

TO: Keystone First Community HealthChoices (CHC) Durable Medical Equipment (DME) Providers
SUBJECT: Exceptional DME Authorization and Billing

We want to remind our network DME providers to seek authorization and bill us directly for all exceptional DME, as defined below. Skilled nursing facilities are not responsible for prior authorization or billing of these items.

Exceptional DME is defined as DME that has an acquisition cost of \$5,000 or more and is either specially adapted DME or other DME that is designated as exceptional DME by the Department of Human Services (DHS). Exceptional DME can either be purchased or rented.

Specially adapted DME is uniquely constructed or substantially adapted or modified in accordance with the written orders of a physician for the particular use of one resident, making its contemporaneous use by another resident unsuitable.

The list of exceptional DME that has been designated by DHS is as follows:

1. Air fluidized beds. The pressure relief provided by this therapy uses a high rate of airflow to fluidize fine particulate material (e.g., beads or sand) to produce a support medium that has characteristics similar to liquid. The bed may have a Gore-Tex cover.
2. Powered air flotation bed (low air loss therapy). A semi-electric or total electric bed with a fully integrated powered pressure-reducing mattress which is characterized by all of the following:
 - a. An air pump or blower with a series of interconnected woven fabric air pillows which provides sequential inflation and deflation of the air cells or a low interface pressure throughout the mattress allowing some air to escape through the support surface to the resident. The bed may have a Gore-Tex cover.
 - b. Inflated cell height of the air cells through which air is being circulated is 5 inches or greater.
 - c. Height of the air chambers, proximity of the air chambers to one another, frequency of air cycling (for alternating pressure mattresses) and air pressure provide adequate patient lift, reducing pressure and preventing bottoming out.
 - d. A surface designed to reduce friction and shear.
 - e. May be placed directly on a hospital bed frame.
 - f. Automatically readjusts inflation pressures with change in position of bed (e.g., head elevation and the like).
3. Augmentative communication devices. Used by nursing facility residents who are unable to use natural oral speech as a primary means of communication. The specific device requested must be appropriate for use by the resident and the resident must demonstrate the abilities or potential abilities to use the device selected. Portable devices need to supplement, aid, or serve as an alternative to natural speech for residents with severe expressive communication disorders. Non-portable devices may be covered only if required for visual enhancement or physical access needs that cannot be accommodated by a portable device.
4. Ventilators (and related supplies). Used by nursing facility residents 21 years of age and older who require full ventilator support for a minimum of eight hours per day to sustain life.

Please contact Keystone First CHC Provider Services at **1-800-521-6007** with any questions, or your provider Account Executive. Contact information is available at www.keystonefirstchc.com → **Providers** → **Quick contact information** → **Medical provider account executives**. Thank you for the care and services you provide to Keystone First CHC Participants.