

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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KIM GUADAGNO Lt. Governor ELIZABETH CONNOLLY
Acting Commissioner

VALERIE HARR Director

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

J.A.,

PETITIONER.

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

V.

OAL DKT. NO. HMA 01855-15

UNITED HEALTHCARE,

RESPONDENT.

As Director of the Division of Medical Assistance and Health Services, I have

reviewed the record in this matter, consisting of the Initial Decision, the documents in

evidence, the contents of the OAL case file, and Petitioner's exceptions to the Initial

Decision. Procedurally, the time period for the Agency Head to render a Final Agency

Decision is September 21, 2015 in accordance with N.J.S.A. 52:14B-10 which requires

an Agency Head to adopt, reject or modify the Initial Decision within 45 days of receipt.

The Initial Decision was received on August 5, 2015.

Based upon my review of the record, I hereby ADOPT the Initial Decision affirming United Healthcare's determination that Petitioner is eligible for twelve hours of private duty nursing services per day. Petitioner appealed United Healthcare's determination to reduce her private duty nursing hours (PDN) from 14 hours per day to 12 hours per day. In a thorough and well-reasoned decision, the ALJ affirmed United Healthcare's determination. I find no reason to disturb that decision.

In order to be considered for private duty nursing services an individual must "exhibit a severity of illness that requires complex skilled nursing interventions on an ongoing basis". N.J.A.C. 10:60-5.3(b). "Complex" means the degree of difficulty and/or intensity of treatment/procedures." N.J.A.C. 10:60-5.3(b)(2). "Ongoing" is defined as "the beneficiary needs skilled nursing intervention 24 hours per day/seven days per week." N.J.A.C. 10:60-5.3(b)(1). The regulations define "skilled nursing interventions" as "procedures that require the knowledge and experience of licensed nursing personnel, or a trained primary caregiver." N.J.A.C. 10:60-5.3(b)(3).

The regulations addressing the medical necessity for private duty nursing services state that patient observation, monitoring, recording and assessment may constitute a need for private duty nursing services provided that the beneficiary is ventilator dependent, has an active tracheostomy and needs deep suctioning. N.J.A.C. 10:60-5.4(b)(1). Medical necessity may also be established if the individual needs around-the-clock nebulizer treatments, with chest physiotherapy; gastrostomy feeding when complicated by frequent regurgitation and/or aspiration; or a seizure disorder manifested by frequent prolonged seizures, requiring emergency administration of anticonvulsants. N.J.A.C. 10:60-5.4(b)(2). Petitioner does not depend on mechanical ventilation, have an active tracheostomy or require deep suctioning. She receives continuous ten-hour gastrostomy feeding overnight from approximately 6:00 p.m. to

4:00 a.m. One hour of PDN is allotted both before and after the feeding for preparation and cleanup. Previously, Petitioner received continuous twelve-hour gastrostomy feedings. Respondent reduced the hours of PDN services from fourteen to twelve because her continuous feeding time was reduced by two hours.

Petitioner argues that she needs PDN hours to monitor and assess her condition during the day when her legal guardian is not at home. Monitoring or assessing a member, occasional suctioning and gastrostomy feeding without defined complications are not covered PDN services. N.J.A.C. 10:60-5.4(d). Petitioner has not shown that she meets the medical necessity criteria pursuant to N.J.A.C. 10:60-5.4 requiring PDN services for daytime feeding or monitoring.

THEREFORE, it is on this 17th day of SEPTEMBER 2015,

ORDERED:

That the Initial Decision affirming the reduction of private duty nursing hours is hereby ADOPTED.

Valerie J. Harr, Director

Division of Medical Assistance

and Health Services