

# Private Duty Nursing Medical Necessity Scoring — Frequently Asked Questions

## Overview and Transition

---

### What changed with the new DMAS-62?

Virginia codified PDN medical necessity criteria in regulation for the first time under 12VAC30-50-132, effective March 26, 2026. The new DMAS-62 implements those criteria. Key structural differences include:

- A redesigned scoring system with different point values across clinical categories
- New categories (e.g., wound care, seizures as a standalone section, assessments, EPSDT hours)
- Some prior categories removed or significantly restructured
- Revised hour thresholds
- Consistency of application across Acentra (FFS), MCOs, and DBHDS (DD Waivers) is now a regulatory requirement

### Who is subject to the new requirements?

The new regulation and form apply to all PDN authorizations processed by Acentra (FFS), MCOs, and DBHDS. All authorizing entities will apply the new scoring instrument uniformly.

### What happens to active authorizations issued under the prior form?

Active authorizations remain valid until their expiration date. At renewal, the new DMAS-62 is used and the score is calculated under the new point system. No re-submission is required solely because the new form has been released.

### If a member or provider is appealing a decision made under the prior form, which scoring system applies?

Appeals are governed by the scoring system in effect at the time of the initial determination. If the original authorization decision was made under the prior DMAS-62, the appeal is evaluated under the criteria applicable at that time.

## Scoring Changes

---

### The point values on the new form are lower. Does this mean members will receive fewer authorized hours?

Not necessarily. The hour thresholds have been rescaled alongside the point values. Authorized hours are determined by where the new total score falls on the new form's hour table — not by comparison to prior scores. Agencies should ensure all qualifying nursing tasks are fully documented and all applicable new categories are reviewed before a score is finalized.

### How are high-acuity items like ventilator dependence and oxygen now scored?

These items have been restructured on the new form:

- Ventilator use: 22–24 hrs/day = 25 points; 12–21 hrs/day = 20 points; under 12 hrs/day = 15 points
- Oxygen via nasal cannula: over 2L with frequent desaturations = 7 points; 2L or less = 6 points
- Continuous pulse oximetry (not on oxygen) = 4 points

The rescaled point values reflect the new scoring system; the clinical intent — authorizing more hours for more complex needs — is unchanged.

### What new scored items appear on the new form that were not on the prior form?

New categories and items include:

- Nasal/oral/pharyngeal suctioning (separate from tracheal suctioning, with its own point scale)
- Central line use (PICC, port, hemodialysis, etc.) = 5 points
- Total Parenteral Nutrition (TPN) = 15 points
- Wound care: ostomy care (5 points), wound vacuum or drain (2 points)
- Seizures — standalone section with 5 scoring tiers
- Assessments — vital signs and nursing assessments = 1 or 3 points
- EPSDT hours — additional hours to correct or ameliorate a child's condition
- Continuous Glucose Monitoring = 1 point
- Subcutaneous/IM injections
- PRN tracheal suctioning = 2 points (only if no routine suctioning is required)

### **What items from the prior form are no longer scored?**

Items removed or significantly changed include:

- Peritoneal dialysis — removed as a standalone scored item (
- Strict I&O monitoring — removed as a standalone scored item
- Sterile dressing changes by frequency — replaced by a broader wound care section
- Medication scoring by clinical complexity tier — replaced by a simple count per shift (1–6 meds = 3 points; over 6 meds = 4 points)
- IV/hyperalimentation tiers — replaced by separate IV medications frequency and IV fluids line items
- Open-ended 'Assessment and Specialized Treatments' category with discretionary points — replaced by the structured 'Other' section with defined scored items
- Enteral feed access frequency add-ons — no longer present

### **How is medication scoring different?**

The new form counts medications per nursing shift regardless of monitoring complexity:

- 1 to 6 medications per shift = 3 points
- More than 6 medications per shift = 4 points

Exclusions (oxygen, nebulizer treatments, topical meds, OTC meds, PRN medications) are unchanged. Injectable insulin, SQ/IM injections, and IV medications are scored on separate line items and should not be included in the medication count.

### **How is tube feeding scored?**

G/J-tube feeding is scored as follows:

- Continuous tube feeding by nurse (12+ hours) = 8 points — nurse must perform this task
- Tube feeding with frequent documented issues (stopped more than 4 times/week) = 6 points
- Routine tube feeding by nurse (under 12 hours) = 5 points
- Water bolus via G-tube (requires MD order) = 3 points
- Flushes = 2 points

Oral feeding (documented difficult or prolonged feeding, over 30 min per 4 oz) = 4 points, only if no tube feeding is required. NG tube continuous feeding = 20 points; NG bolus = 10 points.

## **Authorized Hours**

---

### **Q12: What are the authorized hour tiers on the new form?**

New form hour tiers:

- 1–4 points: Individual Consideration

- 5–10 points: Up to 6 hours/day — 42 hours/week
- 11–20 points: Up to 8 hours/day — 56 hours/week
- 21–35 points: Up to 12 hours/day — 84 hours/week
- 36–45 points: Up to 16 hours/day — 112 hours/week
- Over 45 points: Individual Consideration

Prior form hour tiers (for reference only):

- 1–6 points: Individual Consideration
- 7–22 points: Up to 8 hours/day — 56 hours/week
- 23–36 points: Up to 12 hours/day — 84 hours/week
- 37–49 points: Up to 16 hours/day — 112 hours/week
- Over 50 points: Individual Consideration

### **What does Individual Consideration mean for scores of 1–4 or over 45?**

Individual Consideration means the case is reviewed individually to determine the appropriate service or authorized hours. It does not indicate automatic denial.

For scores of 1–4: The member does not meet the standard score thresholds for PDN hours. Alternatives such as Home Health, Skilled Nursing (if the member has an intellectual or developmental disability), Personal Care Services, or adaptive technologies may be considered.

For scores over 45: The member's needs exceed the standard scoring tiers. The reviewer determines appropriate authorized hours based on the submitted documentation.

## **Documentation Requirements**

---

### **Q14: What documentation is required with the form?**

Per the Instructions accompanying the new form, required supporting documentation includes:

- The CMS-485 (Home Health Certification and Plan of Care) or equivalent
- The most recent Individual Education Plan (IEP), if the member receives or is seeking school-based PDN or personal care services paid by Medicaid
- For re-authorization: the most recent 2 weeks of nursing notes
- For new requests: hospital or facility discharge summary and/or last 3 physician visit notes (primary or specialty)

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

### **Q15: What does the rule requiring nurse physical presence mean for scoring?**

Points may only be claimed for tasks actually performed by the nurse. The nurse must be physically present when the scored task occurs, and the task must be documented in the nursing notes as performed by the nurse. Points may not be claimed for tasks performed by the family or primary caregiver, even if the nurse is present in the home.

### **Q16: How should suctioning frequency be documented and verified?**

Frequency must reflect the member's baseline health status, not an acute illness period. Nursing records must consistently document suctioning at the claimed frequency. The same standard applies to nasal/oral/pharyngeal suctioning, which is scored separately from tracheal suctioning on the new form.

## **Specific Clinical Situations**

---

### **How are seizures scored?**

Seizures are a standalone section with five tiers:

- 3 or more seizures per day requiring medical intervention = 8 points
- Fewer than 3 seizures per day requiring medical intervention = 6 points
- Seizures requiring medical intervention other than oxygen = 4 points
- Seizures not requiring medical intervention but requiring monitoring (HR, RR, pulse ox): 3 or more per day = 2 points
- Seizures not requiring medical intervention but requiring monitoring: fewer than 3 per day = 1 point

For purposes of seizure scoring, 'medical intervention' means administration of medications. Oxygen administration alone does not constitute medical intervention for the higher-point tiers. The 4-point tier applies when oxygen is provided but medications are not required. Seizure observation alone does not qualify for skilled nursing care.

### **How is BiPAP/CPAP scored?**

BiPAP or CPAP (without a tracheostomy):

- 12 or more hours per day = 12 points — nurse must be present for at least 50% of the time the child is on BiPAP/CPAP
- Less than 12 hours per day = 10 points — same presence requirement

The 50% nurse presence requirement must be supported in nursing documentation.

### **How is tracheostomy without ventilator dependence scored?**

Tracheostomy without ventilator dependence = 5 points. Tracheostomy points are not scored if the member is ventilator dependent. Tracheal suctioning, if required, is scored separately (up to 8 points depending on frequency). Tracheostomy care (dressing change and trach tie change) = 1 point, only if suctioning is not also required.

### **Can tube feeding and oral feeding both be scored?**

No. Oral feeding points (4 points for documented difficult or prolonged feeding over 30 minutes per 4 oz) apply only if tube feeding is not required. If the member receives any scored tube feeding, oral feeding points do not apply.

### **How is Central Line use scored?**

Central line use = 5 points. This includes implanted ports, PICC lines, triple lumen catheters, non-tunneled and tunneled catheters, and hemodialysis lines. The following are scored separately:

- IV medications: less than 4 hours apart = 10 points; 4 or more hours apart = 6 points
- Intravenous fluids (continuous, 12 or more hours) = 6 points
- TPN (nurse must be present at least 50% of the time) = 15 points
- Dressing changes/flushing of lines = 2 points

### **How is peritoneal dialysis scored on the new form?**

Peritoneal dialysis is no longer a standalone scored item. Clinical needs associated with peritoneal dialysis should be documented in the EPSDT section with supporting clinical documentation. The reviewer evaluates the documentation to determine appropriate additional hours.

### **How are PRN medications handled under the new form?**

PRN medications are excluded from the standard medication count, consistent with the prior form. There is no longer a discretionary pathway to award additional points for PRN medication use. If PRN medication needs represent a significant additional nursing burden not captured by the scored items, that clinical need may be documented in the EPSDT section with supporting documentation for reviewer consideration.

### **What is the volume threshold for scoring a G-tube water bolus?**

A G-tube water bolus scores 3 points and requires an MD order. The qualifying threshold is 100 ml or 10 ml/kg of body weight — either threshold may be used.

### **How is the 'Other' section scored?**

The 'Other' section contains specific scored items:

- Uncontrolled incontinence (bowel or bladder) with bed linen changes required more than once daily, for children age 3 or older = 1 point
- Splinting removal and replacement: every 4 hours = 2 points; per order at 5+ hours = 1 point
- Lifting/transfer required, non-weight bearing: over 150 lbs = 3 points; 100–150 lbs = 2 points; under 100 lbs = 1 point
- Combative and exhibits aggressive behaviors toward nurse, caregiver, or self = 2 points
- Disorientation, confusion, or unwilling/unable to cooperate (age over 3) = 2 points
- Non-verbal/communication deficit (age over 3) = 1 point

All 'Other' items must be documented in the nursing notes. These items alone are not sufficient to establish skilled nursing need. At least one scored skilled nursing task from another section must also be required.

## **EPSDT**

---

### **What is the EPSDT section and when does it apply?**

The EPSDT section allows for additional authorized hours beyond the base score when nursing services are needed to correct or ameliorate a child's condition. The physician or referring clinician must document the specific condition, the nursing tasks required, and why the additional hours are clinically necessary. Supporting documentation must be submitted with the form.

### **How are EPSDT additional hours reviewed and awarded?**

EPSDT additional hours are reviewed by the authorization reviewer — Acentra for FFS members, the enrolling MCO for managed care members. Additional hours are determined based on the request as supported by submitted documentation. There is no fixed maximum number of additional hours. If approved, EPSDT hours are added to the base authorized hours determined by the member's score.