

Seat 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 seat 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 seat lifts access group comprises beneficiaries who are likely to need seat 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: Seat_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 seat 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:
 - 0940 Tabes dorsalis
 - 138 Late effects of acute poliomyelitis
 - 27801 Morbid obesity
 - 3229 Meningitis, unspecified
 - 3320 Paralysis agitans
 - 3321 Secondary parkinsonism
 - 3330 Other degenerative diseases of the basal ganglia
 - 33520 Amyotrophic lateral sclerosis
 - 3368 Other myelopathy
 - 34212 Spastic hemiplegia and hemiparesis affecting nondominant side
 - 34291 Hemiplegia, unspecified, affecting dominant side
 - 34292 Hemiplegia, unspecified, affecting nondominant side
 - 34461 Cauda equina syndrome with neurogenic bladder

¹ Source:

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

- 3591 Hereditary progressive muscular dystrophy
- 35971 Inclusion body myositis
- 35981 Critical illness myopathy
- 35989 Other myopathies
- 3599 Myopathy, unspecified
- 4280 Congestive heart failure, unspecified
- 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
- 71515 Osteoarthritis, localized, primary, pelvic region and thigh
- 71525 Osteoarthritis, localized, secondary, pelvic region and thigh
- 71535 Osteoarthritis, localized, not specified whether primary or secondary, pelvic region and thigh
- 71589 Osteoarthritis involving, or with mention of more than one site, but not specified as generalized, multiple sites
- 71595 Osteoarthritis, unspecified whether generalized or localized, pelvic region and thigh
- 71617 Traumatic arthropathy, ankle and foot
- 71695 Arthropathy, unspecified, pelvic region and thigh
- 7197 Difficulty in walking
- 72400 Spinal stenosis, unspecified region
- 72887 Muscle weakness (generalized)
- 73314 Pathologic fracture of neck of femur
- 74259 Other specified congenital anomalies of spinal cord
- 7812 Abnormality of gait
- 7823 Edema
- 7993 Debility, unspecified
- 8064 Closed fracture of lumbar spine with spinal cord injury
- 8082 Closed fracture of pubis
- 8088 Closed unspecified fracture of pelvis
- 81200 Closed fracture of unspecified part of upper end of humerus
- 81201 Closed fracture of surgical neck of humerus
- 81202 Closed fracture of anatomical neck of humerus
- 81203 Closed fracture of greater tuberosity of humerus
- 81209 Other closed fracture of upper end of humerus
- 81220 Closed fracture of unspecified part of humerus
- 81221 Closed fracture of shaft of humerus
- 81240 Closed fracture of unspecified part of lower end of humerus
- 82000 Closed fracture of intracapsular section of neck of femur, unspecified
- 82002 Closed fracture of midcervical section of neck of femur

- 82003 Closed fracture of base of neck of femur
 - 82020 Closed fracture of trochanteric section of neck of femur
 - 82021 Closed fracture of intertrochanteric section of neck of femur
 - 82022 Closed fracture of subtrochanteric section of neck of femur
 - 8208 Closed fracture of unspecified part of neck of femur
 - 82100 Closed fracture of unspecified part of femur
 - 82101 Closed fracture of shaft of femur
 - 82120 Closed fracture of lower end of femur, unspecified part
 - 82123 Closed supracondylar fracture of femur
 - 8220 Closed fracture of patella
 - 82300 Closed fracture of upper end of tibia alone
 - 82301 Closed fracture of upper end of fibula alone
 - 8244 Bimalleolar fracture, closed
 - 8246 Trimalleolar fracture, closed
 - 8248 Unspecified fracture of ankle, closed
 - 83500 Closed dislocation of hip, unspecified site
 - V5789 Care involving other specified rehabilitation procedure
 - V579 Care involving unspecified rehabilitation procedure
- 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