

Hospital Beds Access Group

Health Status Outcomes Summary

No changes in beneficiary health outcomes resulting from the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program have been observed to date.

These materials contain the mortality and morbidity rates for one group of beneficiaries being monitored: the hospital beds access group. Utilizer Groups are composed of Medicare beneficiaries who have a claim for the product in the month of observation or any of the previous three months. Access Groups include beneficiaries who are likely to use the product and are determined by whether a beneficiary has a condition related to product use. The hospital beds access group comprises beneficiaries who are likely to need hospital beds.

The health outcomes being measured are deaths, hospitalizations, emergency room visits, physician visits, admissions to skilled nursing facilities, average number of days spent hospitalized in a month, and average number of days in a skilled nursing facility in a month.

Rates in Round 2 Competitive Bidding Areas (CBAs) are compared to historical rates in Round 1 CBAs and in non-competitive bid regions. In general, outcome rates in Round 2 CBAs continue in line with historical rates. Additionally, they also track closely with rates in non-competitive bid regions.

It is important to note that mortality and morbidity rates generally display seasonal trends. The first quarter of each year typically has elevated rates of mortality and morbidity; however, the trends generally mirror past seasons and are closely matched by the non-competitive bid regions.

Additionally, rates that appear more variable tend to be based on a smaller number of beneficiaries. For example, the Utilizer Groups have fewer beneficiaries than the Access Groups, so rates for the Utilizer groups tend to be more variable.

NOTE:

Beginning with public use files utilizing data through the third quarter of 2014, we redefined access groups to include only beneficiaries with ICD-9 diagnosis codes that are considered highly related to product use. Prior to this update, access groups were defined using related condition categories (CCs) based on the Centers for Medicare & Medicaid Services (CMS) beneficiary risk adjustment model. Because Medicare makes periodic updates to its risk adjustment model, the ICD-9 diagnosis codes that are aggregated under a given CC can change over time. As a result, our CC-defined access groups may include ICD-9 diagnosis codes that are not as closely associated with product category usage. Redefining access groups using pre-specified sets of ICD-9 diagnosis codes, instead of CCs, allows us to remove these unrelated diagnoses and improve the accuracy of our access groups.

Introduction

Folder Name: Hospital_Beds_Access_Group_Thru_Sept_2014

Upload Date: 2015.01.13

Observation Period: 01/01/2011 to 9/30/2014

Claims Processed Through: 1/2/2015

Beneficiary Enrollment Through: November 2014

Data Types: Original Medicare (Part A and Part B) Claims; Medicare Enrollment Data

Purpose: To summarize mortality and morbidity outcomes in the hospital beds access group in Round 1 and Round 2 CBAs and non-competitive bid regions aggregated at the DME region level.

Each CSV file in this folder refers to a specific outcome of interest. Each of the outcomes is defined in the Specifications section.

Specifications

Study Population and Definitions

- Access Group: Beneficiaries with a claim that indicates eligibility and who were living in a ZIP code in a Round 1 or Round 2 CBA or non-competitive bid region in the given month or any of the prior three months.¹ Eligibility is determined by a beneficiary's health conditions, as defined by the following ICD-9 diagnosis codes:
 - 09482 Syphilitic parkinsonism
 - 27801 Morbid obesity
 - 3330 Other degenerative diseases of the basal ganglia
 - 3341 Hereditary spastic paraplegia
 - 33520 Amyotrophic lateral sclerosis
 - 33522 Progressive bulbar palsy
 - 33529 Other motor neuron disease
 - 3361 Vascular myelopathies
 - 34200 Flaccid hemiplegia and hemiparesis affecting unspecified side
 - 34201 Flaccid hemiplegia and hemiparesis affecting dominant side
 - 34202 Flaccid hemiplegia and hemiparesis affecting nondominant side
 - 34400 Quadriplegia, unspecified
 - 34401 Quadriplegia, C1-C4, complete
 - 34402 Quadriplegia, C1-C4, incomplete
 - 34403 Quadriplegia, C5-C7, complete
 - 34404 Quadriplegia, C5-C7, incomplete
 - 34409 Other quadriplegia
 - 3441 Paraplegia
 - 34432 Monoplegia of lower limb affecting nondominant side

¹ Source:

- [Round 1 CBAs](#);
- [Round 2 CBAs](#)

- 34441 Monoplegia of upper limb affecting dominant side
- 3449 Paralysis, unspecified
- 35981 Critical illness myopathy
- 43491 Cerebral artery occlusion, unspecified with cerebral infarction
- 43820 Late effects of cerebrovascular disease, hemiplegia affecting unspecified side
- 43821 Late effects of cerebrovascular disease, hemiplegia affecting dominant side
- 43822 Late effects of cerebrovascular disease, hemiplegia affecting nondominant side
- 43832 Late effects of cerebrovascular disease, monoplegia of upper limb affecting nondominant side
- 43840 Late effects of cerebrovascular disease, monoplegia of lower limb affecting unspecified side
- 43850 Late effects of cerebrovascular disease, other paralytic syndrome affecting unspecified side
- 43851 Late effects of cerebrovascular disease, other paralytic syndrome affecting dominant side
- 43852 Late effects of cerebrovascular disease, other paralytic syndrome affecting nondominant side
- 43853 Late effects of cerebrovascular disease, other paralytic syndrome, bilateral
- 70703 Pressure ulcer, lower back
- 70705 Pressure ulcer, buttock
- 74191 Spina bifida without mention of hydrocephalus, cervical region
- 78072 Functional quadriplegia
- 7993 Debility, unspecified
- 80600 Closed fracture of C1-C4 level with unspecified spinal cord injury
- 80602 Closed fracture of C1-C4 level with anterior cord syndrome
- 80604 Closed fracture of C1-C4 level with other specified spinal cord injury
- 80605 Closed fracture of C5-C7 level with unspecified spinal cord injury
- 80624 Closed fracture of T1-T6 level with other specified spinal cord injury
- 8064 Closed fracture of lumbar spine with spinal cord injury
- 8065 Open fracture of lumbar spine with spinal cord injury
- 8068 Closed fracture of unspecified vertebral column with spinal cord injury
- 8069 Open fracture of unspecified vertebral column with spinal cord injury
- 8208 Closed fracture of unspecified part of neck of femur
- 8872 Traumatic amputation of arm and hand (complete) (partial), unilateral, at or above elbow, without mention of complication
- 8970 Traumatic amputation of leg(s) (complete) (partial), unilateral, below knee, without mention of complication
- 8971 Traumatic amputation of leg(s) (complete) (partial), unilateral, below knee, complicated
- 8972 Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, without mention of complication

- 8973 Traumatic amputation of leg(s) (complete) (partial), unilateral, at or above knee, complicated
 - 8974 Traumatic amputation of leg(s) (complete) (partial), unilateral, level not specified, without mention of complication
 - 8975 Traumatic amputation of leg(s) (complete) (partial), unilateral, level not specified, complicated
 - 8976 Traumatic amputation of leg(s) (complete) (partial), bilateral [any level]), without mention of complication
 - 8977 Traumatic amputation of leg(s) (complete) (partial), bilateral [any level], complicated
 - 9072 Late effect of spinal cord injury
 - 95203 C1-C4 level with central cord syndrome
 - 95209 C5-C7 level with other specified spinal cord injury
 - 95210 T1-T6 level with unspecified spinal cord injury
 - 95219 T7-T12 level with other specified spinal cord injury
 - 9523 Sacral spinal cord injury without evidence of spinal bone injury
 - 9528 Multiple sites of spinal cord injury without evidence of spinal bone injury
 - 9529 Unspecified site of spinal cord injury without evidence of spinal bone injury
 - 99760 Unspecified complication of amputation stump
 - 99762 Infection (chronic) of amputation stump
 - 99769 Other amputation stump complication
 - V4970 Unspecified level lower limb amputation status
 - V4975 Below knee amputation status
 - V4976 Above knee amputation status
 - V4977 Hip amputation status
- Round 1 CBAs: Includes all areas in which the competitive bidding policy was implemented for Round 1
 - Round 2 CBAs: Includes all areas in which the competitive bidding policy was implemented for Round 2
 - Non-Competitive Bid Regions: Includes all regions nationally that are not part of Rounds 1 or 2 of competitive bidding

Outcome Definitions:

- Death: As observed in the Medicare Enrollment Database
- Hospitalization: As indicated by the service date of Inpatient (IP) claim
- ER: As indicated by the service date of Outpatient (OP) claim with emergency room flag
- Physician Visit: As indicated by the service date of Carrier (PB) claim
- SNF Admission: As indicated by the date of admission to a skilled nursing facility (SNF)
- IP Days: As indicated by the dates on a beneficiary's IP claims
- SNF Days: As indicated by dates on a beneficiary's SNF claims