more often	2.00
<input type="checkbox"/> Respiratory	Every 4 hours	1.50
<input type="checkbox"/> Neurological	Every 8 hours	1.00
<input type="checkbox"/> Cardiovascular	Daily	0.50
<input type="checkbox"/> Gastrointestinal		
<input type="checkbox"/> Genitourinary		
<input type="checkbox"/> Integumentary		
Skilled assessment of <u>2 or more</u> systems: (check all that apply)	Every 2 hours or more often	2.00
<input type="checkbox"/> Respiratory	Every 4 hours	1.50
<input type="checkbox"/> Neurological	Every 8 hours	1.00
<input type="checkbox"/> Cardiovascular	Daily	0.50
<input type="checkbox"/> Gastrointestinal		
<input type="checkbox"/> Genitourinary		
<input type="checkbox"/> Integumentary		
	Simple: 1 or 2	3.00

MNAST		
Medical Need	Frequency	Points
Scheduled Medications: Excludes topical medications.	Moderate: 3 to 5	4.00
	Complex: 6 to 9	5.00
	Extensive: 10 or more	7.00
PRN Medications: <u>1 point given if PRN medication(s) are ordered.</u> ** Additional points may be given if documentation is submitted showing the frequency of specific PRN medication administration. **	PRN Medication Order	1.00
	Simple: 1 to 2	2.00
	Moderate: 3 to 5	3.00
	Complex: 6 to 9	4.00
	Extensive: 10 or more	5.00
Nebulizer Treatments: <u>1 point given if PRN nebulizer treatment is ordered.</u> ** See above for additional points for PRN medications **	PRN Nebulizer treatments	1.00
	Scheduled at least daily, less than every 8 hours	2.00
	Scheduled every 6 to 8 hours	3.00
	Scheduled every 4 to 5 hours	3.50
	Scheduled every 2 to 3 hours	4.00
IV Medications: Choose method of administration. <input type="checkbox"/> Peripheral IV <input type="checkbox"/> Central Line <input type="checkbox"/> PICC line Hickman <input type="checkbox"/> Other *** includes TPN, excludes heparin or saline flush ***	Weekly	1.00
	Daily	1.50
	Less than every 8 hours	2.00
	Every 8 hours	2.50
	Every 6-7 hours	3.00
	Every 4-5 hours	3.50
	More than every 4 hours	4.00
Tracheostomy Cares	Scheduled and/or PRN	6.00
Suctioning	Scheduled and/or PRN (Trach or NT)	5.00
	Scheduled and/or PRN (oral)	1.00
Pulse Oximetry	Continuous pulse oximetry with PRN oxygen parameters	1.00
	PRN or spot check pulse oximetry with PRN oxygen parameters	1.00
Ventilator	Ventilator, dependent, 24 hours per day	20.00
	Ventilator, intermittent 12 or more hours per day	18.00
	Ventilator, intermittent, 8-11 hours/day	16.00
	Ventilator, intermittent, 4-7 hours/day	14.00
	Ventilator, intermittent, less than 4 hours/day	12.00
BiPap or CPAP	BiPAP or CPAP more than 8 hours/day	5.00
	BiPAP or CPAP less than 8 hours/day	4.50
	BiPAP or CPAP used only at night	4.00
Chest Physiotherapy (CPT): (manual or with use of airway clearance vest)	PRN CPT	1.00
	Daily	1.00

MNA <sup>ST</sup>		
Medical Need	Frequency	Points
	Every 8 hours or more	2.00
	Every 4-7 hours	3.00
	More than every 4 hours	4.00
Nutrition: Choose all that apply <input type="checkbox"/> Routine oral feeding <input type="checkbox"/> Difficult, prolonged oral feeding <input type="checkbox"/> Reflux and/or aspiration precautions <input type="checkbox"/> G-tube <input type="checkbox"/> J-tube <input type="checkbox"/> Other	Physician ordered oral feeding attempts (i.e., treatment of oral aversion)	1.00
	Tube feeding (routine bolus or continuous)	2.00
	Tube feeding (combination bolus and continuous)	2.50
	Complicated tube feeding (residual checks, aspiration precautions, slow feed, etc.)	3.00
Seizures: If Continuous Medical Monitoring and Assessment (CMMA) order present for neurological system, do not allow additional points for minimal interventions <u>unless</u> the specific intervention is documented.  If CMMA order is not present, but documentation indicates daily seizure activity, allow points for minimal intervention if the plan of care has a seizure treatment plan included.	Seizure diagnosis, not activity documented	0.00
	Mild: daily, no intervention	0.00
	Moderate: minimal intervention daily	2.00
	Moderate: minimal intervention 2 to 4 times daily.	4.00
	Moderate: minimal intervention 5 or more times daily	4.50
	Severe: requires IM/IV/Rectal medications daily	5.00
	Severe: requires IM/IV/Rectal medications 2 to 4 times daily	5.50
	Severe: requires IM/IV/Rectal medications 5 or more times daily	6.00
Intermittent Catheter	Every 4 hours	5.00
	Every 8 hours	4.00
	Every 12 hours	3.00
	Daily or PRN	2.00
Strict I & O	Every 4 hours	4.00
	Every 8 hours	3.00
	Daily	2.00
Fractured or casted limb		1.00
Splinting schedule	On/Off daily	1.00
Basic range of motion (ROM)	At least every 8 hours	1.00
Body Cast		1.00
Miscellaneous skilled therapies (1.00 point each misc. therapy ordered). If diagnosis of skin disease, i.e. psoriasis, and PRN topical medications ordered, may allow 1 point for misc. therapies. If restraints are routinely used and documented, may allow 1 point for misc. therapies.	Daily or PRN	1.00
	Less often than every 8 hours	1.00
	Every 4 to 7 hours	2.00
	More than every 4 hours	3.00
PEG or G-tube dressing change	At least daily	1.00

MNA <sup>ST</sup>		
Medical Need	Frequency	Points
Choose all that apply <input type="checkbox"/> Stage 1 – 2 pressure ulcer, <input type="checkbox"/> IV change (new site)	At least daily	2.00
<input type="checkbox"/> Stage 3 – 4 pressure ulcer <input type="checkbox"/> Multiple wound sites	At least daily	3.00

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]			[#]
Signature			
Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
Signature			
Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Annual Review. Added form # link in Criteria.	6
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
04/19/2024	CAC	Annual Review.	5
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
04/21/2023	CAC	Annual Review.	4
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
04/15/2022	CAC	Annual Review.	3
Signature			
William (Bill) Jagiello, DO			
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			