

# TENS 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 transcutaneous electrical nerve stimulation (TENS) 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 TENS access group comprises beneficiaries who are likely to need TENS.

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: TENS\_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 TENS 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:
  - 3534      Lumbosacral root lesions, not elsewhere classified
  - 7202      Sacroiliitis, not elsewhere classified
  - 7213      Lumbosacral spondylosis without myelopathy
  - 7214      Lumbosacral spondylosis without myelopathy
  - 7221      Displacement of cervical intervertebral disc without myelopathy
  - 7225      Degeneration of cervical intervertebral disc
  - 7227      Degeneration of intervertebral disc, site unspecified
  - 7228      Intervertebral disc disorder with myelopathy, lumbar region
  - 7229      Postlaminectomy syndrome, lumbar region
  - 7240      Unspecified musculoskeletal disorders and symptoms referable to neck
  - 7240      Unspecified musculoskeletal disorders and symptoms referable to neck

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<sup>1</sup> Source:

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

- 7242 Lumbago
  - 7243 Sciatica
  - 7244 Thoracic or lumbosacral neuritis or radiculitis, unspecified
  - 7384 Acquired spondylolisthesis
  - 7393 Nonallopathic lesions, lumbar region
  - 7561 Anomalies of skull and face bones
  - 7561 Anomalies of skull and face bones
  - 8054 Closed fracture of lumbar vertebra without mention of spinal cord injury
  - 8064 Closed fracture of lumbar spine with spinal cord injury
  - 846 Other sprain of foot
  - 8461 Sprain of sacroiliac ligament
  - 8472 Sprain of lumbar
  - 9532 Injury to lumbar nerve root
- 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