

# Nebulizers Access Group

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## 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 nebulizers 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 nebulizers access group comprises beneficiaries who are likely to need nebulizers.

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.

To control for historical trends, each competitive bidding area (CBA's) historical baseline for each rate is provided, beginning in January 2011. Historical rates for both Round 2 CBAs and non-CBAs are provided for each of the four DME MAC regions to provide context for the Round 1 Recompete CBA rates. The rates in Round 1 Recompete CBAs continue in line with historical rates and they also track closely with rates in non-competitive bid regions.

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.

### **\*IMPORTANT\***

This update incorporates changes to our monitoring approach that commenced at the end of the Round 1 Rebid program on December 31, 2013, and due to the availability of complete data for the first full year of the Round 1 Recompete program that was implemented January 1, 2014. These changes include:

- Monitoring usage and health outcomes related to six additional product categories (Transcutaneous Electric Nerve Stimulation (TENS), Nebulizers, Infusion Pumps, Commode Chairs, Seat Lifts, and Patient Lifts) that were introduced under Round 1 Recompete. We monitor usage and health outcome rates in six corresponding utilizer groups, and seven access groups. For the infusion pump product category, we monitor rates in two separate access groups.

- Monitoring both Round 1 Recompete and Round 2 using the list of Healthcare Common Procedure Coding System (HCPCS) codes that are covered by Round 1 Recompete.
- Comparing trends between the three groups of beneficiaries (mentioned above) in Round 2 and Round 1 Recompete CBAs, instead of Round 1 Rebid CBAs.

## Introduction

Folder Name: Nebulizers\_Access\_Group\_Thru\_Jun\_2015

Upload Date: 10/1/2015

Observation Period: 7/1/2011 to 6/30/2015

Claims Processed Through: 10/9/2015

Beneficiary Enrollment Through: September 2015

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

Purpose: To summarize mortality and morbidity outcomes in the nebulizers access group in Round 1 RC 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 RC or Round 2 CBA or non-competitive bid region in the given month or any of the prior three months.<sup>1</sup> Eligibility is determined by a beneficiary's health conditions, as defined by the following ICD-9 diagnosis codes:
  - 27702 Cystic fibrosis with pulmonary manifestations
  - 4911 Mucopurulent chronic bronchitis
  - 4920 Emphysematous bleb
  - 49322 Chronic obstructive asthma with (acute) exacerbation
  - 51919 Other diseases of trachea and bronchus
  - 4821 Pneumonia due to Pseudomonas
  - 49120 Obstructive chronic bronchitis without exacerbation
  - 49302 Extrinsic asthma with (acute) exacerbation
  - 49391 Asthma, unspecified type, with status asthmaticus
  - V440 Tracheostomy status
  - 48240 Pneumonia due to Staphylococcus, unspecified
  - 49121 Obstructive chronic bronchitis with (acute) exacerbation
  - 49311 Intrinsic asthma with status asthmaticus

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<sup>1</sup> Source:

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

- 49392 Asthma, unspecified type, with (acute) exacerbation
  - V550 Attention to tracheostomy
  - 48242 Methicillin resistant pneumonia due to *Staphylococcus aureus*
  - 49122 Obstructive chronic bronchitis with acute bronchitis
  - 49312 Intrinsic asthma with (acute) exacerbation
  - 4940 Bronchiectasis without acute exacerbation
  - 4841 Pneumonia in cytomegalic inclusion disease
  - 4918 Other chronic bronchitis
  - 49320 Chronic obstructive asthma, unspecified
  - 4941 Bronchiectasis with acute exacerbation
  - 4846 Pneumonia in aspergillosis
  - 4919 Unspecified chronic bronchitis
  - 49321 Chronic obstructive asthma with status asthmaticus
  - 5080 Acute pulmonary manifestations due to radiation
- Round 1 RC CBAs: Includes all areas in which the competitive bidding policy was implemented for Round 1 RC
  - 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 Round 1 RC or Round 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