



**Department of Medical Assistance Services  
Medical Necessity Assessment and  
Private Duty Nursing Service Authorization  
Form**

(DMAS-62)

*Final eligibility for nursing services will be determined by DMAS, according to medical necessity, as documented in the member's clinical documentation. All points must correspond to actions performed and documented by the nurse.*

*If you have questions about this form contact DMAS Medical Services Unit at 804-786-8056 or see <https://vamedicaid.dmas.virginia.gov/sa>.*

**Please submit this completed referral form and supporting clinical documentation (see additional guidance) through the Atrezzoportal, at <https://atrezzo.acentra.com/>**

| MEMBER INFORMATION   |                              |   |                          |   |
|--|------------------------------|---|--------------------------|---|
| Member's Name:   |                              | Medicaid ID #:  |                          |   |
| DOB:   |                              | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female                     |                          |   |
| Address:   |                              | Member phone #:   |                          |   |
| Parent/Guardian's Name:  |                              | Parent Phone #:   |                          |   |
| Address:   |                              | Active Protective Services case? <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |   |
| Primary Care Physician:  |                              | PCP Phone #:  |                          |   |
| REFERRAL SOURCE  |                              |   |                          |   |
| Referral Completed by (name):  |                              | MD/DO   | PA                       | NP RN/LPN   |
| Phone#:  | Address:                     |   |                          |   |
| Date of last visit to practitioner (PCP or specialist) or of last exam ( <b>Note*</b> : Must be <90 days from the request date): |                              |   |                          |   |
| Date Assessment/Referral Completed:  | This is a:                   | New Request   | Re-authorization Request | Request Due to Status Change<br>More information: |
| NURSING AGENCY INFORMATION   |                              |   |                          |   |
| Phone#:  | Person of Contact in Agency: |   |                          |   |

| MEDICAL NEEDS ASSESSMENT   |  |             |                |
|--|--|-------------|----------------|
| <p align="center"><i>Summarize daily medical needs to determine eligibility for Private Duty Nursing services.<br/>All points claimed must correspond with needs both documented and completed by a medical professional.<br/>Please note the Private Duty Nursing agency can only claim points if the RN/LPN is physically present, documents performing the task.<br/>The agency cannot claim points for services provided by the primary caregiver of child</i></p> |  |             |                |
| Medical Need   |  | Point Value | Points claimed |
| <i>Respiratory</i>   |  |             |                |
| Tracheostomy (do not score if ventilator dependent)  |  | 5           |                |
| Tracheal suctioning*   | Q < 1 hour or more frequently                        | 8           |                |
|  | Q 1-4 hours  | 6           |                |
|  | Q > 4 hours or less frequently                       | 4           |                |
|  | PRN (cannot score if routine suctioning is required) | 2           |                |
| Tracheostomy Care (Dressing change and change of trach ties; do not score if suctioning required)  |  | 1           |                |
| Nasal/oral/pharyngeal suctioning   | Q < 1 hour-3 hours (not PRN)                         | 6           |                |
|  | Q > 3-7 hours  | 4           |                |
|  | Q > 7 hours  | 3           |                |
|  | PRN (must be documented on nursing flow sheet)       | 2           |                |

| Medical Need  |   | Point Value | Points claimed |
|---|---|-------------|----------------|
| Ventilator use  | 22-24 hours per day   | 25          |                |
|   | 12-21 hours per day   | 20          |                |
|   | < 12 hours per day  | 15          |                |
| Oxygen  | Via nasal cannula > 2L with titrations based on frequent desaturations (desaturations defined as pulse ox < 92%, sustained to > 1 minute, occurring > 3 times per shift) (At least 8 hours per day) | 7           |                |
|   | Via nasal cannula ≤2L (At least 8 hours per day)  | 6           |                |
| Continuous pulse ox (> 8 hours per day; do not score if also on oxygen)   |   | 4           |                |
| Oxygen via Heat and Moisture Exchanger (HME)  |   | 4           |                |
| BiPap or CPAP (no tracheostomy)   | ≥ 12 hours per day (nurse must be present at least 50% of time child is on BiPAP/CPAP)  | 12          |                |
|   | < 12 hours per day (nurse must be present at least 50% of time child is on BiPAP/CPAP)  | 10          |                |
| Chest PT, vest, cough assist and/or nebulizer treatment   | ≥ Q4 hours  | 6           |                |
|   | < Q4 hours  | 4           |                |
|   | PRN (Cannot score if scheduled treatments are provided)   | 1           |                |
| Respiratory TOTAL:  |   |             |                |
| <b>Cardiovascular Access/Medications</b><br><b>Members who only need education for self-administration of prescribed subcutaneous (SQ), intramuscular (IM), or intravenous (IV) injections do not qualify for PDN services.</b> |   |             |                |
| Central Line use (Includes Implanted port, Peripherally inserted central catheter (PICC), triple lumen catheter, non-tunneled and tunneled catheter, hemodialysis)  |   | 5           |                |
| IV medications  | < 4 hours apart   | 10          |                |
|   | ≥ 4 hours apart   | 6           |                |
| Intravenous Fluids ( Continuous ≥ 12 hours)   |   | 6           |                |
| Total Parenteral Nutrition (TPN) ( Nurse must be present at least 50% of time child is on TPN)  |   | 15          |                |
| Dressing changes/Flushing of lines  |   | 2           |                |
| Non-IV medications*   | > 6 meds NG/PO/G-tube/per rectum medications administered per nursing shift (excluding Oxygen, nebulizer treatments, topical, OTC meds, PRN medications)  | 4           |                |
|   | 1 to 6 meds NG/PO/G-tube/per rectum medications administered per nursing shift (excluding Oxygen, nebulizer treatments, topical, OTC meds, PRN medications)   | 3           |                |
| Subcutaneous and/or IM injections   | ≥ 1 time / day  | 3           |                |
|   | < 1 time / day (e.g., every other day; once/week)   | 2           |                |
| Continuous Glucose Monitoring (not on insulin pump requiring administration of subcutaneous insulin)  |   | 1           |                |
| Cardiovascular Access/Medication TOTAL:   |   |             |                |
|   |   |             |                |
| Ostomy care   |   | 5           |                |
| Wound vacuum or drain   |   | 2           |                |

| Medical Need  |   | Point Value | Points claimed |
|---|---|-------------|----------------|
| Wound Care TOTAL:   |   |             |                |
| <i>Feeding</i>  |   |             |                |
| NG tube   | Continuous (12 hours or more per day; nurse must be present during the entire feeding time)   | 20          |                |
|   | Bolus   | 10          |                |
| Oral feeds: Documented difficult or prolonged oral feeding(> 30 min per 4 oz; nurse must be present during the entire feeding time; do not score if tube feeding is required)   |   | 4           |                |
| J/G-tube (score only one)   | Continuous tube feeding performed by nurse (≥ 12 hours)   | 8           |                |
|   | Tube feeding w/ frequent documented issues (e.g., residual checks, slow feed not to include venting, paced feeds)                         | 6           |                |
|   | Routine tube feeding by Nurse (< 12 hours)  | 5           |                |
|   | Water bolus (via G-tube - requires MD order - ≥100 ml) 10ml/kg  | 3           |                |
|   | Flushes   | 2           |                |
| Feeding TOTAL:  |   |             |                |
| <i>Central Nervous System</i>   |   |             |                |
|   | Seizures ≥ 3 per day requiring medical intervention*  | 8           |                |
| Seizures* Seizure observation alone does not qualify for skilled nursing care with an RN or LPN   | Seizures < 3 per day requiring medical intervention*  | 6           |                |
|   | Seizures which do not require medical intervention other than oxygen  | 4           |                |
|   | Seizures which do not require medical intervention but require monitoring of heart rate, respiratory rate, pulse ox: ≥ 3 seizures per day | 2           |                |
|   | Seizures which do not require medical intervention but require monitoring of heart rate, respiratory rate, pulse ox: < 3 seizures per day | 1           |                |
| Central Nervous System TOTAL:   |   |             |                |
| <i>Assessments</i>  |   |             |                |
| Vital signs / neuro / respiratory / special assessments   | ≥ Q4 hours and recorded   | 3           |                |
|   | Per shift and recorded  | 1           |                |
| Assessments TOTAL:  |   |             |                |
| <i>Elimination and Toileting</i>  |   |             |                |
| Incontinence requiring intermittent, indwelling straight catheterization must be performed ≥ Q4 hours   |   | 4           |                |
| Elimination and Toileting TOTAL:  |   |             |                |
| <i>Other. These tasks must be documented in the nursing notes.<br/>           (These tasks must be documented for individual consideration and can be considered for additional points. These tasks do not meet the requirement for skilled nursing unless one of the above skilled tasks is also required )*</i> |   |             |                |
| Uncontrolled incontinence, EITHER bowel (includes ostomy) or ,bladder with bed linen changes required greater than once daily for children ages ≥ 3 years   |   | 1           |                |
| Splinting removal and replacement   | Q4 hours  | 2           |                |
|   | Order ≥ Q5 hours  | 1           |                |
| Lifting/transfer required   | Weight: > 150lbs  | 3           |                |

| Medical Need  |  | Point Value | Points claimed |
|---|--|-------------|----------------|
| during shift, non-weight bearing<br>Weight: _____ lbs                           | Weight: 100-150 lbs  | 2           |                |
|   | Weight: < 100 lbs  | 1           |                |
| Combative and exhibits aggressive behaviors toward nurse/caregiver/self *       |  | 2           |                |
| Disorientation or confusion, or unwilling or unable to cooperate (age >3 years) |  | 2           |                |
| Non-verbal/communication deficit (includes age >3 years)                        |  | 1           |                |
| Other TOTAL:  |  |             |                |
|   |  |             |                |
| EPSDT   | <p>Are additional hours needed to correct or ameliorate the child's condition (ameliorate: to improve a condition or to prevent a condition from getting worse) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, # of hours needed:</p> <p>Specific condition and additional needs (supporting documentation required):</p> |             |                |

|   |  | If Member's Total Medical Needs Score is**: |   |
|---|--|---|---|
| Respiratory total                       |  | = 1 to 4 points                             | = Individual Consideration; Consider Home Health, Skilled Nursing (if ID/DD), Personal Care Services and/or adaptive technologies |
| Cardiovascular Access/Medications total |  |   |   |
| Wound Care total                        |  | = 5 to 10 points                            | = Up to 6 hours/day OR 42 hours/week  |
| Feeding total                           |  |   |   |
| Central Nervous System total            |  | = 11 to 20 points                           | = Up to 8 hours/day OR 56 hours/week  |
| Assessments total                       |  |   |   |
| Elimination & Toileting total           |  | = 21 to 35 points                           | = Up to 12 hours/day OR 84 hours/week   |
| Other total                             |  |   |   |
| <b>MEDICAL NEEDS SCORE:</b>             |  | = 36 to 45 points                           | = Up to 16 hours/day OR 112 hours/week  |
|   |  |   |   |
|   |  | = >45 points                                | = Individual Consideration  |
|   |  |   |   |

*Note: Total nursing hours (any combination of RN and/or LPN and in any care setting) may not exceed the amount authorized by this form*

|   |  |
|---|--|
| Is the member receiving school-based nursing (submit IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the member receiving school-based personal care services (submit IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how many hours per week?  | If yes, how many hours per week?   |

| ATTENDING PHYSICIAN ORDER AND ATTESTATION   |        |
|---|--------|
| The above named patient is in need of Private Duty Nursing services due to his/her current medical condition. Based on the member's medical necessity, I am prescribing:  |        |
| Private Duty Nursing for _____ hours per day, _____ days per week. Shift requested is _____ (am/pm) to _____ (am/pm).   |        |
| Attending Physician Signature (no stamps):  | NPI #: |
| _____   | Date:  |
| <p><i>"I hereby attest that the information contained herein is current, complete and accurate to the best of my knowledge and belief. I understand that my attestation may result in provision of services which are paid for by state and federal funds and I also understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under the applicable federal and state laws."</i></p> |        |

## **Instructions for completing the Private Duty Nursing Medical Needs Assessment and Referral (DMAS-62)**

Supporting clinical documentation required to be submitted along with this DMAS-62 includes:

- *The CMS-485, or equivalent*
- *Records of the Department of Education's last Individual Education Plan (IEP), if member is receiving or seeking Personal Care or PDN services delivered in a school setting and paid for by Medicaid; and*
- *Recent clinical documentation.*
  - *If a reauthorization review, include the most recent 2 weeks of nursing notes*
  - *If a new request, examples include: hospital or facility discharge summary, last 3 physician visit notes (primary or specialty care), etc.*

All nursing notes must be legible and easy to read by the reviewers.

All applicants are scored by the DMAS Medical Services Unit (MSU) upon each initial evaluation, renewal request, status change and triggering event.

All individuals are scored upon initial evaluation and reevaluation by a physician. Re-assess individuals upon hospital discharge to determine if care needs have changed. Send all initial assessments and follow up assessments to the DMAS MSU.

Individuals must receive a minimum score of 1 point to receive any level of Private Duty Nursing services.

Assign points in all relevant categories and record the total points under the "Medical Needs Score" at the bottom of the form. All points claimed must correspond to actions to be performed and documented by the nurse. Private Duty Nursing hours awarded will be provided only during the shift/hours which were scored. Private Duty Nursing hours should decrease when there is a decrease in an individual's total points.

Several areas in the Medical Needs Assessment section assign points based on the frequency of the need for the activity (e.g., tracheal suctioning Q 1-4 hours). The individual's nursing record must support the frequency. The agency plan of treatment and the medical needs assessment must document that the individual needs suctioning at this frequency of on an ongoing basis. For example, when an individual has an upper respiratory infection, the need for suctioning may increase, and the frequency determination should not be based on the individual's needs during illness but on the time when an individual is in their normal health status. Document increased need only when a substantial change in their health status has occurred.

### **ADDITIONAL GUIDANCE**

**Tracheal suctioning** – Defined as suctioning of the trachea requiring a suction machine and flexible catheter. A member is ineligible for points in the suctioning category if he/she is able to suction their own trachea.

**Tracheostomy care** – Must be performed and documented by the PDN nurse. If a school-aged child has a stable capped tracheostomy and the school requires the presence of a skilled nurse, the PDN agency must document this service is not part of the IEP and/or the school.

**Oxygen scores** – These scores cannot be added together. Score the points if the member is on oxygen at >2L or if the oxygen needs are titrated based on pulse ox. This can also be used for members who are unstable on oxygen and desaturate often.

**CPT/vest/nebulizer** – Score points if the member receives CPT/Vest therapy and/or nebulizer treatment (for medications only, NOT saline).

**Medications** – Medication points relate to the complexity of the individual's medication regimen. Nebulizer treatments, topical, OTC, vitamins and mineral supplements, and PRN medications do not count as medications for the scoring below. Score points only for the number of medications provided per shift, irrespective of the number of doses or frequency of administration per medication.

**Tube feeding with frequent documented issues** – Score points if the member is receiving tube feedings and the feeding must be stopped > 4 times per week for issues such as documented intolerance to the feeding, requiring documented interventions by nurse. This may include halting the feeding and requiring a re-starting later in the shift, altering the rate of feeding, changing to oral rehydration fluids, or giving an enema/suppository.

**Seizures medical intervention** – Score points if the member requires the application of oxygen and the administration of medications.



