

SFHP EPSDT Private Duty Nursing Medical Necessity Criteria

San Francisco Health Plan (SFHP) uses the following Private Duty Nursing (PDN) Acuity Grid to determine the medical necessity of PDN prior authorization requests for EPSDT services for Medi-Cal beneficiaries under the age of 21.

Instructions:

The Private Duty Nursing Acuity Grid indicates the average amount of skilled nursing treatment or services as documented by concurrent health records for each of the services listed below:

- For the first certification period, these skilled nursing services are estimated by the nurse per shift.
- For the recertification period(s), the average amount of skilled nursing services performed by the nurse per shift

ASSESSMENT NEEDS	POINTS	SCORE
This is based on the severity of illness and the stability of the patient's condition(s).		
(Choose one)		
Initial physical assessment per shift	0	
Second documented complete physical assessment per shift	2.0	
Three or more complete physical assessments per shift	3.0	
(Choose one if at least 2 of the 4 assessment types are ordered and documented as medically necessary)		
<i>Note: These assessments are incorporated in the physical assessment above. Select only if completed in addition to the physical assessment.</i>		
VS/GLU/NEURO/RESP (Assess less often than daily)	0	
VS/GLU/NEURO/RESP (Assess less often than Q4, at least once per shift)	1.0	
VS/GLU/NEURO/RESP (Assess Q 4 hr or more often per shift)	2.0	
VS/GLU/NEURO/RESP (Assess Q 2 hr or more often per shift)	3.0	
	TOTAL:	

MEDICATION / IV DELIVERY NEEDS	POINTS	SCORE
(Choose one describing the medications provided by the nurse: Oral, Inhaler, Rectal, NJ, NG, G Tube. Does not include nebulizer or over-the-counter medications.)		
Documented medication delivery less than 1 dose per shift	0	
Documented medication delivery 1 to 3 doses per shift	1	
Documented medication delivery 4 to 6 doses per shift	2	
Documented medication delivery 7 or more doses per shift	4	
Critical Medication (i.e. anticonvulsant, cardiac with hold parameters, etc)	2	

(Choose one)	
No IV access	0
Peripheral IV access	1
Central line of port, PICC Line, Hickman, etc.	2.5
(Choose one)	
No IV Medication Delivery	0
Transfusion of IV medication less than daily but at least weekly	2.5
IV medication less often than Q 4 hrs (does not include hep flush)	4.5
IV medication Q 4 hrs or more often	6
(Choose one)	
No regular blood draws, or regular blood draws less than twice per week	0
Regular blood draws / IV Peripheral Site - at least twice per week	4.5
Regular blood draws / IV Central line - at least twice per week	6
Routine diagnostics - fingersticks, urine, stool, sputum, etc. (per days needed)	0.5
Complicated routine diagnostics - fingersticks, urine, stool, sputum, etc. (complications must be documented.)(per day needed)	1
	TOTAL:

FEEDING NEEDS	POINTS	SCORE
(Choose one)		
No parenteral	0	
Partial parenteral nutrition	3	
Total parenteral nutrition (TPN)	6	
(Choose one)		
Routine oral feeding or no tube-feeding required	0	
Documented difficult prolonged oral feeding by nurse	2	
Tube feeding (routine bolus or continuous)	2	
Tube feeding (combination bolus and continuous, does not include clearing tubing)	2.5	
Complicated tube feeding (complications must be documented)	3	
(Choose any that apply)		
Documented occasional reflux and/or aspiration precautions by a nurse	0.5	
G-Tube, or Mic-key button	1	
J-tube, GJ-tube, or tract < 90 days old for any tube	4	
	TOTAL:	

RESPIRATORY NEEDS	POINTS	SCORE
(Choose one)		
No trach, patent airway	0	
No trach, unstable airway with desaturations and airway clearance issues	4	
Trach (routine care)	1	
Trach special care (wound or breakdown treatment, pull-out or replacement, stoma less than 90 days old) at least two documented events during shift	4	
(Choose one: instilling normal saline and resuctioning to break up secretions count as one suctioning session.)		
No suctioning	0	
Nasal and oral pharyngeal suctioning by a nurse > 10 times per shift	4	
Infrequent tracheal suctioning by a nurse during shift, less than Q 3 hrs but at least daily	1	
Tracheal suctioning session by a nurse during shift, Q 3 hrs	4	
Tracheal suctioning session by a nurse during shift, Q 2 hrs or more frequently	6	
(Choose one)		
None of the following three options apply	0	
Oxygen - daily use	0.5	
Oxygen PRN based on pulse oximetry, oxygen needed at least weekly	1	
Humidification and oxygen - direct (via mask or tracheostomy tube but not with ventilator)	3	
(Choose one)		
No ventilator, BiPap, or CPAP	0	
Ventilator: rehab transition / active weaning; documented	9	
Ventilator: weaning achieved, required monitoring, documented	6	
Ventilator: at night, 1-6 hrs during shift, documented	8	
Ventilator: 7-12 hours per day, documented	10	
Ventilator: > 12 hrs per day but not continuous, documented	12	
Ventilator: no respiratory effort or 24 hr/day in assist mode, documented	14	
BiPAP or CPAP by nurse during shift, up to 8 hours per day	4	
BiPAP or CPAP by nurse during shift, > 8 hrs per day	6	
BiPAP ST by nurse during shift, spontaneous timed with rate used to ventilate at night	7	
(Choose one)		
No nebulizer treatments	0	
Nebulizer treatments by nurse during shift, less than daily but at least Q week	1	
Nebulizer treatments by nurse during shift, Q 4hrs or less frequently but at least daily	1.5	
Nebulizer treatments by nurse during shift, Q 3 hrs	2	
Nebulizer treatments by nurse during shift, Q 2 hrs or more frequently	3	

(Choose one: must be physician ordered, medically necessary, by nurse during shift, and documented)

No Chest PT (Physical Therapy), HFCWO (High Frequency Chest Wall Oscillation) vest, or Cough Assist Device	0
Chest PT, HFCWO vest or Cough Assist Device at least Q week	0.5
Chest PT, HFCWO vest or Cough Assist Device / Q 4 hrs or less, but at least daily	1.5
Chest PT, HFCWO vest or Cough Assist Device / Q 3 hrs	2
Chest PT, HFCWO vest or Cough Assist Device / Q 2 hrs or more	3
TOTAL	

ELIMINATION NEEDS

POINTS SCORE

(Choose one that best applies to care nurse provided during the previous 60 days)

Continent of bowel and bladder	0
Uncontrolled incontinence < 3 yrs of age	0
Uncontrolled incontinence, either bowel or bladder > 3yrs of age	1
Uncontrolled incontinence, both bowel and bladder, > 3 yrs of age	2
Incontinence and intermittent straight catheterization, indwelling, suprapubic, or condom catheter	3.5
BOWEL OR BLADDER	
Ostomy Care - at least daily	3
Ostomy Care - at least daily: complex or at risk, Documented	6
TOTAL	

SEIZURES

POINTS SCORE

(Choose One)

No seizure activity	0
Mild seizures - at least daily, no intervention	0
Mild seizures - at least 4 per week, each requiring minimal intervention	1
Mod seizures - at least daily, each requiring minimal intervention	2
Mod seizures - 2 to 4 times per day, each requiring minimal intervention	4
Mod seizures - at least 5 times per day, each requiring minimal intervention	4.5
Severe seizures - up to 10 per month, each requiring intervention	4.5
Severe seizures (requiring IM/IV/Rectal med administration - at least daily)	5
Severe seizures (requiring IM/IV/Rectal med administration - 2 to 4 times per day)	8
TOTAL	

THERAPIES / ORTHOTICS / CASTING	POINTS	SCORE
(Choose one)		
None		
Fractured or casted limb	2	
Passive ROM (at least Q shift)	2	
Torso cast, torso splint, or torso brace	2	
(Choose one)		
None	0	
No splinting schedule or splint removed and replaced less frequently than once per shift	0	
Splinting schedule requires nurse to remove and replace at least once per shift	1	
Splinting schedule requires nurse to remove and replace at least twice per shift	2	
	TOTAL	

WOUND CARE	POINTS	SCORE
(Choose one)		
None of the options below apply	0	
Wound Vac, JP drain, per site	2	
Stage 1-2, wound care at least daily (does not include trach, PEG, IV site, J-tube, G-tube.	2	
Stage 3-4, or multiple wound sites	3	
Complex wound care, or multiple Stage 3-4, documented	6	
	TOTAL	

ISSUES THAT INTERFERE WITH CARE	POINTS	SCORE
(Choose all that apply)		
None of the issues below interfere with care	0	
2 or more parents/caregivers in home	0	
1 or fewer parents/caregivers in home	4	
2 or more children in home with special health care needs	6	
Complications with parent/caregiver participation in care (documentation needed)	2	
Weight >100 pounds or immobility increases care difficulty	1	
Mobility limitations: Ambulation (>3yo)	2	
Mobility limitation: Bed Mobility or total self-care deficit, documented (>3yo)	6	
Unable to express needs and wants creating a safety issue	2	
	TOTAL	

OTHER ISSUES	POINTS	SCORE
Requires isolation for infectious disease (i.e. tuberculosis, wound drainage) or protective isolation (nursing care activities for creating and maintaining isolation must be documented)	3	
Any positive Score in three or more sections	6	
Other issues or complications - documentation required	3	
	TOTAL	
Total Score from All Sections:		<input type="text"/>

- Medically appropriate skilled nursing shift care for clients up to age 21 years old, may be covered where it has been determined that skilled management by a licensed nurse is required
- The number of hours of private duty nursing a member may receive may be determined by the score on the Private Duty Nursing Acuity Grid. Family / Guardian / Caregivers are required to provide some of the nursing care. 20 to 22 hour care is only covered in certain circumstances described below. The banking, saving or accumulated of unused prior authorization hours to be used later for the convenience of the family or the home health agency is not covered.
- The scoring applies as follows:
20 points or less: if the individual is being transitioned from 8 hrs/day, then 832 hours will be approved to the home health agency for the certification period. Otherwise, no Private Duty Nursing hours will be approved.

Note: when the member is decannulated up to 4 hours of nursing per day may be expected during the first 24-27 hours for the weaning process.

- 21 - 35 points:** up to 8 hours per day for shift care
- 36 - 45 points:** up to 10 hours per day for shift care
- 46 - 55 points:** up to 12 hours per day for shift care
- 56 points and over:** up to 14 hours per day for shift care

Client may receive up to 2-3 days of 20-22 hr shift care only under the following conditions:

- After initial hospitalization discharge - family / caregiver(s) need supervision or training in home care procedures.
- After subsequent hospitalization discharge - family / caregiver(s) need training in home care changes
- Due to caregiver illness or temporary incapacity, an episode of supportive nursing care is needed.
-

Note: The Private Duty Nursing Grid may not accurately reflect the requirements of the member who remains in stable condition. Once 8 hours is reached, an increase in hours of service will require a change in the member's condition which meets the above criteria

REVIEW HISTORY

Effective Date: June 2020
Approval Date: June 2020
Review Date(s): April 2021, August 2021