

## Illinois Medical Necessity for Nursing Services Checklist

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Nurse Reviewers Name: \_\_\_\_\_

Date: \_\_\_\_\_

Overall		Neurological	
1A. Intervention no more than 2x noc	<input type="radio"/>	28A. Szs-no intervention (>1x/week)	<input type="radio"/>
1B. Intervention > 2x at noc	<input type="radio"/>	28B. Mild-mod szs (min. intervention): 1x/w - 1x/d	<input type="radio"/>
2. Needs isolation	<input type="checkbox"/>	28C. Mild-mod szs (min. intervention): 1-4x/d	<input type="radio"/>
3. Complic. Med Schedule > q2hr	<input type="checkbox"/>	28D. Mild-mod szs (min. intervention): >4x/d	<input type="radio"/>
4A. Caregiver/provider in close promixity to child 24/7	<input type="radio"/>	28E. Mod-sev szs (mod + intervention): >1x/week	<input type="radio"/>
4B. Caregiver/provider awake 24/7	<input type="radio"/>	28F. Mod-sev szs (mod + intervention): >6x/day	<input type="radio"/>
4C. Mod ongoing assess	<input type="radio"/>	<b>Vascular</b>	
4D. Continual assessments	<input type="radio"/>	29A. Central lines	<input type="radio"/>
5A. 2-10 hrs per week of LN	<input type="radio"/>	29B. Central line w/TPN	<input type="radio"/>
5B. Needs LN > 10 hrs per week	<input type="radio"/>	30A. IM/SQ pain control	<input type="radio"/>
5C. Needs LN > 10 hrs per day	<input type="radio"/>	30B. IV pain control	<input type="radio"/>
6A. VS/Neur/Resp asses < q4hr	<input type="radio"/>	31A. Occ transfusion or IV Rx > q mo & < qd	<input type="radio"/>
6B. VS/Neur/Resp asses q2-4hr	<input type="radio"/>	31B. IV Rx less often than q 4 hr	<input type="radio"/>
6C. VS/Neur/Resp asses q 0-2hr	<input type="radio"/>	31C. IV Rx q 4 hr or more often	<input type="radio"/>
Skin/Physical Management		Respiratory	
7. ROM	<input type="checkbox"/>	32. O2 via canula lowflow rate	<input type="checkbox"/>
8. OT (in the home)	<input type="checkbox"/>	33. O2 unplanned chng >1x/d	<input type="checkbox"/>
9. PT (in the home)	<input type="checkbox"/>	34. Tracheostomy	<input type="checkbox"/>
10. Stoma care (enter # of stomas)		35. Cyanosis req pulse oxim	<input type="checkbox"/>
11. Stage 2 skin breakdown (enter # of sites)		36. CO2 monitor	<input type="checkbox"/>
12. Stage 3-4 skin breakdown (enter # of sites)		37. Signif. apnea/bradycardia	<input type="checkbox"/>
Metabolic		38A. Suctioning <q 4 hr	<input type="radio"/>
13. Insulin-dependent	<input type="checkbox"/>	38B. Suctioning 1-4 hrs	<input type="radio"/>
14A. Gluc monitoring < qid	<input type="radio"/>	38C. Suctioning > q 1 hr	<input type="radio"/>
14B. Gluc monitoring > qid	<input type="radio"/>	39A. CPT or Neb Rx < q 4 hr	<input type="radio"/>
15. Sign. Metabolic disorder	<input type="checkbox"/>	39B. CPT or Neb Rx q 2-4 hrs	<input type="radio"/>
Urinary/Kidney		39C. CPT or Neb Rx > q 2 hrs	<input type="radio"/>
16. Urinary cath. qday or <(not self)	<input type="checkbox"/>	40. Resuscitation within 1 yr	<input type="checkbox"/>
17. Indwelling cath or cath > qday	<input type="checkbox"/>	41A. Trachael diversion, < 5 y/o	<input type="radio"/>
18. Peritoneal dialysis	<input type="checkbox"/>	41B. Tracheal diversion, ≥ 5 y/o	<input type="radio"/>
19. Hemodialysis (in the home)	<input type="checkbox"/>	41C. Tracheal diversion, > 10 y/o	<input type="radio"/>
GI/Feeding		42A. Needs support to maintain airway	<input type="radio"/>
20. Difficult/prolonged oral feeding	<input type="checkbox"/>	42B. Cannot maintain airway without contin. Supp.	<input type="radio"/>
21. Complex dietary needs	<input type="checkbox"/>	43. Ventilator	<input type="checkbox"/>
22A. Uncomplicated G tube feeding	<input type="radio"/>	44. No respiratory effort	<input type="checkbox"/>
22B. G tube feeding with min. problem	<input type="radio"/>	45. Number of hours per day on Vent	
23. NG tube feeding	<input type="checkbox"/>	46. Standby only	<input type="checkbox"/>
24. J tube feeding	<input type="checkbox"/>	47. Vent unplanned chngs >qd	<input type="checkbox"/>
25. Mod-sev problem w/tube feeding	<input type="checkbox"/>	48. Hypoventilation, w/criteria	<input type="checkbox"/>
26A. Reflux without airway involv	<input type="radio"/>		
26B. Reflux with airway involve	<input type="radio"/>		
27. The child is 6 months of age or younger	<input type="checkbox"/>		