



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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Governor

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Acting Commissioner

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Lt. Governor

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

VALERIE HARR
Director

L.S.,
PETITIONER,
v.
HORIZON NJ HEALTH,
RESPONDENT.
ADMINISTRATIVE ACTION
FINAL AGENCY DECISION
OAL DKT. NO. HMA 09760-14

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 entire contents of the OAL case file, and Respondent's exceptions to the Initial Decision. Procedurally, the time period for the Agency Head to file a Final Decision in this matter was extended until July 13, 2015 pursuant to an Order of Extension.

Based upon my review of the record, I hereby ADOPT the Initial Decision reversing the denial of payment for chiropractic care. I agree with the ALJ that the record in this case demonstrates that chiropractic services were medically necessary. As set forth in the Initial Decision, Petitioner was born with Stickler's Syndrome which resulted in bone and joint abnormalities. She developed a urinary retention issue in September 2012 which required her to be catheterized

two or three times per day. L.S.'s urologist recommended a surgery which would allow her to urinate through her navel. Thereafter, L.S.'s pediatrician gave her a referral to consult with a chiropractor who diagnosed her as suffering from "subluxation" of the lumbar spine. L.S. received chiropractic adjustments to her back to treat the subluxation of her spine. The chiropractic treatment also relieved her urinary retention. Horizon argues that chiropractor services were obtained for the purpose of directly treating urinary retention. I disagree. The testimony of Petitioner's expert witness, a board certified chiropractor, was that chiropractic services must be to treat subluxation, although patients seek treatment to relieve other symptoms. Initial Decision at page 4 and 8. Here, evidence that chiropractic care was sought for joint and spine issues is clear from the authorization requests submitted by L.S.'s treating chiropractor and the referral by L.S.'s pediatrician. Specifically, services were requested for the treatment of L.S.'s Stickler's Syndrome, a joint disease that also affects the spine. While a chiropractor is unable to specifically treat Petitioner's urinary retention issue, I find that treatment of L.S.'s subluxation was warranted and has resulted in substantial relief from urinary retention.

Additionally, like the ALJ, I am not persuaded that Petitioner received adequate notice prior to the hearing that chiropractic services were not a covered benefit under her healthcare plan. Horizon argued at the hearing and in Exceptions that Petitioner was ineligible for chiropractic services when she transitioned from Plan C to Plan D because chiropractic services are not a covered benefit under Plan D. The problem with this argument is that there is

insufficient evidence in this record demonstrating that Petitioner received adequate notice explaining the change in coverage. It is apparent that even Horizon was unaware that Petitioner was ineligible for chiropractic services under Plan D as it continued to deny payment through several levels of appeals based upon its determination that such services were not medically necessary. Indeed, if Horizon knew that Petitioner was ineligible for chiropractic services, it would have issued a denial for that reason, thereby making a medical necessity determination unnecessary.

Based upon the unique and specific facts and circumstances presented in this case, I agree with the conclusion of the Administrative Law Judge that Horizon should pay for Petitioner's chiropractic services. My decision in this case is based upon the medical condition and needs of this particular member as set forth in the record of this case. Furthermore, the decision should not be construed as setting forth a standard for other persons because coverage for a particular service varies from person to person based upon the facts of their individual cases.

THEREFORE, it is on this *22nd* day of June 2015,

ORDERED:

That the Initial Decision reversing the denial of payment for chiropractic services is hereby ADOPTED as the Final Decision in this matter.



Valerie J. Harr, Director
Division of Medical Assistance
and Health Services