

NOTICES

DEPARTMENT OF PUBLIC WELFARE

Designated Exceptional Durable Medical Equipment

[40 Pa.B. 3745]

[Saturday, July 3, 2010]

Purpose of Notice

In accordance with the Department of Public Welfare's (Department) currently approved State Plan the Department is required to publish an annual list of exceptional durable medical equipment (DME) by notice in the *Pennsylvania Bulletin* in July of each year. Interested persons may petition the Department to consider additions to the exceptional DME list by submitting a written request to the Department. Requests received on or before December 31 will be considered in developing the list for the following July.

During calendar year 2009, the Department received no written requests to add or remove items of DME from the list of exceptional DME. Therefore, this notice makes no changes in either the acquisition cost or the list of qualifying DME.

"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 annually by notice in the *Pennsylvania Bulletin*.

"Specially Adapted DME" is DME that 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 the Department 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 (for example, beads or sand) to produce a support medium that has characteristics similar to liquid. May have a Gortex 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:

An air pump or blower with a series of interconnected woven fabric air (a) 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. May have a Gortex cover;

Inflated cell height of the air cells through which air is being (b) circulated is 5 inches or greater;

Height of the air chambers, proximity of the air chambers to one (c) another, frequency of air cycling (for alternating pressure mattresses), and air pressure provide adequate patient lift, reducing pressure and prevent bottoming out;

A surface designed to reduce friction and shear; (d)

May be placed directly on a hospital bed frame; and (e)

Automatically readjusts inflation pressures with change in position of (f) bed (for example, head elevation, and the like).

(3) *Augmentative communication devices*. Used by 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. Nonportable 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 residents 21 years of age and older who require full ventilator (a) support for a minimum of 8 hours per day to sustain life.

Used by residents 20 years of age and younger who require ventilator (b) support to sustain life (no minimum time requirement).

Effective Date

This notice is effective upon publication in the *Pennsylvania Bulletin*.

Public Comment

Interested persons are invited to submit petitions for the Department to consider additions to the Exceptional DME list or written comments regarding this notice to: Yvette Sanchez-Roberts, Department of Public Welfare/Department of Aging, Office of Long-Term Living, 555 Walnut Street, Forum Place, 5th Floor, Harrisburg, PA 17101-1919. Comments received within 30 days will be reviewed and considered for any subsequent revision of the notice.

Persons with a disability who require an auxiliary aid or service may submit comments using the Pennsylvania AT&T Relay Service by calling (800) 654-5984 (TDD users) or (800) 654-5988 (voice users).

HARRIET DICHTER,
Secretary

Fiscal Note:14-NOT-648. No fiscal impact; (8) recommends adoption.

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