

Patient Lifts 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 patient lifts 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 patient lifts access group comprises beneficiaries who are likely to need patient lifts.

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: Patient_Lifts_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 patient lifts 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.¹ Eligibility is determined by a beneficiary's health conditions, as defined by the following ICD-9 diagnosis codes:
 - 06641 West Nile Fever with encephalitis
 - 32382 Other causes of myelitis
 - 326 Late effects of intracranial abscess or pyogenic infection
 - 3340 Friedreich's ataxia
 - 3341 Hereditary spastic paraplegia
 - 33519 Other spinal muscular atrophy
 - 33520 Amyotrophic lateral sclerosis
 - 33521 Progressive muscular atrophy
 - 33522 Progressive bulbar palsy
 - 33524 Primary lateral sclerosis
 - 3361 Vascular myelopathies
 - 3373 Autonomic dysreflexia
 - 3410 Neuromyelitis optica

¹Source:

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

- 34120 Acute (transverse) myelitis NOS
- 34202 Flaccid hemiplegia and hemiparesis affecting nondominant side
- 3430 Congenital diplegia
- 3432 Congenital quadriplegia
- 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
- 3442 Diplegia of upper limbs
- 34481 Locked-in state
- 34489 Other specified paralytic syndrome
- 3449 Paralysis, unspecified
- 3590 Congenital hereditary muscular dystrophy
- 3591 Hereditary progressive muscular dystrophy
- 43850 Late effects of cerebrovascular disease, other paralytic syndrome affecting unspecified side
- 43851 Late effects of cerebrovascular disease, other paralytic syndrome affecting dominant side
- 43853 Late effects of cerebrovascular disease, other paralytic syndrome, bilateral
- 70703 Pressure ulcer, lower back
- 70705 Pressure ulcer, buttock
- 78072 Functional quadriplegia
- 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
- 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
- 95204 C1-C4 level with other specified spinal cord injury
- 95205 C5-C7 level with unspecified spinal cord injury
- 95209 C5-C7 level with other specified spinal cord injury
- 95210 T1-T6 level with unspecified spinal cord injury
- 95215 T7-T12 level with unspecified spinal cord injury
- 9529 Unspecified site of spinal cord injury without evidence of spinal bone injury

- V4976 Above knee amputation status
- V4984 Bed confinement status
- 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