

Petitioner was seven years old at the time of the assessment and has several medical conditions which cause him to be fed through a gastrostomy tube (G-tube) included an eight-hour feed overnight. ID at 3. During a routine reassessment for a new authorization period, United reviewed clinical notes from Star Pediatric Home Care Agency for Petitioner including nursing assessments comprising a two week period, a Home Health Certification and Plan of Care. R-1. Petitioner was then scored using the PDN Acuity Tool and it was determined that 8 hours a day were medically appropriate. Petitioner sought an internal appeal which was upheld. R-9. Petitioner then sought this hearing.

The Initial Decision determined that United's reduction of PDN hours was supported by the record but found that the record showed that ten hours a day was medically necessary. For the reasons that follow and based on the unique facts of this case, I hereby ADOPT the Initial Decision.¹

In order to receive PDN services, N.J.A.C. 10:60-5.4 (b) sets forth the criteria to meet medical necessity.

(b) Medical necessity for EPSDT/PDN services shall be based upon, but may not be limited to, the following criteria in (b)1 or 2 below:

1. A requirement for all of the following medical interventions:
 - i. Dependence on mechanical ventilation;
 - ii. The presence of an active tracheostomy; and
 - iii. The need for deep suctioning; or
2. A requirement for any of the following medical interventions:
 - i. The need for around-the-clock nebulizer treatments, with chest physiotherapy;
 - ii. Gastrostomy feeding when complicated by frequent regurgitation and/or aspiration; or

¹ The Initial Decision correctly determined that the DMAHS guidance entitled "COVID-19 Prior Authorization Requirements" issued on March 30, 2020 and updated on May 16 and October 15, 2020 is inapplicable to the reduction of PDN hours. As previously stated, that guidance does not prohibit the reassessment and, if medically warranted, the reduction of PDN hours. That guidance to Managed Care Organizations (MCOs) required that outpatient services which require face-to-face assessments "be extended with no reductions in services until the end of the Public Health Emergency." The rules to reauthorize PDN services do not require the MCO to send an outsider into the home but rather utilizes the clinical records and assessments that are being done by the nursing staff performing the service. N.J.A.C. 10:60-5.6. The face-to-face assessment for PDN services is performed by nurses who are in the home providing the skilled nursing services. Those required assessments and clinical notes form the basis for the prior authorization of services. N.J.A.C. 10:60-5.5

iii. A seizure disorder manifested by frequent prolonged seizures, requiring emergency administration of anti-convulsants.

Additionally, the regulation goes on to exclude certain criteria that do not rise to the level of PDN services unless the criteria above is met.

(d) Services that shall not, in and of themselves, constitute a need for PDN services, in the absence of the skilled nursing interventions listed in (b) above, shall include, but shall not be limited to:

1. Patient observation, monitoring, recording or assessment;
2. Occasional suctioning;
3. Gastrostomy feedings, unless complicated as described in (b)1 above; and
4. Seizure disorders controlled with medication and/or seizure disorders manifested by frequent minor seizures not occurring in clusters or associated with status epilepticus.

In this matter Petitioner receives an overnight G-tube feed that lasts eight hours. The nursing notes show that there were no complications and an absence of either frequent regurgitation or aspiration. ID at 7 and R-3. This was confirmed by Tara King, Nurse Manager at Star Pediatric Health Center that provides the nursing staff for Petitioner. ID at 8. Additionally, at the hearing in December 2021, Petitioner's mother acknowledged his condition has improved.

I concur with the Initial Decision's finding that United's reduction of Petitioner's PDN hours was reasonable. Based on the assessment of Petitioner's needs for PDN services related to the G-tube feeding as well as intermittent chest physiotherapy, I agree that Petitioner's medical condition and behaviors require additional time at the beginning and the end of the overnight G-tube feed to warrant ten hours a day overnight. Thus, the PDN hours should be modified to ten hours a day, seven days a week.

THEREFORE, it is on this 8th day of MARCH 2022,

ORDERED:

That the Initial Decision is hereby ADOPTED as set forth above.



Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance and Health Services