

Commode Chairs 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 commode chairs 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 commode chairs access group comprises beneficiaries who are likely to need commode chairs.

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: Commode_Chairs_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 commode chairs 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
 - 34120 Acute (transverse) myelitis NOS
 - 34201 Flaccid hemiplegia and hemiparesis affecting dominant side
 - 3582 Toxic myoneural disorders
 - 35981 Critical illness myopathy
 - 35989 Other myopathies
 - 71535 Osteoarthritis, localized, not specified whether primary or secondary, pelvic region and thigh
 - 73314 Pathologic fracture of neck of femur
 - 73315 Pathologic fracture of other specified part of femur
 - 8065 Open fracture of lumbar spine with spinal cord injury
 - 80669 Closed fracture of sacrum and coccyx with other spinal cord injury
 - 8080 Closed fracture of acetabulum

¹ Source:

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

- 8081 Open fracture of acetabulum
- 8082 Closed fracture of pubis
- 8083 Open fracture of pubis
- 80843 Multiple closed pelvic fractures with disruption of pelvic circle
- 80844 Multiple closed pelvic fractures without disruption of pelvic circle
- 80849 Closed fracture of other specified part of pelvis
- 80859 Open fracture of other specified part of pelvis
- 8088 Closed unspecified fracture of pelvis
- 82000 Closed fracture of intracapsular section of neck of femur, unspecified
- 82001 Closed fracture of epiphysis (separation) (upper) of neck of femur
- 82002 Closed fracture of midcervical section of neck of femur
- 82003 Closed fracture of base of neck of femur
- 82009 Other closed transcervical fracture of neck of femur
- 82010 Open fracture of intracapsular section of neck of femur, unspecified
- 82012 Open fracture of midcervical section of neck of femur
- 82013 Open 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
- 82030 Open fracture of trochanteric section of neck of femur, unspecified
- 82031 Open fracture of intertrochanteric section of neck of femur
- 82032 Open fracture of subtrochanteric section of neck of femur
- 8208 Closed fracture of unspecified part of neck of femur
- 8209 Open fracture of unspecified part of neck of femur
- 82100 Closed fracture of unspecified part of femur
- 82101 Closed fracture of shaft of femur
- 82110 Open fracture of unspecified part of femur
- 82111 Open fracture of shaft of femur
- 82120 Closed fracture of lower end of femur, unspecified part
- 82123 Closed supracondylar fracture of femur
- 82130 Open fracture of lower end of femur, unspecified part
- 82131 Open fracture of condyle, femoral
- 82133 Open supracondylar fracture of femur
- 82139 Other open fracture of lower end of femur
- 8221 Open fracture of patella
- 82300 Closed fracture of upper end of tibia alone
- 82302 Closed fracture of upper end of fibula with tibia
- 82310 Open fracture of upper end of tibia alone
- 82312 Open fracture of upper end of fibula with tibia
- 82320 Closed fracture of shaft of tibia alone
- 82322 Closed fracture of shaft of fibula with tibia
- 82330 Open fracture of shaft of tibia alone
- 82331 Open fracture of shaft of fibula alone

- 82332 Open fracture of shaft of fibula with tibia
 - 82340 Torus fracture, tibia alone
 - 82342 Torus fracture, fibula with tibia
 - 82380 Closed fracture of unspecified part of tibia alone
 - 82382 Closed fracture of unspecified part of fibula with tibia
 - 82390 Open fracture of unspecified part of tibia alone
 - 82391 Open fracture of unspecified part of fibula alone
 - 82392 Open fracture of unspecified part of fibula with tibia
 - 8241 Fracture of medial malleolus, open
 - 8243 Fracture of lateral malleolus, open
 - 8244 Bimalleolar fracture, closed
 - 8245 Bimalleolar fracture, open
 - 8246 Trimalleolar fracture, closed
 - 8247 Trimalleolar fracture, open
 - 8249 Unspecified fracture of ankle, open
 - 8270 Other, multiple and ill-defined fractures of lower limb, closed
 - 8280 Closed multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum
 - 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
 - 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
 - 99760 Unspecified complication of amputation stump
 - 99762 Infection (chronic) of amputation stump
 - 99769 Other amputation stump complication
 - V4975 Below knee amputation status
 - V5789 Care involving other specified 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 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