



July 2014

## Durable Medical Equipment (DME) Contracted Providers

3rd Qtr. SFY14

### Points of Interest:

- Select zip codes in Council Bluffs were included in Round Two of the DMEPOS Competitive Bidding Program.
- All states and zip codes were included in the National Mail-Order Program for select diabetic supplies effective July 1, 2013.

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### Medicare's DME Competitive Bidding Program

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 mandated the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program.

The DMEPOS Competitive Bidding Program was originally planned phase in for 2007. As required by law, 10 DMEPOS product categories were identified and the program was successfully implemented July 1, 2008; two weeks before the contracts were terminated by subsequent law.

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) terminated previous contracts and made limited changes to the program.

Round One Rebid was subsequently conducted to identify suppliers for the program. On January 1, 2011, the Centers for Medicare and Medicaid Services (CMS) launched the first phase of Medicare's competitive bidding program.

“Medicare's Competitive Bidding Program for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) is an essential tool to help set appropriate pay-

ment amounts for medical equipment and supplies. The program reduces out-of-pocket expenses for Medicare beneficiaries and saves the Medicare Program money while ensuring beneficiaries continue to receive quality products from accredited suppliers.” (Medicare Learning Network, 2013)

### How It Works

Under the DMEPOS Competitive Bidding Program, DMEPOS suppliers, in the competitive areas identified by Medicare, compete to become Medicare contract suppliers by submitting bids to furnish certain medical equipment and supplies in the Competitive Bidding Areas (CBAs).

Medicare uses these bids to set a single payment amount, which replaces the fee schedule amount as payment for each item.

*The single payment amounts must be lower than the fee schedule amounts.*

Beneficiaries who obtain competitively bid items in CBAs will need to get these items from contract suppliers if they want Medicare to help pay for the items unless an exception applies.

*In certain situations, beneficiaries in program areas who rent oxygen or certain other durable medical equipment may continue renting these*

Round One Rebid of the DMEPOS Competitive Bidding Program was implemented January 1, 2011.

*items from their current suppliers if their current suppliers become grandfathered suppliers.*

(Medicare Learning Network, 2013)

MIPPA also required the competition for Round Two to occur in 2011.

CMS is required by law to re-compete contracts for the DMEPOS Competitive Bidding Program at least once every three years.

### Round One Rebid

The following categories of items were included in the Round One Rebid launch of the DMEPOS Competitive Bidding Program which was implemented January 1, 2011.

- Oxygen, oxygen equipment, and supplies.
- Standard power wheelchairs, scooters, and related accessories.
- Complex rehabilitative power wheelchairs and related accessories (Group 2 only)
- Mail-order diabetic supplies.
- Enteral nutrients, equipment, and supplies.
- Continuous Positive Airway Pressure (CPAP) devices, Respiratory Assist Devices (RADs), and related supplies and accessories.
- Hospital beds and related accessories.

- Walker and related accessories.
- Support surfaces (Group 2 mattresses and overlays in Miami-Fort Lauderdale-Pompano Beach Only).

### Where was Round One Rebid implemented?

Select postal zip codes in the following areas were included in implementation of the Round One Rebid. These locations were as follows:

- Charlotte-Gastonia-Concord (North Carolina and South Carolina)
- Cincinnati-Middletown (Ohio, Kentucky, and Indiana)
- Cleveland-Elyria-Mentor (Ohio)
- Dallas-Fort Worth-Arlington (Texas)
- Kansas City (Missouri and Kansas)
- Miami-Fort Lauderdale-Pompano Beach (Florida)
- Orlando-Kissimmee (Florida)
- Pittsburgh (Pennsylvania)
- Riverside-San Bernardino-Ontario (California)

A zip code search can identify participating providers throughout the country. The zip code search can be found at:

<http://www.medicare.gov/supplierdirectory/search.html>

### Round Two

The following categories of items were included in the Round Two launch of the DMEPOS Competitive Bidding Program which was imple-

mented July 1, 2013.

- Oxygen, oxygen equipment, and supplies.
- Standard (power or manual) wheelchairs, scooters, and related accessories.
- Mail-order diabetic supplies.
- Enteral nutrients, equipment, and supplies.
- Continuous Positive Airway Pressure (CPAP) devices, Respiratory Assist Devices (RADs), and related supplies.
- Hospital beds and related accessories
- Walkers and related accessories
- Negative Pressure Wound Therapy pumps and related supplies and accessories.
- Support surfaces (Group 2 mattresses and overlays).

### Where was Round Two implemented?

Round two targeted specific regions of the country in addition to specific postal zip codes with the regions. The selected locations for round two were as follows:

#### Northeast

- Albany-Schenectady-Troy (New York)
- Allentown-Bethlehem-Easton (Pennsylvania and New Jersey)
- Boston-Cambridge-Quincy (Massachusetts and New Hampshire)
- Bridgeport-Stamford-Norwalk (Connecticut)
- Buffalo-Niagara Falls (New York)
- Hartford-West Hartford-East Hartford (Connecticut)

- New Haven-Milford (Connecticut)
- New York-Northern New Jersey-Long Island (New York, New Jersey, and Pennsylvania)
- Philadelphia-Camden-Wilmington (Pennsylvania, New Jersey, Delaware, and Maryland)
- Poughkeepsie-Newburg-Middletown (New York)
- Providence-New Bedford-Fall River (Rhode Island and Massachusetts)
- Rochester (New York)
- Scranton-Wilkes-Barre (Pennsylvania)
- Springfield (Massachusetts)
- Syracuse (New York)
- Worcester (Massachusetts)

#### Midwest

- Akron (Ohio)
- Chicago-Joliet-Naperville (Illinois, Indiana, Wisconsin)
- Columbus (Ohio)
- Dayton (Ohio)
- Detroit-Warren-Livonia (Michigan)
- Flint (Michigan)
- Grand Rapids-Wyoming (Michigan)
- Huntington-Ashland (West Virginia, Kentucky, and Ohio)
- Indianapolis-Carmel (Indiana)
- Milwaukee-Waukesha-West Allis (Wisconsin)
- Minneapolis-St. Paul-Bloomington (Minnesota and Wisconsin)
- **Omaha-Council Bluffs (Nebraska and Iowa)**
- St. Louis (Missouri and Illinois)
- Toledo (Ohio)
- Wichita (Kansas)
- Youngstown-Warren-Boardman (Ohio and Pennsylvania)

Select postal zip codes in the Council Bluffs area were included in the Round Two Midwest implementation of the DMEPOS Competitive Bidding Program.

## South

- Ashville (North Carolina)
- Atlanta-Sandy Springs-Marietta (Georgia)
- Augusta-Richmond County (Georgia and South Carolina)
- Austin-Round Rock-San Marcos (Texas)
- Baltimore-Towson (Maryland)
- Baton Rouge (Louisiana)
- Beaumont-Port Arthur (Texas)
- Birmingham-Hoover (Alabama)
- Cape Coral-Fort Myers (Florida)
- Charleston-North Charleston-Summerville (South Carolina)
- Chattanooga (Tennessee and Georgia)
- Columbia (South Carolina)
- Deltona-Daytona Beach-Ormond Beach (Florida)
- El Paso (Texas)
- Greensboro-High Point (North Carolina)
- Greenville-Mauldin-Easley (South Carolina)
- Houston-Sugar Land-Baytown (Texas)
- Jackson (Mississippi)
- Jacksonville (Florida)
- Knoxville (Tennessee)
- Lakeland-Winter Haven (Florida)
- Little Rock-North Little Rock-Conway (Arkansas)
- Louisville/Jefferson County (Kentucky and Indiana)
- McAllen-Edinburg-Mission (Texas)
- Memphis (Tennessee, Mississippi, Arkansas)
- Nashville-Davidson-Murfreesboro-Franklin (Tennessee)
- New Orleans-Metairie-Kenner (Louisiana)
- North Port-Bradenton-Sarasota (Florida)
- Ocala (Florida)
- Oklahoma City (Oklahoma)
- Palm Bay-Melbourne-Titusville (Florida)
- Raleigh-Cary (North Carolina)
- Richmond (Virginia)
- San Antonio-New Braunfels (Texas)
- Tampa-St. Petersburg-Clearwater (Florida)
- Tulsa (Oklahoma)
- Virginia Beach-Norfolk-Newport News

(Virginia and North Carolina)

- Washington-Arlington-Alexandria (District of Columbia, Virginia, Maryland, and West Virginia)

## West

- Albuquerque (New Mexico)
- Bakersfield-Delano (California)
- Boise City-Nampa (Idaho)
- Colorado Springs (Colorado)
- Denver-Aurora-Broomfield (Colorado)
- Fresno (California)
- Honolulu (Hawaii)
- Las Vegas-Paradise (Nevada)
- Los Angeles-Long Beach-Santa Ana (California)
- Oxnard-Thousand Oaks-Ventura (California)
- Phoenix-Mesa-Glendale (Arizona)
- Portland-Vancouver-Hillsboro (Oregon and Washington)
- Sacramento-Arden-Arcade-Roseville (California)
- Salt Lake City (Utah)
- San Diego-Carlsbad-San Marcos (California)
- San Francisco-Oakland-Fremont (California)
- San Jose-Sunnyvale-Santa Clara (California)
- Seattle-Tacoma-Bellevue (Washington)
- Stockton (California)
- Tucson (Arizona)
- Visalia-Porterville (California)

A zip code search can identify participating providers throughout the country. The zip code search can be found at:

## National Mail-Order Program

As of July 2013, Medicare has a National Mail-Order Program for diabetic testing supplies (like test strips and lancets).

This applies to the original Medicare program only.

No matter where the Medicare member lives, they'll need to use a Medicare national mail-order contract supplier for Medicare to pay for diabetic testing supplies that are delivered to their home.

If the member does not want diabetic testing supplies delivered to their home, they may go to any local store (local pharmacy or storefront supplier) that's enrolled with Medicare and buy them there. The National Mail-Order Program doesn't require the member to change their testing monitor. If they are happy with their current monitor, they are advised to look for a mail-order contract supplier or local store that can provide the supplies needed.

The expectation is the member will not be responsible for more than any current unmet deductible or 20 percent coinsurance.

A zip code search can identify participating providers throughout the country. The zip code search can be found at:

<http://www.medicare.gov/supplierdirectory/search.html>

### DMEPOS Competitive Bidding Program's Impact on Iowa Medicaid

As the payer of last resort, Iowa Medicaid could benefit greatly from the DMEPOS Competitive Bidding Program should future phases include a larger coverage area of Iowa. In the interim, as with the rest of the nation, Iowa is participating in the National Mail-Order Program for diabetic testing supplies.

The list of diabetic testing supplies included in the national mail-order program are identified in the following table. Additionally, the table includes the competitive bid Single Payment Amount (SPA) for Medicare and the Iowa Medicaid Fee Schedule.

HCPCS Code	HCPCS Description	Medicare Single Payment Amount (SPA)	Iowa Medicaid Fee Schedule (FS)
A4233	Replacement Battery, Alkaline (other than J Cell), For Use with Medically Necessary Home Blood Glucose Monitor Owned by Patient, Each	\$0.58	\$4.68
A4234	Replacement Battery, Alkaline, J Cell, For Use with Medically Necessary Home Blood Glucose Monitor Owned by Patient, Each	\$2.50	\$4.68
A4235	Replacement Battery, Lithium, For Use with Medically Necessary Home Blood Glucose Monitor Owned by Patient, Each	\$1.06	\$4.68
A4236	Replacement Battery, Silver Oxide, For Use with Medically Necessary Home Blood Glucose Monitor Owned by Patient, Each	\$1.19	\$4.68
A4253	Blood Glucose Test or Reagent Strips for Home Blood Glucose Monitor, Per 50 Strips	\$10.41	\$30.64
A4256	Normal, Low and High Calibrator Solution, CHIPS	\$4.00	\$9.31
A4258	Spring-Powered Device for Lancet, Each	\$2.52	\$17.18
A4259	Lancets, Per Box of 100	\$1.65	\$11.57

Although Medicaid typically pays a fraction of the costs for members who are dually eligible for both Medicare and Medicaid, the deductibles and coinsurance over the course a fiscal year can account for a sizable portion of the Medicaid expenditures.

The table below reflects the Medicaid reimbursement for Part-B Crossover Claims for the diabetic supplies identified by Medicare for inclusion in the National Mail-Order Program.

HCPCS Code	Iowa Medicaid Part-B Crossover Claim Expenditure			
	SFY11	SFY12	SFY13	*SFY14 (July 1, 2013 through May 12, 2014)
A4233	\$78.68	\$135.19	\$315.18	\$143.25
A4234	\$1.42	\$3.60	\$1.24	\$0.00
A4235	\$777.24	\$630.01	\$412.37	\$62.42
A4236	\$10.49	\$3.60	\$0.00	\$0.00
A4253	\$893,019.64	\$809,123.49	\$791,719.57	\$157,750.01
A4256	\$17,638.50	\$15,909.39	\$14,012.73	\$1,932.82
A4258	\$13,957.17	\$12,743.21	\$10,614.09	\$683.00
A4259	\$70,683.56	\$62,995.74	\$61,996	\$4,439.17
<b>Total</b>	\$996,166.70	\$901,544.23	\$879,071.18	\$165,010.67

Preliminary claims data for SFY14 indicates Iowa Medicaid is benefiting from the National Mail-Order Program. Implemented at the start of SFY14, Iowa Medicaid has shown a decrease by 81.2 percent from SFY13 with approximately seven weeks left of the SFY14.

\* **Note:** The number of units reimbursed for these supplies in SFY14 also decreased by 41.5 percent for Medicare Part-B Crossover claims. This may be indicative on contracted providers accepting Medicare payment as payment-in-full for these supplies. Improvement in diabetes management may also contribute to the reduction in costs for these supplies.

## OIG Reports and Other State Medicaid Programs

The Office of Inspector General (OIG) has completed a series of reports looking at state Medicaid programs and the potential savings each state could realize with the lower payment rates with a competitive bidding process for DME.

### California Medicaid

“The Medi-Cal program could have saved an estimated \$3.9 million in CY 2011 by establishing a competitive bidding program for reimbursement of standard power wheelchairs, oxygen systems, and oxygen concentrators similar to Medicare’s Competitive Bidding Program or by revising its reimbursement methodology to obtain pricing similar to the California Medicare CBA payment rates. For the three product types reviewed, we determined that Medicare payment rates in California’s CBA were significantly lower than the Medi-Cal payment amounts.” (OIG, 2014)

### Minnesota Medicaid

“The Minnesota Medicaid program could have saved an estimated \$2.27 million by establishing a competitive bidding program for DME items similar to pricing that Medicare obtained through its Competitive Bidding Program. We determined that average Medicare payment rates obtained through competitive bids for 42 selected DME items were significantly lower than Minnesota’s average Medicaid payment rates.” (OIG, 2014)

### Ohio Medicaid

“The Ohio Medicaid program could have saved an estimated \$3 million by establishing a competitive bidding program for DME items similar to pricing that Medicare obtained through its Competitive Bidding Program. We determined that Medicare payment rates obtained through competitive bids in 2 Ohio

CBAs for the 43 selected DME items were significantly lower than the Ohio Medicaid maximum payment rate. (OIG, 2013)

## Summary

The DMEPOS Competitive Bidding Program Round One Rebid which was implemented January 1, 2011, likely did not have significant impact on Iowa Medicaid.

Iowa Medicaid likely has experienced some decreased expenditures for Medicare Part-B Crossover claims associated with select diabetic supplies that were included in the National Mail-Order Program rolled out simultaneously with Round Two of the DMEPOS Competitive Bidding Program which was implemented July 1, 2014. Some additional savings may have also been realized with the inclusion of selected zip codes in the Council Bluffs area for Round Two.

Preliminary claims data since for SFY14, the start of the National Mail-Order Program indicates Iowa Medicaid expenditures for Medicare Part-B Crossover claims on select diabetic supplies has decreased 81.2 percent.

- The number of units reimbursed for the selected diabetic supplies decreased by 41.5 percent from SFY13.

The reduction in costs may be indicative on contracted providers accepting Medicare payment as payment-in-full for these supplies. Improvement in diabetes management may also contribute to the reduction in Iowa Medicaid costs for these supplies.

OIG reports on other state Medicaid programs have recommended development of competitive bidding programs, at the state level, similar to Medicare. OIG suggests three state Medicaid programs studied could have saved between \$2.27 and \$3.9 million annually through lower payment rates for DME and supplies.

## Recommendations

- Explore options for Iowa Medicaid to establish a competitive bidding process for selected DME and supplies, similar to the Medicare competitive bidding process.
- Explore broader use of mail-order providers for DME and supplies.
- Limit Medicaid payment for copays and deductibles on Medicare Part-B Crossover claims for the diabetic supplies included in the National Mail-Order Program to only providers registered with the competitive bidding program.

## Appendix

- DMEPOS Competitive Bidding Program Round 1 Reopen Product Categories and HCPCS Codes.
- DMEPOS Competitive Bidding Program Round 2 Product Categories and HCPCS Codes.
- DEPOS Competitive Bidding Program National Mail-Order Competition Product Categories and HCPCS Codes.

## References

Centers for Medicare & Medicaid Services. (October 30, 2013) DMEPOS Competitive Bidding. Retrieved from <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid/>

Centers for Medicare and Medicaid Services (October 2013). DMEPOS Competitive Bidding Program Round 1 Recompete Product Categories and HCPCS Codes. Retrieved from [http://dmecompetitivebid.com/Palmetto/Cbicrd1Recompete.Nsf/files/R1RC\\_HCPCS\\_Codes.pdf/\\$File/R1RC\\_HCPCS\\_Codes.pdf](http://dmecompetitivebid.com/Palmetto/Cbicrd1Recompete.Nsf/files/R1RC_HCPCS_Codes.pdf/$File/R1RC_HCPCS_Codes.pdf)

Centers for Medicare and Medicaid Services (January 2012). DMEPOS Competitive Bidding Program Round 2 Product Categories and HCPCS Codes. Retrieved from [http://dmecompetitivebid.com/Palmetto/Cbic.Nsf/files/Round\\_2\\_HCPCS\\_Codes.pdf/\\$File/Round\\_2\\_HCPCS\\_Codes.pdf](http://dmecompetitivebid.com/Palmetto/Cbic.Nsf/files/Round_2_HCPCS_Codes.pdf/$File/Round_2_HCPCS_Codes.pdf)

Centers for Medicare and Medicaid Services (August 2011). DMEPOS Competitive Bidding Program National Mail-Order Competition Product Categories and HCPCS Codes. Retrieved from [http://dmecompetitivebid.com/Palmetto/Cbic.Nsf/files/National\\_Mail-Order\\_HCPCS\\_Codes.pdf/\\$File/National\\_Mail-Order\\_HCPCS\\_Codes.pdf](http://dmecompetitivebid.com/Palmetto/Cbic.Nsf/files/National_Mail-Order_HCPCS_Codes.pdf/$File/National_Mail-Order_HCPCS_Codes.pdf)

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. (January 1, 2013). DMEPOS Competitive Bidding Program. Single Payment Amounts. Retrieved from <http://www.dmecompetitivebid.com/palmetto/cbicrd2.nsf/DocsCat/Single%20Payment%20Amounts>

Medicare.gov (n.d.) What areas of the country are included in the DME Competitive Bidding Program? Retrieved from <http://www.medicare.gov/what-medicare-covers/part-b/dme-program-bidding-areas.html>

Office of Inspector General (April 2013). The Ohio Medicaid Program Could Significantly Lower Payment Rates for Selected Durable Medical Equipment and Supplies. Retrieved from <https://oig.hhs.gov/oas/reports/region5/51200038.pdf>

Office of Inspector General (January 2014). The Minnesota Medicaid Program Could Significantly Lower Payment Rates for Selected Durable Medical Equipment and Supplies. Retrieved from <http://oig.hhs.gov/oas/reports/region5/51300015.pdf>

Office of Inspector General (March 2014). The California Medicaid Program Could Significantly Lower Payment Rates for Selected Durable Medical Equipment and Supplies. Retrieved from <http://oig.hhs.gov/oas/reports/region9/91302028.pdf>

## Medicaid Value Management (MVM)

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Realizing the fiscal value of quality care.

### About MVM

Medicaid Value Management (MVM) analyzes different areas of Iowa Medicaid to gain an understanding of the quality of the services provided to the Medicaid member. MVM analyzes the efficacy of services provided; best practices used and not used in Iowa and the overall impact on our Medicaid population; MVM also looks at individual programs within Iowa Medicaid. Ultimately MVM looks for ways to promote improved health outcomes within the constraints of Medicaid budget limits and with this information, MVM makes recommendations for policy and program changes.

### Query Facts

Medicaid Claims Data

# DME Contracted Providers MVM Report

## Appendix

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- DMEPOS Competitive Bidding Program Round 1 Recompete Product Categories and HCPCS Codes.
- DMEPOS Competitive Bidding Program Round 2 Product Categories and HCPCS Codes.
- DEPOS Competitive Bidding Program National Mail-Order Competition Product Categories and HCPCS Codes.

DMEPOS Competitive Bidding Program  
National Mail-Order Competition  
**Product Category and HCPCS Codes**

**Mail-Order Diabetic Supplies**

<b>HCPCS Code</b>	<b>HCPCS Code Description</b>
A4233KL	Replacement Battery, Alkaline (Other Than J Cell), For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
A4234KL	Replacement Battery, Alkaline, J Cell, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
A4235KL	Replacement Battery, Lithium, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
A4236KL	Replacement Battery, Silver Oxide, For Use With Medically Necessary Home Blood Glucose Monitor Owned By Patient, Each
A4253KL	Blood Glucose Test Or Reagent Strips For Home Blood Glucose Monitor, Per 50 Strips
A4256KL	Normal, Low And High Calibrator Solution / Chips
A4258KL	Spring-Powered Device For Lancet, Each
A4259KL	Lancets, Per Box Of 100

DMEPOS Competitive Bidding Program

Round 1 Recompete

**Product Categories and HCPCS Codes**

Enteral Nutrients, Equipment and Supplies	2
External Infusion Pumps and Supplies	3
General Home Equipment and Related Supplies and Accessories	4
Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories	7
Respiratory Equipment and Related Supplies and Accessories (includes oxygen, oxygen equipment, and supplies; continuous positive airway pressure (CPAP) devices, respiratory assist devices (RADs), and related supplies and accessories; and standard nebulizers)	8
Standard Mobility Equipment and Related Accessories (includes walkers, standard power and manual wheelchairs, scooters, and related accessories)	11

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 1 Reopen**

**Enteral Nutrients, Equipment and Supplies**

HCPCS Code	HCPCS Code Description
B4034	Enteral Feeding Supply Kit; Syringe Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape
B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape
B4081	Nasogastric Tubing With Stylet
B4082	Nasogastric Tubing Without Stylet
B4083	Stomach Tube - Levine Type
B4087	Gastrostomy/Jejunostomy Tube, Standard, Any Material, Any Type, Each
B4088	Gastrostomy/Jejunostomy Tube, Low-Profile, Any Material, Any Type, Each
B4149	Enteral Formula, Manufactured Blenderized Natural Foods With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4150	Enteral Formula, Nutritionally Complete With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4152	Enteral Formula, Nutritionally Complete, Calorically Dense (Equal To Or Greater Than 1.5 Kcal/ML) With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4153	Enteral Formula, Nutritionally Complete, Hydrolyzed Proteins (Amino Acids And Peptide Chain), Includes Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4154	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs, Excludes Inherited Disease Of Metabolism, Includes Altered Composition Of Proteins, Fats, Carbohydrates, Vitamins And/Or Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4155	Enteral Formula, Nutritionally Incomplete/Modular Nutrients, Includes Specific Nutrients, Carbohydrates (E.G. Glucose Polymers), Proteins/Amino Acids (E.G. Glutamine, Arginine), Fat (E.G. Medium Chain Triglycerides) Or Combination, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B9000	Enteral Nutrition Infusion Pump - Without Alarm
B9002	Enteral Nutrition Infusion Pump - With Alarm
E0776BA	IV Pole

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 1 Recompete**

**External Infusion Pumps and Supplies**

HCPCS Code	HCPCS Code Description
A4221	Supplies For Maintenance Of Drug Infusion Catheter, Per Week (List Drug Separately)
A4222	Infusion Supplies For External Drug Infusion Pump, Per Cassette Or Bag (List Drugs Separately)
E0776	IV Pole
E0779	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion 8 Hours Or Greater
E0780	Ambulatory Infusion Pump, Mechanical, Reusable, For Infusion Less Than 8 Hours
E0781	Ambulatory Infusion Pump, Single Or Multiple Channels, Electric Or Battery Operated, With Administrative Equipment, Worn By Patient
E0784	External Ambulatory Infusion Pump, Insulin
E0791	Parenteral Infusion Pump, Stationary, Single Or Multi-Channel
K0552	Supplies For External Drug Infusion Pump, Syringe Type Cartridge, Sterile, Each
K0601	Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 1.5 Volt, Each
K0602	Replacement Battery For External Infusion Pump Owned By Patient, Silver Oxide, 3 Volt, Each
K0603	Replacement Battery For External Infusion Pump Owned By Patient, Alkaline, 1.5 Volt, Each
K0604	Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 3.6 Volt, Each
K0605	Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 4.5 Volt, Each

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 1 Reopen**

**General Home Equipment and Related Supplies and Accessories**  
(includes hospital beds and related accessories; group 1 and 2 support surfaces; transcutaneous electrical nerve stimulation (TENS) devices; commode chairs, patient lifts, and seat lifts)

HCPCS Code	HCPCS Code Description
E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress
E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress
E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress
E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress
E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress
E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress
E0271	Mattress, Innerspring
E0272	Mattress, Foam Rubber
E0280	Bed Cradle, Any Type
E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress
E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress
E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress
E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress
E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress
E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress
E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress
E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress
E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress
E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress
E0305	Bed Side Rails, Half Length
E0310	Bed Side Rails, Full Length
E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar
E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar
E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar
E0940	Trapeze Bar, Free Standing, Complete With Grab Bar
E0160	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode

HCPCS Code	HCPCS Code Description
E0161	Sitz Type Bath Or Equipment, Portable, Used With Or Without Commode, With Faucet Attachment/S
E0163	Commode Chair, Mobile Or Stationary, With Fixed Arms
E0165	Commode Chair, Mobile Or Stationary, With Detachable Arms
E0167	Pail Or Pan For Use With Commode Chair, Replacement Only
E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stationary Or Mobile, With Or Without Arms, Any Type, Each
E0170	Commode Chair With Integrated Seat Lift Mechanism, Electric, Any Type
E0171	Commode Chair With Integrated Seat Lift Mechanism, Non-Electric, Any Type
E0275	Bed Pan, Standard, Metal Or Plastic
E0276	Bed Pan, Fracture, Metal Or Plastic
E0325	Urinal; Male, Jug-Type, Any Material
E0326	Urinal; Female, Jug-Type, Any Material
E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon
E0630	Patient Lift, Hydraulic Or Mechanical, Includes Any Seat, Sling, Strap(S) Or Pad(S)
E0635	Patient Lift, Electric With Seat Or Sling
E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls
E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated By Care Giver, Patient Weight Capacity Up To And Including 300 Lbs
E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capacity Greater Than 300 Lbs
E0627	Seat Lift Mechanism Incorporated Into A Combination Lift-Chair Mechanism
E0628	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Electric
E0629	Separate Seat Lift Mechanism For Use With Patient Owned Furniture-Non-Electric
A4640	Replacement Pad For Use With Medically Necessary Alternating Pressure Pad Owned By Patient
E0181	Powered Pressure Reducing Mattress Overlay/Pad, Alternating, With Pump, Includes Heavy Duty
E0182	Pump For Alternating Pressure Pad, For Replacement Only
E0184	Dry Pressure Mattress
E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standard Mattress Length And Width
E0186	Air Pressure Mattress
E0187	Water Pressure Mattress
E0188	Synthetic Sheepskin Pad
E0189	Lambswool Sheepskin Pad, Any Size
E0196	Gel Pressure Mattress
E0197	Air Pressure Pad For Mattress, Standard Mattress Length And Width
E0199	Dry Pressure Pad For Mattress, Standard Mattress Length And Width
E0193	Powered Air Flotation Bed (Low Air Loss Therapy)

HCPCS Code	HCPCS Code Description
E0277	Powered Pressure-Reducing Air Mattress
E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width
E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width
E0373	Nonpowered Advanced Pressure Reducing Mattress
A4557	Lead Wires, (E.G., Apnea Monitor), Per Pair
A4595	Electrical Stimulator Supplies, 2 Lead, Per Month, (E.G. TENS, NMES)
E0720	Transcutaneous Electrical Nerve Stimulation (TENS) Device, Two Lead, Localized Stimulation
E0730	Transcutaneous Electrical Nerve Stimulation (TENS) Device, Four Or More Leads, For Multiple Nerve Stimulation
E0731	Form Fitting Conductive Garment For Delivery Of TENS Or NMES (With Conductive Fibers Separated From The Patient's Skin By Layers Of Fabric)

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
Round 1 Recompete

**Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories**

HCPCS Code	HCPCS Code Description
E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable
A6550	Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All Supplies And Accessories
A7000	Canister, Disposable, Used With Suction Pump, Each

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 1 Reopen**

**Respiratory Equipment and Related Supplies and Accessories**

(includes oxygen, oxygen equipment, and supplies; continuous positive airway pressure (CPAP) devices, respiratory assist devices (RADs), and related supplies and accessories; and standard nebulizers)

Payment Class	HCPCS Code	HCPCS Code Description
	A7044	Oral Interface Used With Positive Airway Pressure Device, Each
	A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only
	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)
	E0601	Continuous Airway Pressure (CPAP) Device
	A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device
	A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each
	A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each
	A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair
	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each
	A7031	Face Mask Interface, Replacement For Full Face Mask, Each
	A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each
	A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair
	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap
	A7035	Headgear Used With Positive Airway Pressure Device
	A7036	Chinstrap Used With Positive Airway Pressure Device
	A7037	Tubing Used With Positive Airway Pressure Device
	A7038	Filter, Disposable, Used With Positive Airway Pressure Device
	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device
	A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each

Payment Class	HCPCS Code	HCPCS Code Description
	E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)
	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)
	E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device
	E0562	Humidifier, Heated, Used With Positive Airway Pressure Device
	A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable.
	A7004	Small volume nonfiltered pneumatic nebulizer, disposable
	A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
	A7006	Administration set, with small volume filtered pneumatic nebulizer
	A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
	A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
	A7012	Water collection device, used with large volume nebulizer.
	A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator
	A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator
	A7015	Aerosol mask, used with DME nebulizer
	A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen
	A7018	Water, distilled, used with large volume nebulizer, 1000 ml
	E0565	Compressor, air power source for equipment which is not self- contained or cylinder driven
	E0570	Nebulizer, with compressor
	E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use
	E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter
	E0585	Nebulizer, with compressor and heater
	E1372	Immersion external heater for nebulizer
	A4619	Face tent
Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing
Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing
Payment Class C - Oxygen Generating Portable Equipment Only	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge

Payment Class	HCPCS Code	HCPCS Code Description
Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing
Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing
Payment Class D - Stationary Oxygen Contents Only	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit
Payment Class D - Stationary Oxygen Contents Only	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit
Payment Class E - Portable Oxygen Contents Only	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit
Payment Class E - Portable Oxygen Contents Only	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit
Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate
Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each
Payment Class C - Oxygen Generating Portable Equipment Only	E1392	Portable Oxygen Concentrator, Rental
Payment Class C - Oxygen Generating Portable Equipment Only	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 1 Recompete**

**Standard Mobility Equipment and Related Accessories**  
(includes walkers, standard power and manual wheelchairs, scooters, and related accessories)

HCPCS Code	HCPCS Code Description
E0130	Walker, Rigid (Pickup), Adjustable Or Fixed Height
E0135	Walker, Folding (Pickup), Adjustable Or Fixed Height
E0140	Walker, With Trunk Support, Adjustable Or Fixed Height, Any Type
E0141	Walker, Rigid, Wheeled, Adjustable Or Fixed Height
E0143	Walker, Folding, Wheeled, Adjustable Or Fixed Height
E0147	Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance
E0148	Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each
E0149	Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type
E0154	Platform Attachment, Walker, Each
E0155	Wheel Attachment, Rigid Pick-Up Walker, Per Pair
E0156	Seat Attachment, Walker
E0157	Crutch Attachment, Walker, Each
E0158	Leg Extensions For Walker, Per Set Of Four (4)
E0159	Brake Attachment For Wheeled Walker, Replacement, Each
E0705	Transfer Device, Any Type, Each
E0950	Wheelchair Accessory, Tray, Each
E0951	Heel Loop/Holder, Any Type, With Or Without Ankle Strap, Each
E0955	Wheelchair Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting Hardware, Each
E0956	Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Type, Including Fixed Mounting Hardware, Each
E0957	Wheelchair Accessory, Medial Thigh Support, Any Type, Including Fixed Mounting Hardware, Each
E0958	Manual Wheelchair Accessory, One-Arm Drive Attachment, Each
E0959	Manual Wheelchair Accessory, Adapter For Amputee, Each
E0960	Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware
E0961	Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each
E0966	Manual Wheelchair Accessory, Headrest Extension, Each
E0967	Manual Wheelchair Accessory, Hand Rim With Projections, Any Type, Each
E0971	Manual Wheelchair Accessory, Anti-Tipping Device, Each
E0973	Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each

HCPCS Code	HCPCS Code Description
E0974	Manual Wheelchair Accessory, Anti-Rollback Device, Each
E0978	Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each
E0985	Wheelchair Accessory, Seat Lift Mechanism
E0990	Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each
E0992	Manual Wheelchair Accessory, Solid Seat Insert
E1015	Shock Absorber For Manual Wheelchair, Each
E1016	Shock Absorber For Power Wheelchair, Each
E1020	Residual Limb Support System For Wheelchair
E1028	Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory
E1031	Rollabout Chair, Any And All Types With Castors 5" Or Greater
E1037	Transport Chair, Pediatric Size
E1038	Transport Chair, Adult Size, Patient Weight Capacity Up To And Including 300 Pounds
E1039	Transport Chair, Adult Size, Heavy Duty, Patient Weight Capacity Greater Than 300 Pounds
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each
E1226	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each
E2201	Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches
E2202	Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches
E2203	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches
E2204	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches
E2205	Manual Wheelchair Accessory, Handrim Without Projections (Includes Ergonomic Or Contoured), Any Type, Replacement Only, Each
E2206	Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each
E2207	Wheelchair Accessory, Crutch And Cane Holder, Each
E2208	Wheelchair Accessory, Cylinder Tank Carrier, Each
E2209	Accessory, Arm Trough, With Or Without Hand Support, Each
E2210	Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each
E2211	Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each
E2212	Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each
E2213	Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each
E2214	Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each
E2215	Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each
E2219	Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each
E2220	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Each
E2221	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Each
E2222	Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each

HCPCS Code	HCPCS Code Description
E2224	Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Each
E2225	Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each
E2226	Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each
E2228	Manual Wheelchair Accessory, Wheel Braking System And Lock, Complete, Each
E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware
E2359	Power Wheelchair Accessory, Group 34 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)
E2361	Power Wheelchair Accessory, 22nf Sealed Lead Acid Battery, Each, (E.G. Gel Cell, Absorbed Glassmat)
E2363	Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)
E2365	Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)
E2366	Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each
E2368	Power Wheelchair Component, Motor, Replacement Only
E2369	Power Wheelchair Component, Gear Box, Replacement Only
E2370	Power Wheelchair Component, Motor And Gear Box Combination, Replacement Only
E2371	Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each
E2375	Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only
E2381	Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each
E2383	Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each
E2384	Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each
E2386	Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each
E2387	Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each
E2391	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each
E2392	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each
E2394	Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each
E2395	Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each
E2396	Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each
E2397	Power Wheelchair Accessory, Lithium-Based Battery, Each
E2601	General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth
E2602	General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth
E2603	Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth
E2604	Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth
E2605	Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth
E2606	Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth
E2607	Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth
E2608	Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth
E2611	General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware

HCPCS Code	HCPCS Code Description
E2612	General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware
E2613	Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
E2614	Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware
E2615	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
E2616	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware
E2620	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
E2621	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware
E2626	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable
E2627	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Adjustable Rancho Type
E2628	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Reclining
E2629	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached To Wheelchair, Balanced, Friction Arm Support (Friction Dampening To Proximal And Distal Joints)
E2630	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support, Monosuspension Arm And Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension Support
E2631	Wheelchair Accessory, Addition To Mobile Arm Support, Elevating Proximal Arm
E2632	Wheelchair Accessory, Addition To Mobile Arm Support, Offset Or Lateral Rocker Arm With Elastic Balance Control
E2633	Wheelchair Accessory, Addition To Mobile Arm Support, Supinator
K0001	Standard Wheelchair
K0002	Standard Hemi (Low Seat) Wheelchair
K0003	Lightweight Wheelchair
K0004	High Strength, Lightweight Wheelchair
K0006	Heavy Duty Wheelchair
K0007	Extra Heavy Duty Wheelchair
K0015	Detachable, Non-Adjustable Height Armrest, Each
K0019	Arm Pad, Each
K0040	Adjustable Angle Footplate, Each
K0052	Swingaway, Detachable Footrests, Each
K0053	Elevating Footrests, Articulating (Telescoping), Each
K0056	Seat Height Less Than 17" Or Equal To Or Greater Than 21" For A High Strength, Lightweight, Or Ultralightweight Wheelchair
K0065	Spoke Protectors, Each
K0069	Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each
K0070	Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each
K0071	Front Caster Assembly, Complete, With Pneumatic Tire, Each
K0072	Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Each

HCPCS Code	HCPCS Code Description
K0073	Caster Pin Lock, Each
K0077	Front Caster Assembly, Complete, With Solid Tire, Each
K0098	Drive Belt For Power Wheelchair
K0105	IV Hanger, Each
K0195	Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base)
K0733	Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each
K0800	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds
K0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds
K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds
K0813	Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds
K0814	Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0815	Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds
K0816	Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0820	Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0821	Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0822	Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0823	Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0824	Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds
K0825	Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds
K0826	Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds
K0827	Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds
K0828	Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More
K0829	Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight 601 Pounds Or More

DMEPOS Competitive Bidding Program

Round 2

**Product Categories and HCPCS Codes**

Oxygen Supplies and Equipment	2
Enteral Nutrients, Equipment and Supplies	3
CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories	4
Hospital Beds and Related Accessories	5
Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories	6
Walkers and Related Accessories	7
Support Surfaces (Group 2 Mattresses and Overlays)	8
Standard (Power & Manual) Wheelchairs, Scooters, and Related Accessories	9

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 2**

**Oxygen Supplies and Equipment**

Payment Class	HCPCS Code	HCPCS Code Description
Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing
Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, & Tubing
Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate
Payment Class A - Stationary Oxygen Equipment & Oxygen Contents (Stationary & Portable)	E1391	Oxygen Concentrator, Dual Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate, Each
Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing
Payment Class B - Portable Equipment Only (Gaseous or Liquid Tanks)	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula Or Mask, And Tubing
Payment Class C - Oxygen Generating Portable Equipment Only	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used To Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask And Tubing, With Or Without Supply Reservoir And Contents Gauge
Payment Class C - Oxygen Generating Portable Equipment Only	E1392	Portable Oxygen Concentrator, Rental
Payment Class C - Oxygen Generating Portable Equipment Only	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used To Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing
Payment Class D - Stationary Oxygen Contents Only	E0441	Stationary Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit
Payment Class D - Stationary Oxygen Contents Only	E0442	Stationary Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit
Payment Class E - Portable Oxygen Contents Only	E0443	Portable Oxygen Contents, Gaseous, 1 Month's Supply = 1 Unit
Payment Class E - Portable Oxygen Contents Only	E0444	Portable Oxygen Contents, Liquid, 1 Month's Supply = 1 Unit

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 2**

**Enteral Nutrients, Equipment and Supplies**

HCPCS Code	HCPCS Code Description
B4034	Enteral Feeding Supply Kit; Syringe Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape
B4035	Enteral Feeding Supply Kit; Pump Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape
B4036	Enteral Feeding Supply Kit; Gravity Fed, Per Day, Includes But Not Limited To Feeding/Flushing Syringe, Administration Set Tubing, Dressings, Tape
B4081	Nasogastric Tubing With Stylet
B4082	Nasogastric Tubing Without Stylet
B4083	Stomach Tube - Levine Type
B4087	Gastrostomy/Jejunostomy Tube, Standard, Any Material, Any Type, Each
B4088	Gastrostomy/Jejunostomy Tube, Low-Profile, Any Material, Any Type, Each
B4149	Enteral Formula, Manufactured Blenderized Natural Foods With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4150	Enteral Formula, Nutritionally Complete With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4152	Enteral Formula, Nutritionally Complete, Calorically Dense (Equal To Or Greater Than 1.5 Kcal/ML) With Intact Nutrients, Includes Proteins, Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4153	Enteral Formula, Nutritionally Complete, Hydrolyzed Proteins (Amino Acids And Peptide Chain), Includes Fats, Carbohydrates, Vitamins And Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4154	Enteral Formula, Nutritionally Complete, For Special Metabolic Needs, Excludes Inherited Disease Of Metabolism, Includes Altered Composition Of Proteins, Fats, Carbohydrates, Vitamins And/Or Minerals, May Include Fiber, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B4155	Enteral Formula, Nutritionally Incomplete/Modular Nutrients, Includes Specific Nutrients, Carbohydrates (E.G. Glucose Polymers), Proteins/Amino Acids (E.G. Glutamine, Arginine), Fat (E.G. Medium Chain Triglycerides) Or Combination, Administered Through An Enteral Feeding Tube, 100 Calories = 1 Unit
B9000	Enteral Nutrition Infusion Pump - Without Alarm
B9002	Enteral Nutrition Infusion Pump - With Alarm
E0776BA	Iv Pole

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 2**

**CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories**

HCPCS Code	HCPCS Code Description
A4604	Tubing With Integrated Heating Element For Use With Positive Airway Pressure Device
A7027	Combination Oral/Nasal Mask, Used With Continuous Positive Airway Pressure Device, Each
A7028	Oral Cushion For Combination Oral/Nasal Mask, Replacement Only, Each
A7029	Nasal Pillows For Combination Oral/Nasal Mask, Replacement Only, Pair
A7030	Full Face Mask Used With Positive Airway Pressure Device, Each
A7031	Face Mask Interface, Replacement For Full Face Mask, Each
A7032	Cushion For Use On Nasal Mask Interface, Replacement Only, Each
A7033	Pillow For Use On Nasal Cannula Type Interface, Replacement Only, Pair
A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Pressure Device, With Or Without Head Strap
A7035	Headgear Used With Positive Airway Pressure Device
A7036	Chinstrap Used With Positive Airway Pressure Device
A7037	Tubing Used With Positive Airway Pressure Device
A7038	Filter, Disposable, Used With Positive Airway Pressure Device
A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device
A7044	Oral Interface Used With Positive Airway Pressure Device, Each
A7045	Exhalation Port With Or Without Swivel Used With Accessories For Positive Airway Devices, Replacement Only
A7046	Water Chamber For Humidifier, Used With Positive Airway Pressure Device, Replacement, Each
E0470	Respiratory Assist Device, Bi-Level Pressure Capability, Without Backup Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)
E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back-Up Rate Feature, Used With Noninvasive Interface, E.G., Nasal Or Facial Mask (Intermittent Assist Device With Continuous Positive Airway Pressure Device)
E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used With Invasive Interface, E.G., Tracheostomy Tube (Intermittent Assist Device With Continuous Positive Airway Pressure Device)
E0561	Humidifier, Non-Heated, Used With Positive Airway Pressure Device
E0562	Humidifier, Heated, Used With Positive Airway Pressure Device
E0601	Continuous Airway Pressure (Cpap) Device

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 2**

**Hospital Beds and Related Accessories**

HCPCS Code	HCPCS Code Description
E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress
E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress
E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, With Mattress
E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress
E0260	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, With Mattress
E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress
E0271	Mattress, Innerspring
E0272	Mattress, Foam Rubber
E0280	Bed Cradle, Any Type
E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress
E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress
E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress
E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress
E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress
E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress
E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress
E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress
E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, With Mattress
E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress
E0305	Bed Side Rails, Half Length
E0310	Bed Side Rails, Full Length
E0316	Safety Enclosure Frame/Canopy For Use With Hospital Bed, Any Type
E0910	Trapeze Bars, A/K/A Patient Helper, Attached To Bed, With Grab Bar
E0911	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Attached To Bed, With Grab Bar
E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete With Grab Bar
E0940	Trapeze Bar, Free Standing, Complete With Grab Bar

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
Round 2

**Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories**

HCPCS Code	HCPCS Code Description
A6550	Wound Care Set, For Negative Pressure Wound Therapy Electrical Pump, Includes All Supplies And Accessories
A7000	Canister, Disposable, Used With Suction Pump, Each
E2402	Negative Pressure Wound Therapy Electrical Pump, Stationary Or Portable

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 2**

**Walkers and Related Accessories**

HCPCS Code	HCPCS Code Description
E0130	Walker, Rigid (Pickup), Adjustable Or Fixed Height
E0135	Walker, Folding (Pickup), Adjustable Or Fixed Height
E0140	Walker, With Trunk Support, Adjustable Or Fixed Height, Any Type
E0141	Walker, Rigid, Wheeled, Adjustable Or Fixed Height
E0143	Walker, Folding, Wheeled, Adjustable Or Fixed Height
E0147	Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance
E0148	Walker, Heavy Duty, Without Wheels, Rigid Or Folding, Any Type, Each
E0149	Walker, Heavy Duty, Wheeled, Rigid Or Folding, Any Type
E0154	Platform Attachment, Walker, Each
E0155	Wheel Attachment, Rigid Pick-Up Walker, Per Pair
E0156	Seat Attachment, Walker
E0157	Crutch Attachment, Walker, Each
E0158	Leg Extensions For Walker, Per Set Of Four (4)
E0159	Brake Attachment For Wheeled Walker, Replacement, Each

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
Round 2

**Support Surfaces (Group 2 Mattresses and Overlays)**

HCPCS Code	HCPCS Code Description
E0193	Powered Air Flotation Bed (Low Air Loss Therapy)
E0277	Powered Pressure-Reducing Air Mattress
E0371	Nonpowered Advanced Pressure Reducing Overlay For Mattress, Standard Mattress Length And Width
E0372	Powered Air Overlay For Mattress, Standard Mattress Length And Width
E0373	Nonpowered Advanced Pressure Reducing Mattress

DMEPOS Competitive Bidding Program  
**Product Category HCPCS Codes**  
**Round 2**

**Standard (Power & Manual) Wheelchairs, Scooters, and Related Accessories**

HCPCS Code	HCPCS Code Description
E0950	Wheelchair Accessory, Tray, Each
E0951	Heel Loop/Holder, Any Type, With Or Without Ankle Strap, Each
E0955	Wheelchair Accessory, Headrest, Cushioned, Any Type, Including Fixed Mounting Hardware, Each
E0956	Wheelchair Accessory, Lateral Trunk Or Hip Support, Any Type, Including Fixed Mounting Hardware, Each
E0957	Wheelchair Accessory, Medial Thigh Support, Any Type, Including Fixed Mounting Hardware, Each
E0960	Wheelchair Accessory, Shoulder Harness/Straps Or Chest Strap, Including Any Type Mounting Hardware
E0961	Manual Wheelchair Accessory, Wheel Lock Brake Extension (Handle), Each
E0971	Manual Wheelchair Accessory, Anti-Tipping Device, Each
E0973	Wheelchair Accessory, Adjustable Height, Detachable Armrest, Complete Assembly, Each
E0978	Wheelchair Accessory, Positioning Belt/Safety Belt/Pelvic Strap, Each
E0990	Wheelchair Accessory, Elevating Leg Rest, Complete Assembly, Each
E0992	Manual Wheelchair Accessory, Solid Seat Insert
E1016	Shock Absorber For Power Wheelchair, Each
E1020	Residual Limb Support System For Wheelchair
E1028	Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory
E1031	Rollabout Chair, Any And All Types With Castors 5" Or Greater
E1038	Transport Chair, Adult Size, Patient Weight Capacity Up To And Including 300 Pounds
E1225	Wheelchair Accessory, Manual Semi-Reclining Back, (Recline Greater Than 15 Degrees, But Less Than 80 Degrees), Each
E1226	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each
E2201	Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches
E2202	Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches
E2203	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches
E2204	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches
E2206	Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each
E2208	Wheelchair Accessory, Cylinder Tank Carrier, Each
E2209	Accessory, Arm Trough, With Or Without Hand Support, Each
E2210	Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each
E2211	Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each
E2213	Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each

HCPCS Code	HCPCS Code Description
E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware
E2360	Power Wheelchair Accessory, 22 Nf Non-Sealed Lead Acid Battery, Each
E2361	Power Wheelchair Accessory, 22nf Sealed Lead Acid Battery, Each, (E.G. Gel Cell, Absorbed Glassmat)
E2362	Power Wheelchair Accessory, Group 24 Non-Sealed Lead Acid Battery, Each
E2363	Power Wheelchair Accessory, Group 24 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)
E2364	Power Wheelchair Accessory, U-1 Non-Sealed Lead Acid Battery, Each
E2365	Power Wheelchair Accessory, U-1 Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat)
E2366	Power Wheelchair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each
E2367	Power Wheelchair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each
E2368	Power Wheelchair Component, Motor, Replacement Only
E2369	Power Wheelchair Component, Gear Box, Replacement Only
E2370	Power Wheelchair Component, Motor And Gear Box Combination, Replacement Only
E2371	Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each
E2381	Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each
E2383	Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each
E2384	Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each
E2386	Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each
E2387	Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each
E2391	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each
E2392	Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each
E2394	Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each
E2395	Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each
E2396	Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each
E2601	General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth
E2602	General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth
E2603	Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth
E2604	Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth
E2605	Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth
E2606	Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth
E2607	Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth
E2608	Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth
E2611	General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
E2612	General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware
E2613	Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
E2614	Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware

HCPCS Code	HCPCS Code Description
E2615	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
E2616	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware
E2620	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
E2621	Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware
K0001	Standard Wheelchair
K0002	Standard Hemi (Low Seat) Wheelchair
K0003	Lightweight Wheelchair
K0004	High Strength, Lightweight Wheelchair
K0006	Heavy Duty Wheelchair
K0007	Extra Heavy Duty Wheelchair
K0015	Detachable, Non-Adjustable Height Armrest, Each
K0019	Arm Pad, Each
K0040	Adjustable Angle Footplate, Each
K0052	Swingaway, Detachable Footrests, Each
K0053	Elevating Footrests, Articulating (Telescoping), Each
K0056	Seat Height Less Than 17" Or Equal To Or Greater Than 21" For A High Strength, Lightweight, Or Ultralightweight Wheelchair
K0069	Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each
K0070	Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each
K0077	Front Caster Assembly, Complete, With Solid Tire, Each
K0195	Elevating Leg Rests, Pair (For Use With Capped Rental Wheelchair Base)
K0800	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds
K0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds
K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds
K0813	Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds
K0814	Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0815	Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds
K0816	Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0820	Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds
K0821	Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0822	Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds

HCPCS Code	HCPCS Code Description
K0823	Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds
K0824	Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds
K0825	Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds
K0826	Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds
K0827	Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds
K0828	Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More
K0829	Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight 601 Pounds Or More



# Medicaid Value Management (MVM)

Realizing the fiscal value of quality care.

July 2014

## Comparison: Elderly Waiver, PACE, and Nursing Facility

4th Qtr, SFY14

### Points of Interest

- By SFY13, 17.6 percent of the unique members enrolled in the Elderly Waiver in SFY11 were in a nursing facility.
- The Elderly Waiver experienced a decrease of 42 percent of the unique members in SFY11 by SFY13.

### In This Report

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### Purpose

The purpose of this MVM study is to provide a high-level overview of the costs associated with Iowa Medicaid members aged 65 or older, who were enrolled in the Elderly Waiver or Program of All-inclusive Care for the Elderly (PACE), or who resided in a nursing facility during state fiscal years (SFYs) 2011 through 2013.

### Program Overview

#### Elderly Waiver

Members enrolled in the Elderly Waiver receive specialized services in addition to the Iowa Medicaid state plan benefits.

“The Medicaid Home and Community Based Services Elderly Waiver (HCBS Elderly) provides service, funding, and individualized supports to maintain eligible members in their own homes or communities who would otherwise require care in a medical institution. Provision of these services must be cost-effective.” (DHS, 2013)

Elderly Waiver services are individualized to meet the needs of each member. The following services are available:

- Adult Day Care
- Assistive Devices
- Assisted Living on-call
- Case Management
- Chore Services
- Consumer Directed Attendant Care
- Emergency Response System
- Home and Vehicle Modifications
- Home Delivered Meals
- Home Health Aide
- Homemaker Services
- Mental Health Outreach
- Nursing Care
- Nutritional Counseling
- Respite
- Senior Companions
- Transportation
- Consumer Choices Option

The total costs of Elderly Waiver services cannot exceed the following:

- Nursing Level of Care \$1339.00 per month
- Skilled Level of Care \$2765.00 per month

#### Program of All-inclusive Care for the Elderly (PACE)

Members aged 55 and older who reside in a county served by a PACE program may be eligible for this service.

“This program helps the member and health providers come together for preventive care, primary care, social services, therapeutic recrea-

tion, acute and long-term care services. This program aims to protect and improve your health; and your quality of life. The goal of PACE is to keep you in your home.” (DHS, 2012)

For the purpose of this MVM study, only members aged 65 and older enrolled in a PACE program were included.

### **Nursing Facility**

A nursing facility is an institutional setting where the member resides to receive medical services and any co-occurring mental health treatment needed when they are unable to safely reside in their home without assistance. Additionally, the member or their legal representative must make the choice to assume residence in a nursing facility.

“A nursing facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility.

The facility must operate and provide services in compliance with all applicable federal, state, and local laws, regulations and codes. The facility must also comply with accepted professional standards and principles that apply to professionals providing services in such a facility.” (DHS, 2014)

## **Data Analysis**

### **Enrollment**

During SFY11, the Elderly Waiver had 10,352 unique members who had at least one paid claim. For members aged 65 and older, 13,602, had a claim submitted for nursing facility stays during this time frame. Fifty-five unique members aged 65 and older were enrolled in the PACE program during this time period.

The chart on page 3 follows the unique members enrolled in the different programs in SFY11 and how many shifted to another program during subsequent years—SFYs 12 and 13.

**EW SFY11**  
(10,352 unique members)

120 members enrolled in EW during SFY11 were in a NF in SFY12; 767 were in a NF during SFY13.

1 member enrolled in EW during SFY11 was enrolled in the PACE program during SFY12; 17 were enrolled in the PACE program during SFY13.

**NF SFY11**  
(13,602 unique members)

596 members residing in a NF during the SFY11 were enrolled in the EW during SFY12; 633 were enrolled in EW in SFY13.

1 member residing in a NF during SFY11 was enrolled in the PACE program during SFY12; no additional members were enrolled in the PACE program during SFY13.

**PACE SFY11**  
(55 unique members)

None of the members enrolled in the PACE program during SFY11 were enrolled in the EW during SFY12; 27 were enrolled in the EW during SFY13.

1 member enrolled in the PACE program during SFY11 resided in a NF during SFY12; no additional members were residing in a NF during SFY13.

The table below provides additional information for SFYs 12 and 13 for these populations.

SFY	Program	Unique Members	Unique Members Shift to Different Service Subsequent SFYs								
			SFY11			SFY12			SFY13		
			EW	NF	PACE	EW	NF	PACE	EW	NF	PACE
SFY11	EW	10,352				120	1		767	17	
	NF	13,602			596		1	633		0	
	PACE	55			0	1		27	0		
SFY12	EW	9,881							97	2	
	NF	13,546						196		0	
	PACE	85						25	0		
SFY13	EW	9,897									
	NF	13,704									
	PACE	126									

The tables below show the duplicated enrollment for the members identified in the Elderly Waiver, Nursing Facility, or PACE program across subsequent years. The number of members from the original unique member count who dropped out of each program by SFY13 are also noted in the tables below. The cause for the members dropping from the respective service was not explored in this study. Changes in member eligibility, deceased members, or other factors may have contributed.

SFY	Elderly Waiver Members Residing on Waiver In Subsequent SFYs			
	Unique Members	SFY11	SFY12	SFY13
SFY11	10,352		7,647 (dup)	5,989 (dup)
SFY12	9,881			8,011 (dup)
SFY13	9,897			

Number of Members Who Dropped Out of EW Service by SFY13
4,363
1,870

The Elderly Waiver had experienced a decrease of 4,363 unique members by SFY13 who were enrolled in SFY11. This accounted for slightly over 42 percent of the members that were enrolled in SFY11; 17.6 percent of these members were in a nursing facility in SFY13.

SFY	Nursing Facility Members Residing on Waiver In Subsequent SFYs			
	Unique Members	SFY11	SFY12	SFY13
SFY11	13,602		9,658 (dup)	6,916 (dup)
SFY12	13,546			9,807 (dup)
SFY13	13,704			

Number of Members Who Dropped Out of NF Service by SFY13
6,686
3,739

Nursing facility members enrolled in SFY11 were reduced by 6,686 by SFY13. This accounted for slightly over 49 percent of the members who resided in a nursing facility during SFY11; 9.5 percent of these members were enrolled in the Elderly Waiver in SFY13.

SFY	PACE Members Residing on Waiver In Subsequent SFYs				Number of Members Who Dropped Out of Service by SFY13
	Unique Members	SFY11	SFY12	SFY13	
SFY11	55		37 (dup)	27 (dup)	28
SFY12	85			72 (dup)	13
SFY13	126				

The PACE program experienced a decrease of 28 members by SFY13 who were enrolled in SFY11; 27 of these members were enrolled in the Elderly Waiver program by SFY13.

### Costs of Services

The table below reflects the total costs for all Medicaid services provided to the members identified as being enrolled in the Elderly Waiver or PACE programs or who resided in a nursing facility during SFYs 11 through 13.

Total Costs of All Services Received For Members Enrolled in EW, NF, and PACE			
Program	SFY11	SFY12	SFY13
EW	\$121,481,328	\$117,838,759	\$121,637,190
NF	\$447,396,906	\$459,751,882	\$447,024,799
PACE	\$1,252,059	\$1,993,659	\$3,723,996
<b>Total</b>	<b>\$570,130,293</b>	<b>\$1,640,104,300</b>	<b>\$572,385,985</b>

The table below reflects the average cost, per unique member, enrolled in these programs.

Average Cost of All Services, Per Unique Member, Enrolled in EW, NF, and PACE			
Program	SFY11	SFY12	SFY13
EW	\$11,735	\$11,926	\$12,290
NF	\$32,892	\$33,940	\$32,620
PACE	\$22,765	\$23,455	\$29,556

The table below reflects the total costs of services, per unique member, who was enrolled in multiple programs during the same SFY.

<b>Total Costs of All Services, Per Unique Member, Enrolled in Multiple Programs Within the Same SFY</b>			
<b>Programs</b>	<b>SFY11</b>	<b>SFY12</b>	<b>SFY13</b>
<b>EW and NF</b>	\$31,608,483	\$32,004,567	\$31,349,324
<b>NF and PACE</b>	\$60,290	\$417,076	\$318,695
<b>EW and PACE</b>	\$195,036	\$348,605	\$274,140
<b>Total</b>	\$31,863,809	\$32,770,248	\$31,942,159

The table below reflects the average cost, per unique member, enrolled in multiple programs during the same SFY.

<b>Average Cost of All Services, Per Unique Member, Enrolled in Multiple Programs Within the Same SFY</b>			
<b>Programs</b>	<b>SFY11</b>	<b>SFY12</b>	<b>SFY13</b>
<b>EW and NF</b>	\$23,173	\$23,498	\$23,483
<b>NF and PACE</b>	\$30,145	\$29,791	\$31,870
<b>EW and PACE</b>	\$24,380	\$18,348	\$22,845

The average cost, per unique member, is nearly double when both the Elderly Waiver and a nursing facility are utilized during the same SFY. Conversely, the average cost per utilizing member is reduced when PACE has been involved during a portion of the SFY.

## Summary

Unique members with at least one paid claim:

During SFY11:

- Elderly Waiver - 10,352
- Nursing Facility (members aged 65 and older) - 13,602
- PACE (members aged 65 and older) - 55

During SFY12

- Elderly Waiver - 9,881
- Nursing Facility (members aged 65 and older) - 13,546
- PACE (members aged 65 and older) - 85

During SFY13

- Elderly Waiver - 9,897
- Nursing Facility (members aged 65 and older) - 13,704
- PACE (members aged 65 and older) - 126

The Elderly Waiver had experienced a decrease of 4,363 unique members by SFY13 who were enrolled in SFY11.

- This accounted for slightly over 42 percent of the members that were enrolled in SFY11; 17.6 percent of these members were in a nursing facility in SFY13.

Nursing facility members enrolled in SFY11 were reduced by 6,686 by SFY13.

- This accounted for slightly over 49 percent of the members who resided in a nursing facility during SFY11; 9.5 percent of these members were enrolled in the Elderly Waiver in SFY13.

The PACE program experienced a decrease of 28 members by SFY13 who were enrolled in SFY11; 27 of these members were enrolled in the Elderly Waiver program by SFY13.

The average cost, per unique member, is nearly double when both the Elderly Waiver and a nursing facility are utilized during the same SFY.

The average cost per utilizing member is reduced when PACE has been involved during a portion of the SFY.

## **Recommendations**

- Continue further analysis of the Elderly Waiver decreased enrollment.
- Conduct a study to assess the quality of services provided to members on the Elderly Waiver in comparison to members in a nursing facility or enrolled in the PACE program.
  - Conduct a survey of member and/or family satisfaction with the programs.

## Medicaid Value Management (MVM)

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Realizing the fiscal value of quality care.

### About MVM

Medicaid Value Management (MVM) analyzes different areas of Iowa Medicaid to gain an understanding of the quality of the services provided to the Medicaid member. MVM analyzes the efficacy of services provided; best practices used and not used in Iowa and the overall impact on our Medicaid population; MVM also looks at individual programs within Iowa Medicaid. Ultimately MVM looks for ways to promote improved health outcomes within the constraints of Medicaid budget limits and with this information, MVM makes recommendations for policy and program changes.

### Query Facts

Iowa Medicaid Claims Data



July 2014

## Hospital Readmissions: Calendar Year 2012 Claims Data

4th Qtr, SFY14

### Point of interest:

- Iowa Medicaid's 30-day readmission rate for calendar year 2012 was 7.2 percent, which is essentially unchanged since 2009.
- SFY 2014 resulted in \$746,508, in cost avoidance for readmissions occurring within seven days for the same DRG.

### In this issue:

Readmission rates	2
Hospital specific readmission rates	6
Summary	18
Recommendations	18

### History

This is the fourth year Medicaid Value Management (MVM) has analyzed the readmission rates for the Iowa Medicaid population. Beginning in State Fiscal Year (SFY) 2012 as part of a collaborative effort with the Medicaid Medical Directors Learning Network (MMDLN), Iowa Medicaid began reviewing readmission rates for hospitalizations—specifically readmissions that occurred within 30 days of the initial hospitalization.

The MMDLN has discontinued efforts to monitor readmissions of participating states after the second year of reporting. Due to the continue attention directed towards readmissions on the national level as well as with other payers, Iowa Medicaid has opted to continue this analysis annually through MVM.

Since the first analysis of Iowa Medicaid's readmission rates, changes have been implemented within the Iowa Administrative Code (IAC) specifically regarding readmissions which occur within seven days to the same facility for the same diagnosis related grouping (DRG); these changes were implemented in 2012.

Iowa Administrative Code (IAC)

“441—79.1(5(g(5)))”, for inpatient readmissions specifies “when an inpatient is discharged or transferred from an acute care hospital and is readmitted as an inpatient to the same hospital within seven days for the same condition, any claim for the subsequent inpatient stay shall be combined with the claim for the original inpatient stay and payment shall be under a single DRG for both stays.”

In SFY 2013, 163 inpatient hospitalization claims having been combined resulting in \$588,987, in cost avoidance; and in SFY 2014, 232 inpatient hospitalization claims having been combined resulting in \$746,508, in cost avoidance for Medicaid through May 31, 2014.

### Iowa Medicaid Readmission Data—Calendar Year 2012

For the purposes of this study, the age groups remained the same as previously reported for the MMDLN project. For this reason, members ages 65 and older were not included in the date queried.

The tables on page two compares the seven-day and 30-day readmission rates for calendar years (CY) 2009, through 2012, for Medicaid fee-for-service (FFS) and MediPass members.

Iowa Medicaid's 30-day readmission rate for calendar year 2012 was 7.2 percent.

<b>Iowa Medicaid 7-Day Readmissions</b>			
<b>Calendar Year</b>	<b>Medicaid FFS</b>	<b>MediPASS</b>	<b>Totals</b>
<b>2009</b>	909	276	1,185
<b>2010</b>	830	291	1,121
<b>2011</b>	833	274	1,107
<b>2012</b>	797	321	1,118
<b>Readmission Rate</b>			
<b>2009</b>	2.1%	1.6%	2.0%
<b>2010</b>	2.0%	1.6%	1.8%
<b>2011</b>	2.0%	1.5%	1.9%
<b>2012</b>	2.0%	1.6%	1.9%
<b>Charges For Readmissions</b>			
<b>2009</b>	\$4,551,178	\$1,091,872	\$5,643,050
<b>2010</b>	\$3,870,118	\$1,156,736	\$5,026,854
<b>2011</b>	\$4,453,021	\$1,177,329	\$5,630,350
<b>2012</b>	\$4,448,294	\$1,724,771	\$6,173,065

The rates of readmissions have decreased slightly over the past year indicating Iowa Medicaid is managing these events. The MediPASS program's managed care processes has a positive influence compared to FFS.

<b>Iowa Medicaid 30-Day Readmissions</b>			
<b>Calendar Year</b>	<b>Medicaid FFS</b>	<b>MediPASS</b>	<b>Totals</b>
<b>2009</b>	3,451	854	4,305
<b>2010</b>	3,375	981	4,356
<b>2011</b>	3,244	993	4,237
<b>2012</b>	3,078	1,193	4,271
<b>Readmission Rate</b>			
<b>2009</b>	8.0%	5.0%	7.1%
<b>2010</b>	8.0%	5.4%	7.2%
<b>2011</b>	7.9%	5.3%	7.1%
<b>2012</b>	7.7%	6.1%	7.2%

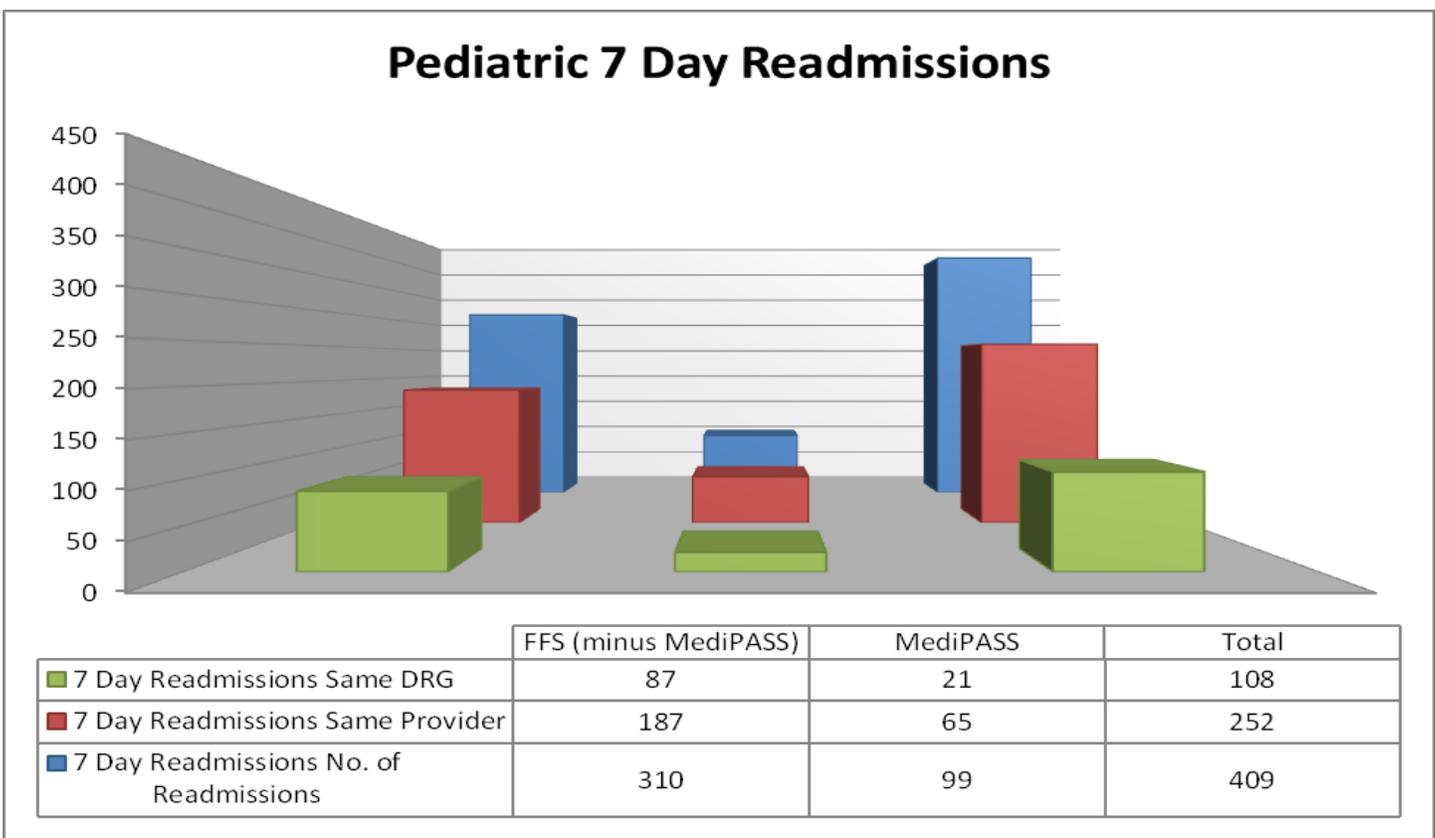
Iowa Medicaid 7-Day Readmissions			
Calendar Year	Medicaid FFS	MediPASS	Totals
<b>Charges For Readmissions</b>			
2009	\$24,255,534	\$4,892,289	\$29,147,822
2010	\$22,363,148	\$5,357,672	\$27,720,820
2011	\$26,216,119	\$5,996,125	\$32,212,244
2012	\$24,208,208	\$8,668,625	\$32,876,834

Although the cost of readmissions has increased slightly, provider rate increases may be a likely causative factor given the overall number of readmissions has continued to reflect a slight decline in occurrence.

Readmissions have been studied to determine if they were readmitted to the same hospital as the original admit and/or if the cause of admission was the same diagnosis related group (DRG).

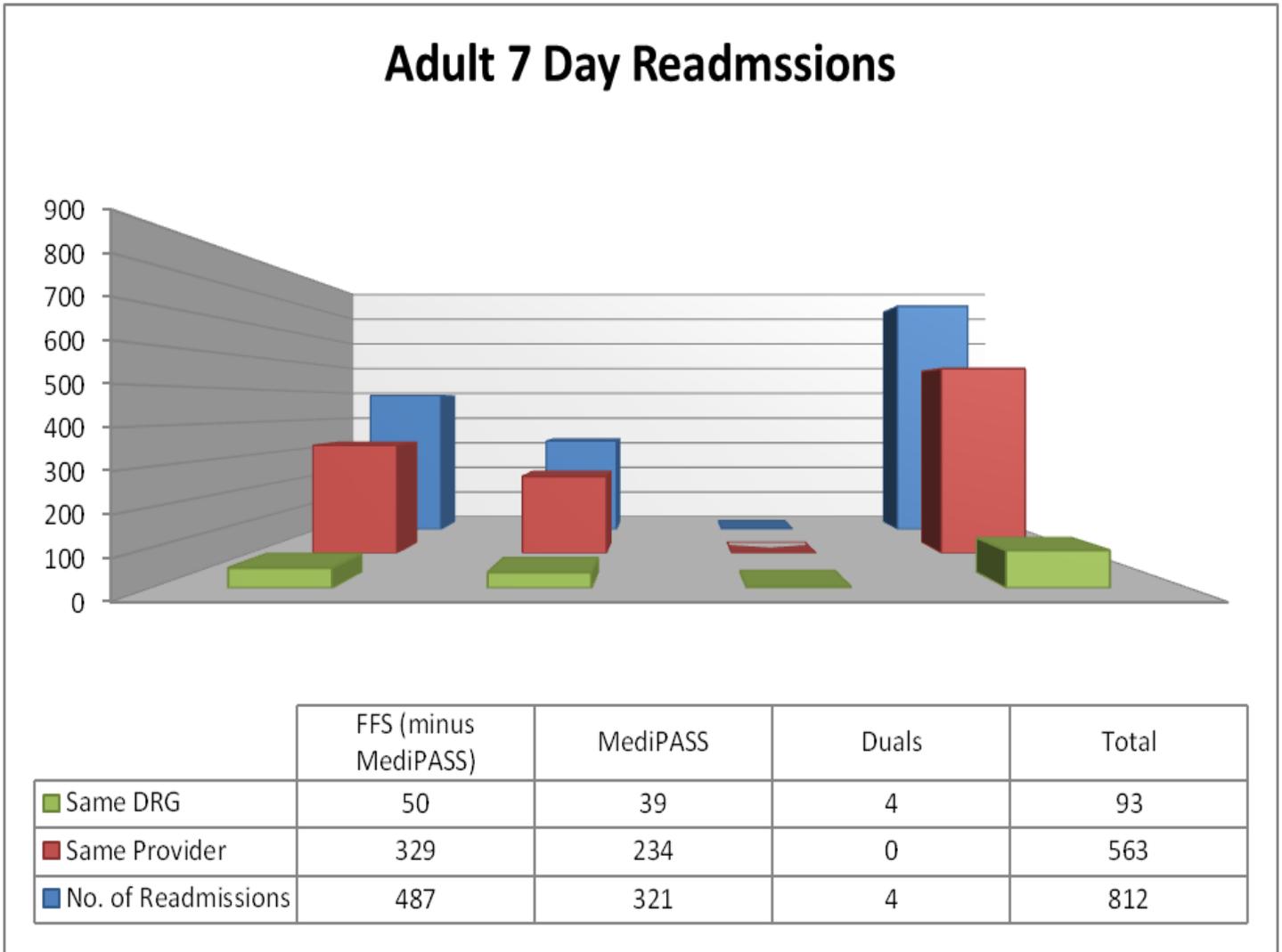
The graph below and the graphs on subsequent pages reflect the incidence of readmissions for seven and 30 days; the total number of readmissions; the number of readmissions to the same provider (hospital); and the number of readmissions for the same DRG.

The graph below reflects the pediatric seven-day readmissions for calendar year 2012 (CY12).



The readmission rate for the overall pediatric population, ages birth to 20 years, was 1.4 percent for CY12, which is slightly decreased compared to 1.5 percent for CY11.

The graph below reflects the adult seven-day readmissions for CY12.

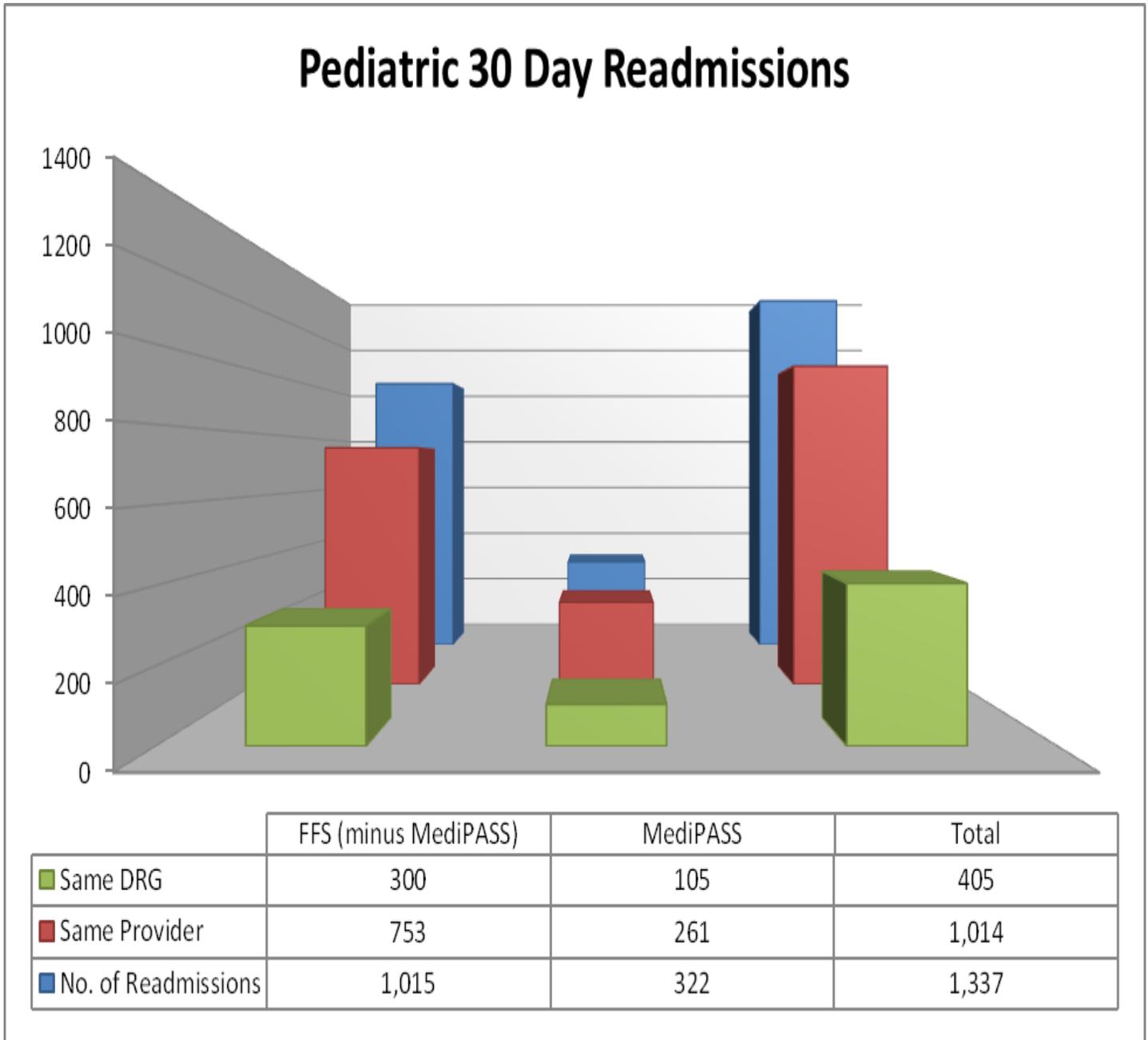


The seven-day readmission rate for adults, ages 21, through 64, was 2.3 percent for CY12.

Iowa Medicaid’s readmission rate within 30 days, excluding members who are dually eligible, remained relatively low at 7.2 percent. However, the readmission rate calculated for the dually eligible members has decreased from 13.7 percent to 3.3 percent indicating this population may have improved management of their medical care, it may be influenced by Medicare and Medicaid policies regarding readmissions within seven or 30 days, or it may be based on the number of members enrolled in Medicaid Health Homes. It is important to note that the overall number of admissions for this segment of the population was low, particularly for members aged 0-20, which may skew the percentage of readmissions for a falsely elevated rate.

The seven-day readmissions are also included in the 30-day readmission figures for CY12.

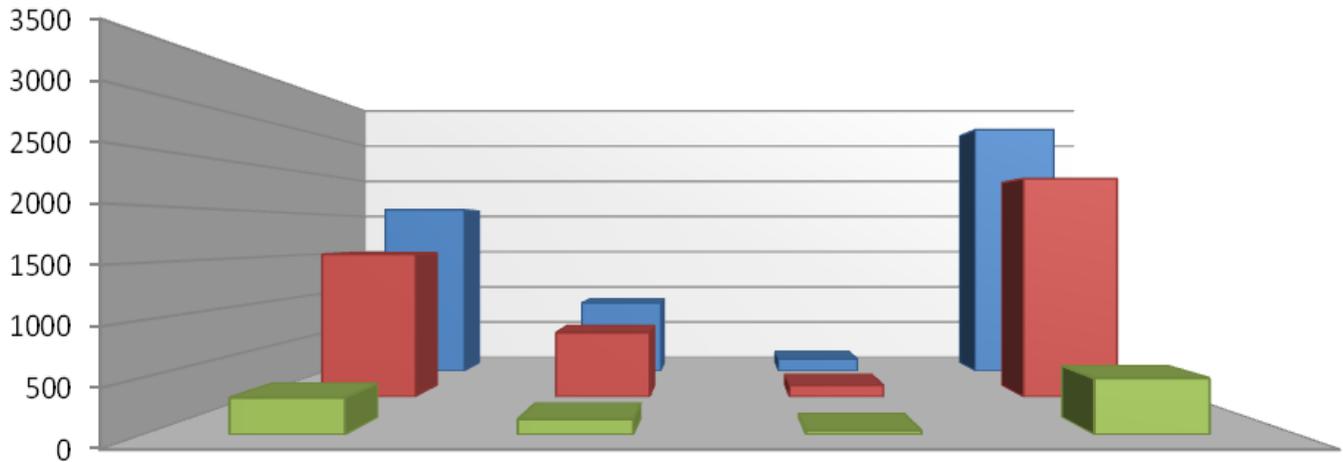
The graph below reflects the pediatric 30-day readmissions for CY12.



There were 17 members within the population age 20 and younger identified as having a readmission who were dually eligible. These members readmission were not to the same provider and for a different DRG.

The graph at the top of page 6 reflects the adult 30-day readmissions for CY12.

## Adult 30 Day Readmissions



	FFS (minus MediPASS)	MediPASS	Duals	Total
Same DRG	322	135	35	492
Same Provider	1,533	691	123	2,347
No. of Readmissions	2,063	871	152	3,086

### What MDCs are being readmitted?

In CY12, the major diagnostic category (MDC) with the highest readmission rate was Diseases of the Blood & Blood-Forming Organs.

The readmission rate for adults in this category without dually eligible members was 30.2 percent, but with the dually eligible members had a readmission rate of 29.7 percent. Neoplasms were the next highest MDC and were reported to have a 19.8 percent readmission rate which included dually eligible members.

## Hospital specific readmission rates

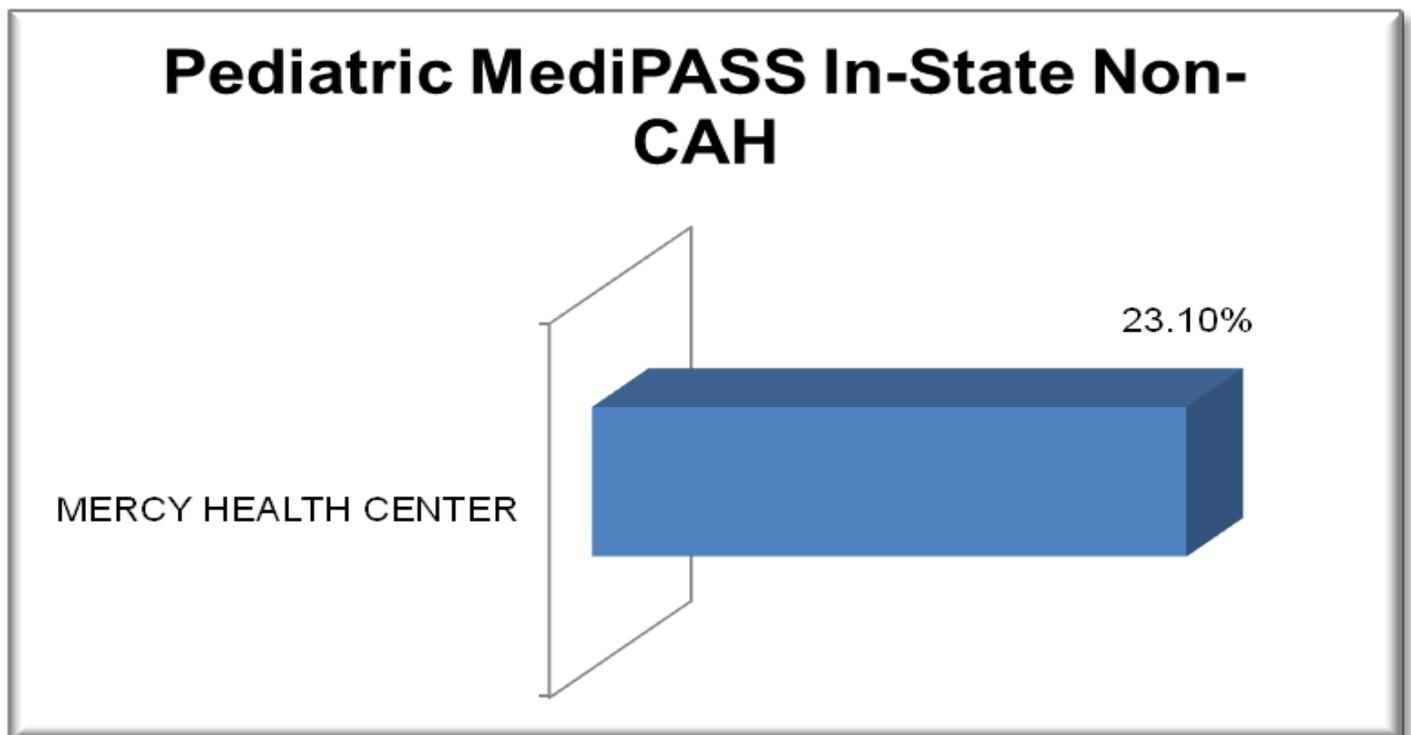
There are a relatively small number of readmissions for the pediatric population. This may influence the percentage rate for specific hospitals. It may also reflect the acuity of patients treated at some of the larger facilities. Some of the readmissions also were for members whose previous admission was at a different facility—transfer between facilities were excluded from the overall readmission rate.

The specialty services provided by the in-state hospitals with the highest reported readmission rates correlate with the increased readmissions for and costs for specific MDCs, such as disease of the blood and blood-forming organs. Treatment for conditions, such as bone marrow transplants for leukemia, which fall into this category often require follow-up admissions for the treatment of the disease.

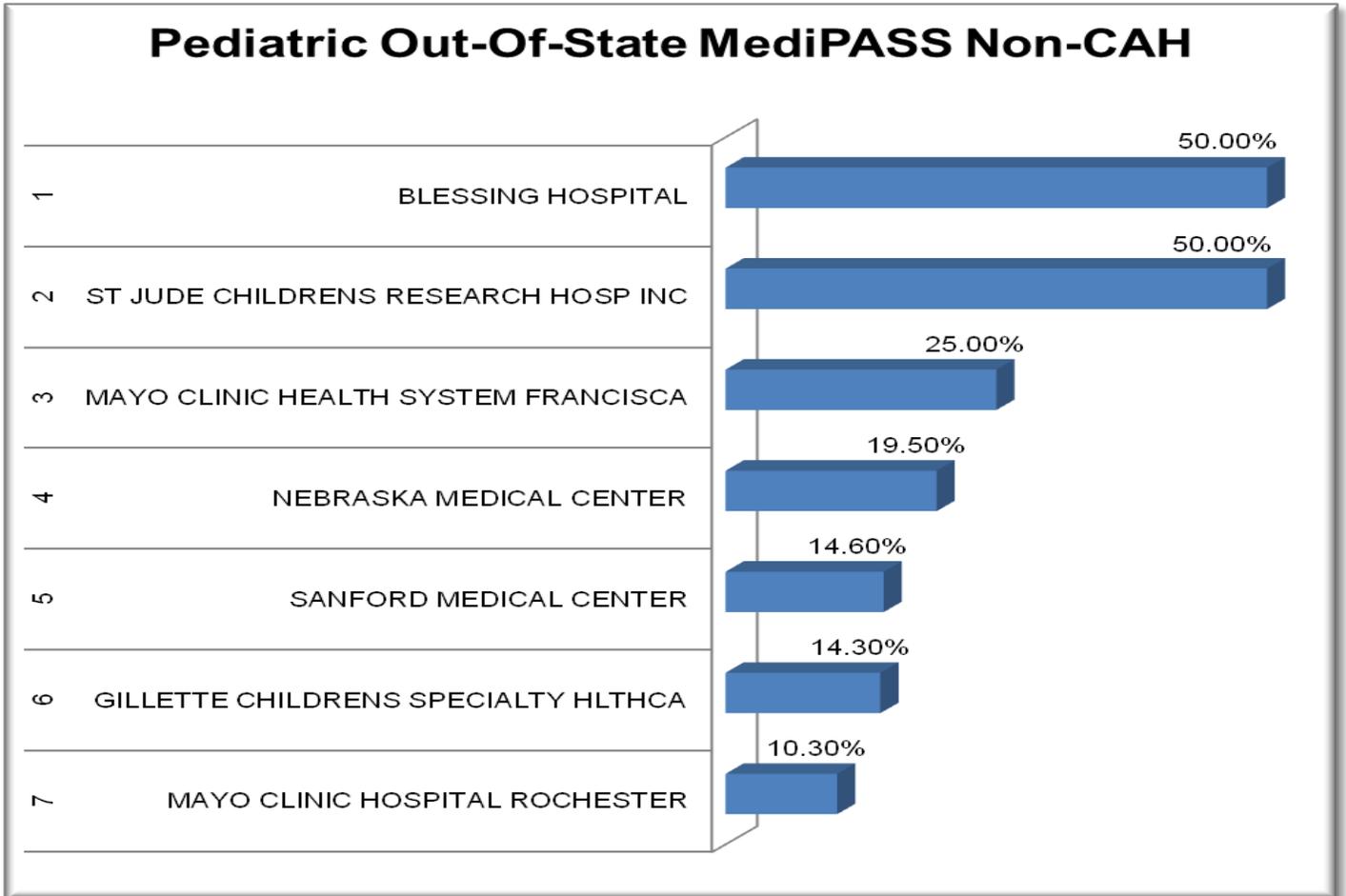
## Pediatric MediPASS Readmissions

The graph below identifies the 30-day readmission rate for In-state non-CAHs identified as having a MediPASS pediatric readmission rate of 10 percent or greater.

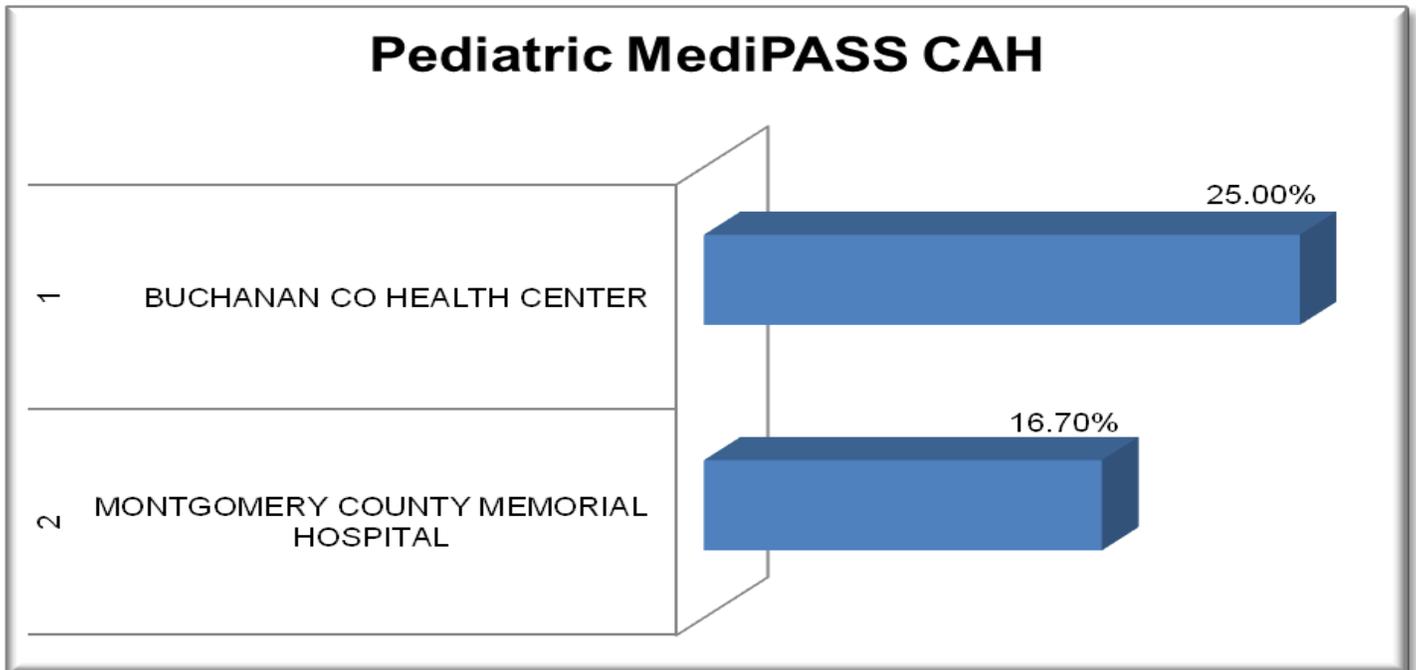
It should be noted the small sample size of admissions to facilities out of state may have resulted in a higher percentage rate that is not indicative of a poor quality of care provided.



The graph below identifies the 30-day readmissions rate for the Out-Of-State non-critical access hospital (CAH) identified as having a pediatric readmission rate of 10 percent or greater for Medi-PASS members for CY12.

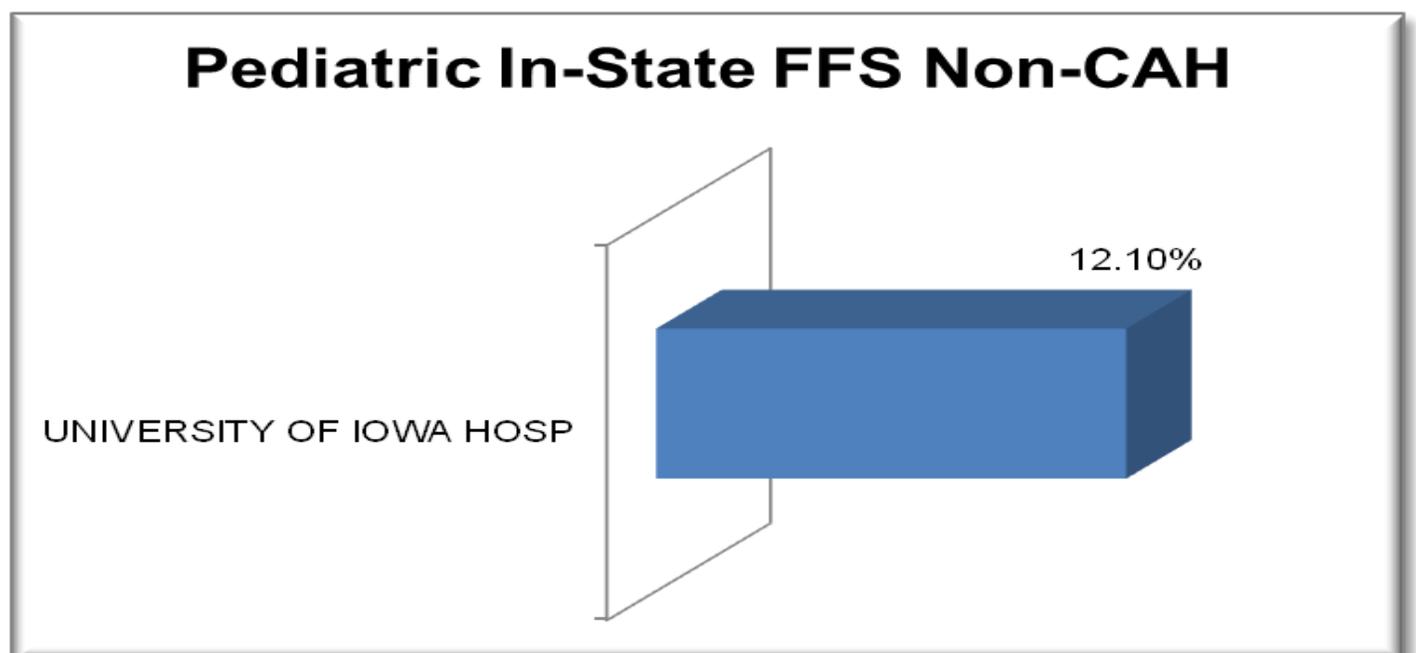


The graph below identifies the 30-day readmission rates for the CAHs identified as having a pediatric readmission rate of 10 percent or greater for MediPASS members for CY12.



#### Pediatric fee-for-service (FFS) Readmissions

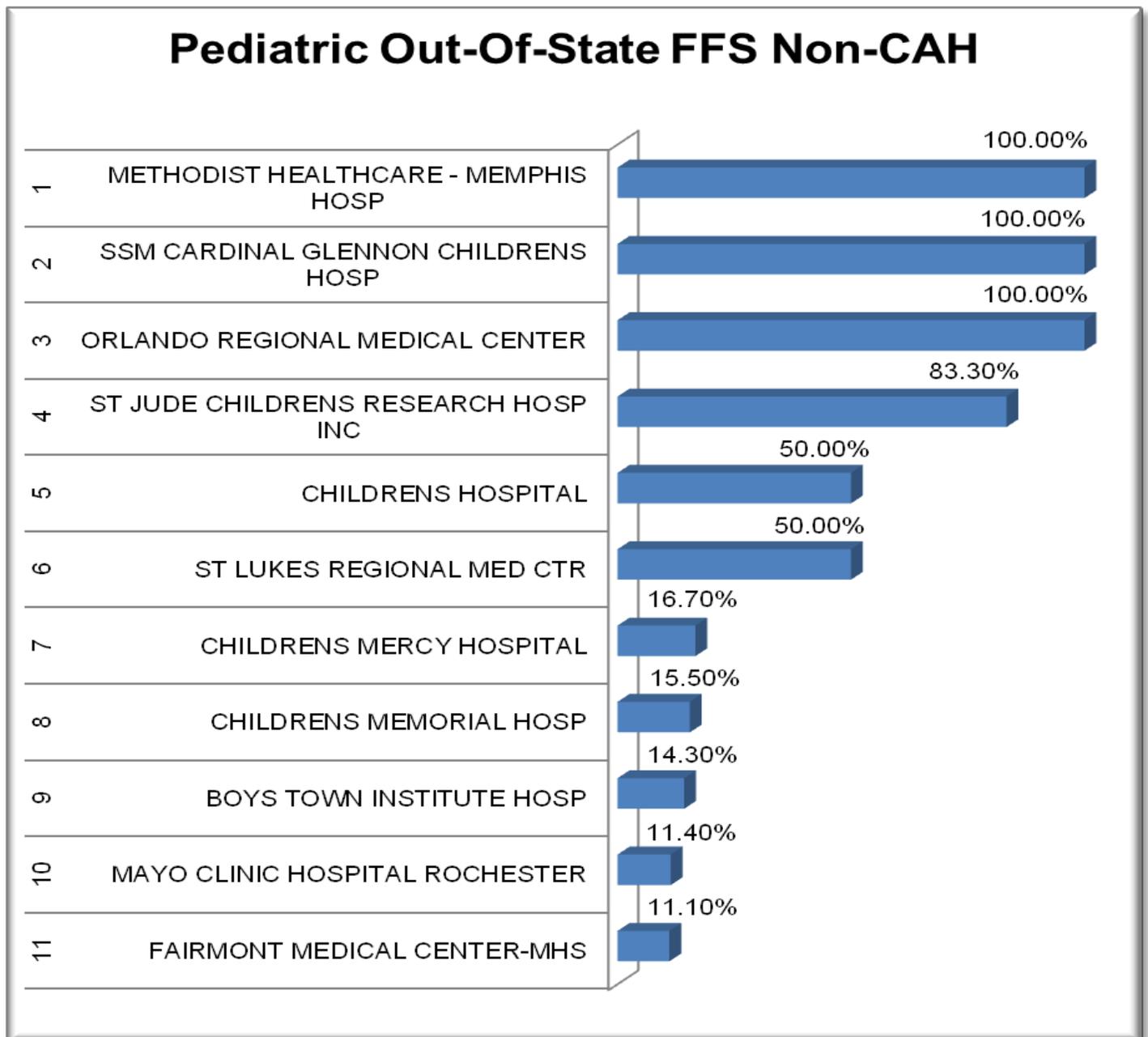
The graph below identifies the 30-day readmissions rates for the In-State non-CAHs identified as having a pediatric readmission rate of 10 percent or greater for fee-for-service (FFS) members for CY12.



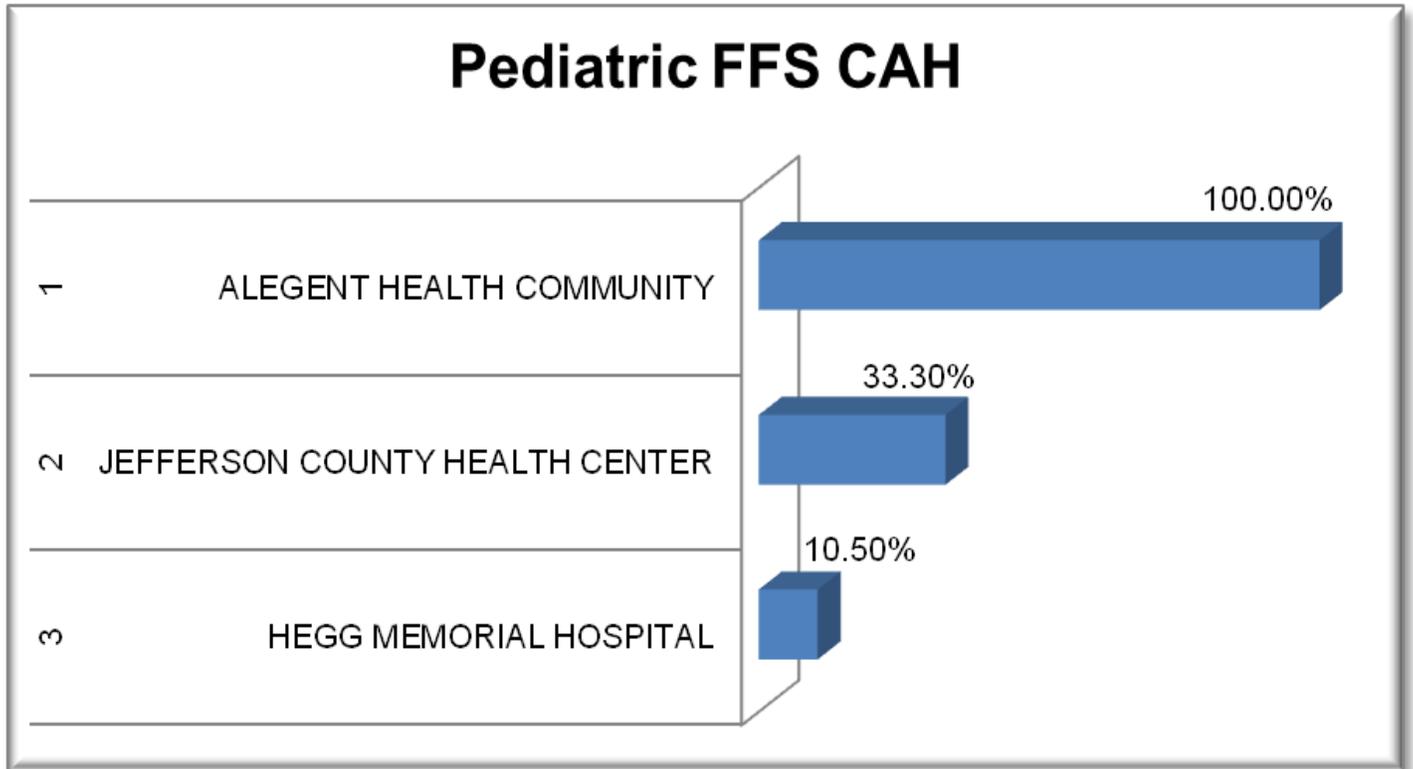
As with the hospitals serving the MediPASS members, the specialty services provided by the hospitals with the highest reported readmission rates correlate with the increased readmissions for and costs for specific MDCs, such as diseases of the blood and blood-forming organs. Treatment for conditions which fall into this category often require follow-up admissions for the treatment of the disease.

Again, it should be noted the small sample size of admissions to facilities out of state may have resulted in a higher percentage rate that is not indicative of a poor quality care provided.

The graph below identifies the 30-day readmissions rates for the Out-Of-State non-CAHs identified as having a pediatric readmission rate of 10 percent or greater for FFS members for CY12.

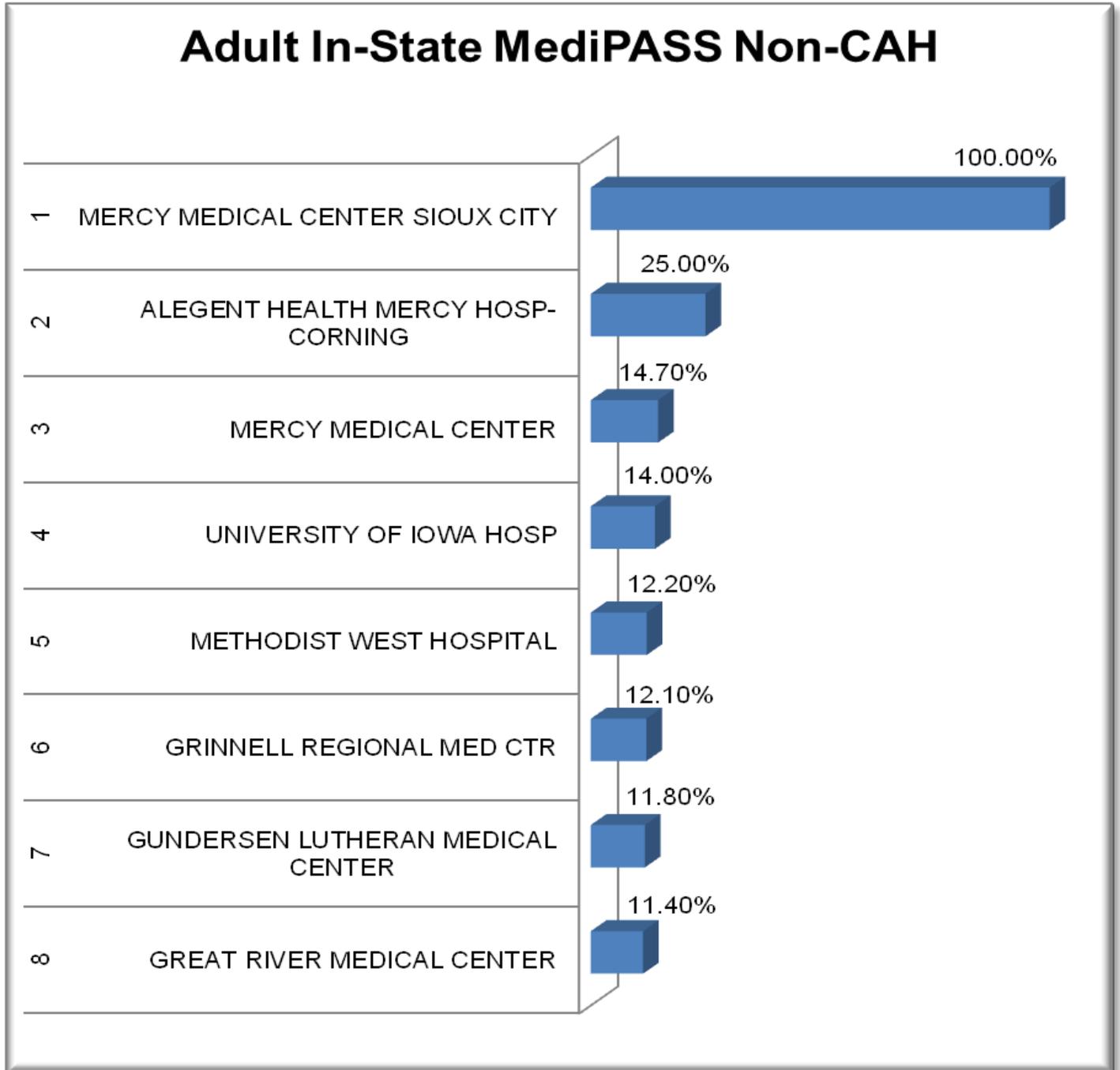


The graph below identifies the 30-day readmission rates for the CAHs identified as having a pediatric readmission rate of 10 percent or greater for FFS members for CY12.



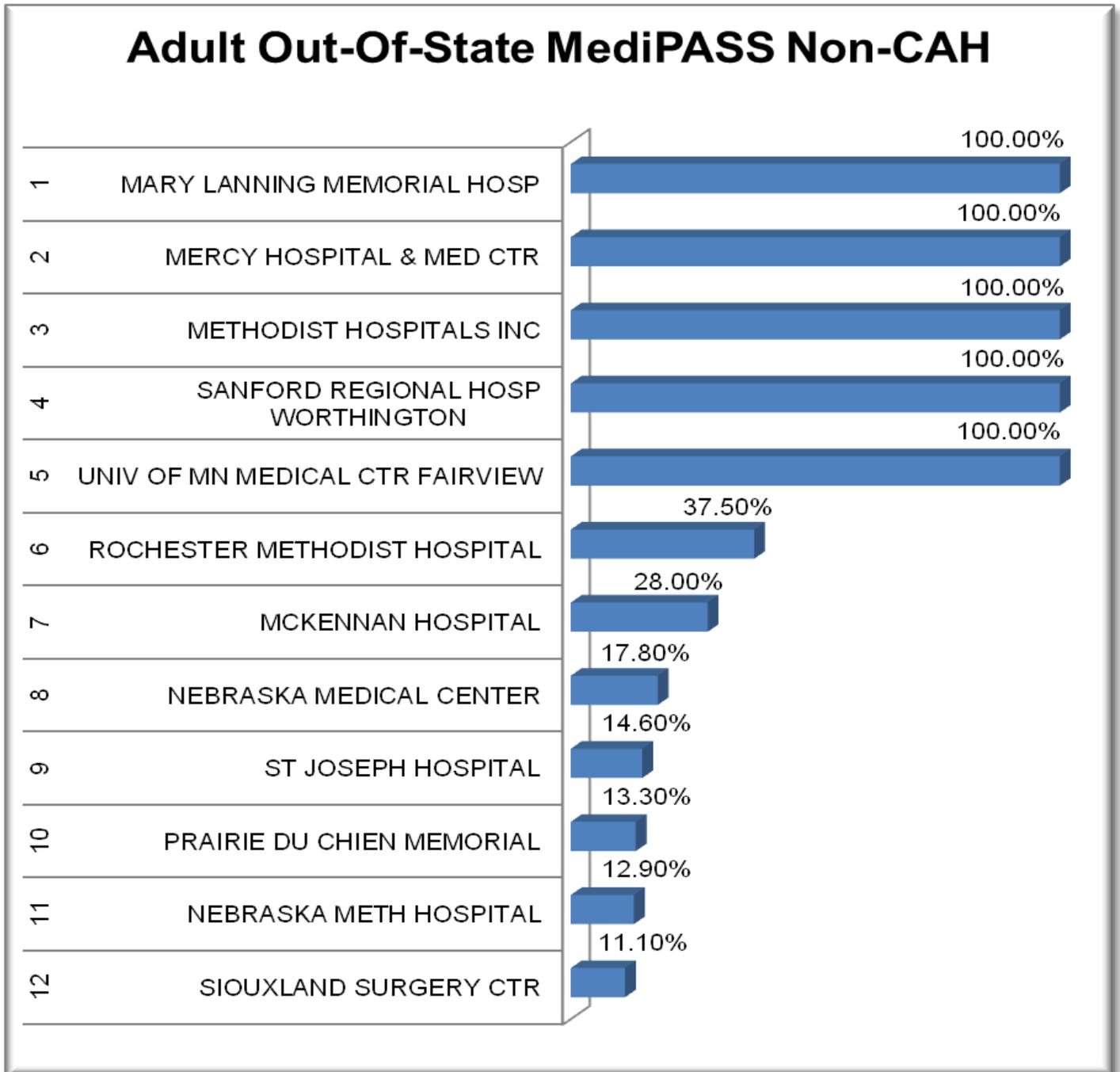
### Adult MediPASS Readmissions

The graph below identifies the 30-day readmission rates for the In-State non-CAHs identified as having an adult readmission rate of 10 percent or greater for MediPASS members for CY12.

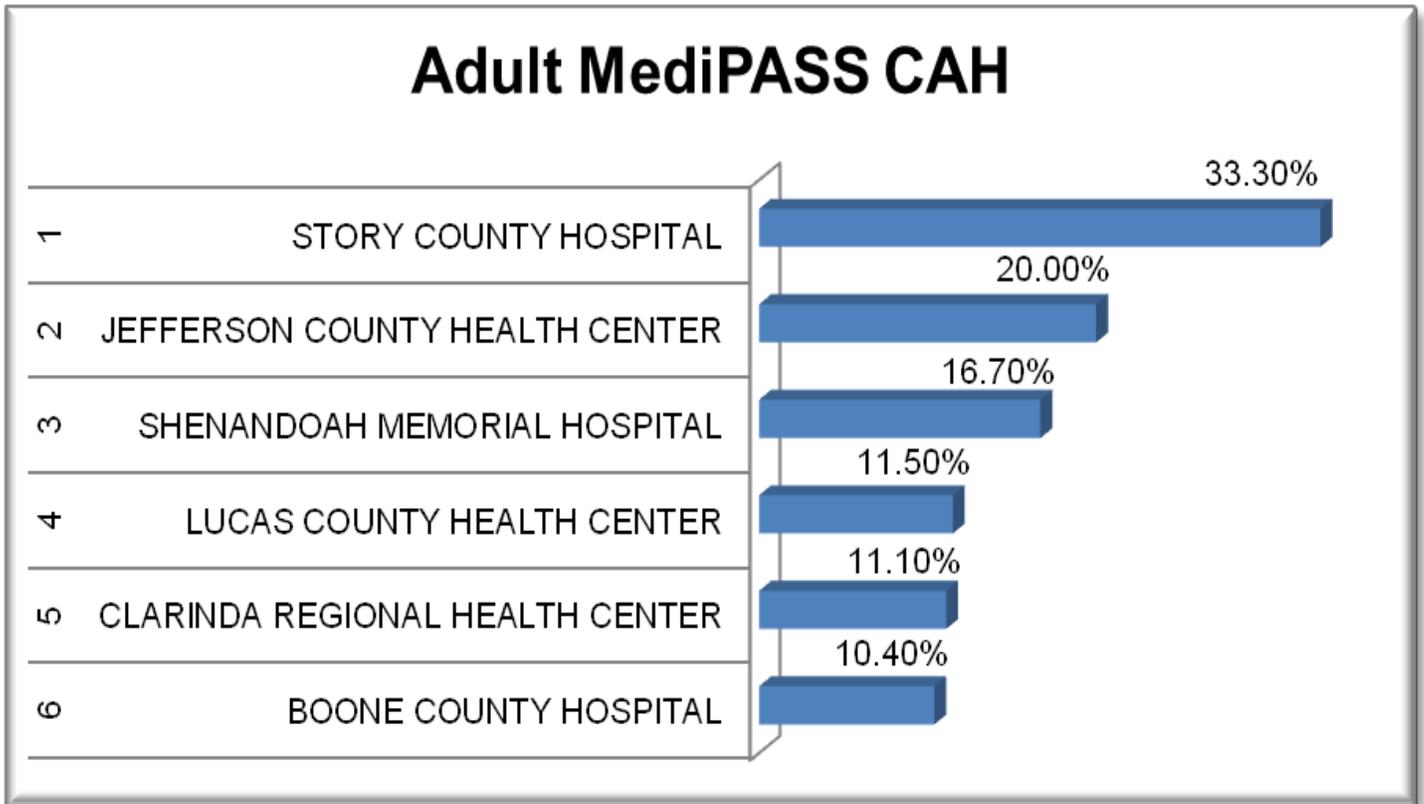


As with the pediatric population, the members served by these facilities often have a higher acuity or a diagnosis that predisposes them to frequent hospitalizations. In contrast to the pediatric population, the adult MediPASS readmissions also show a higher rate in some of the critical access hospitals.

The graph below identifies the 30-day readmission rates for the Out-Of-State non-CAHs identified as having an adult readmission rate of 10 percent or greater for MediPASS members for CY12.

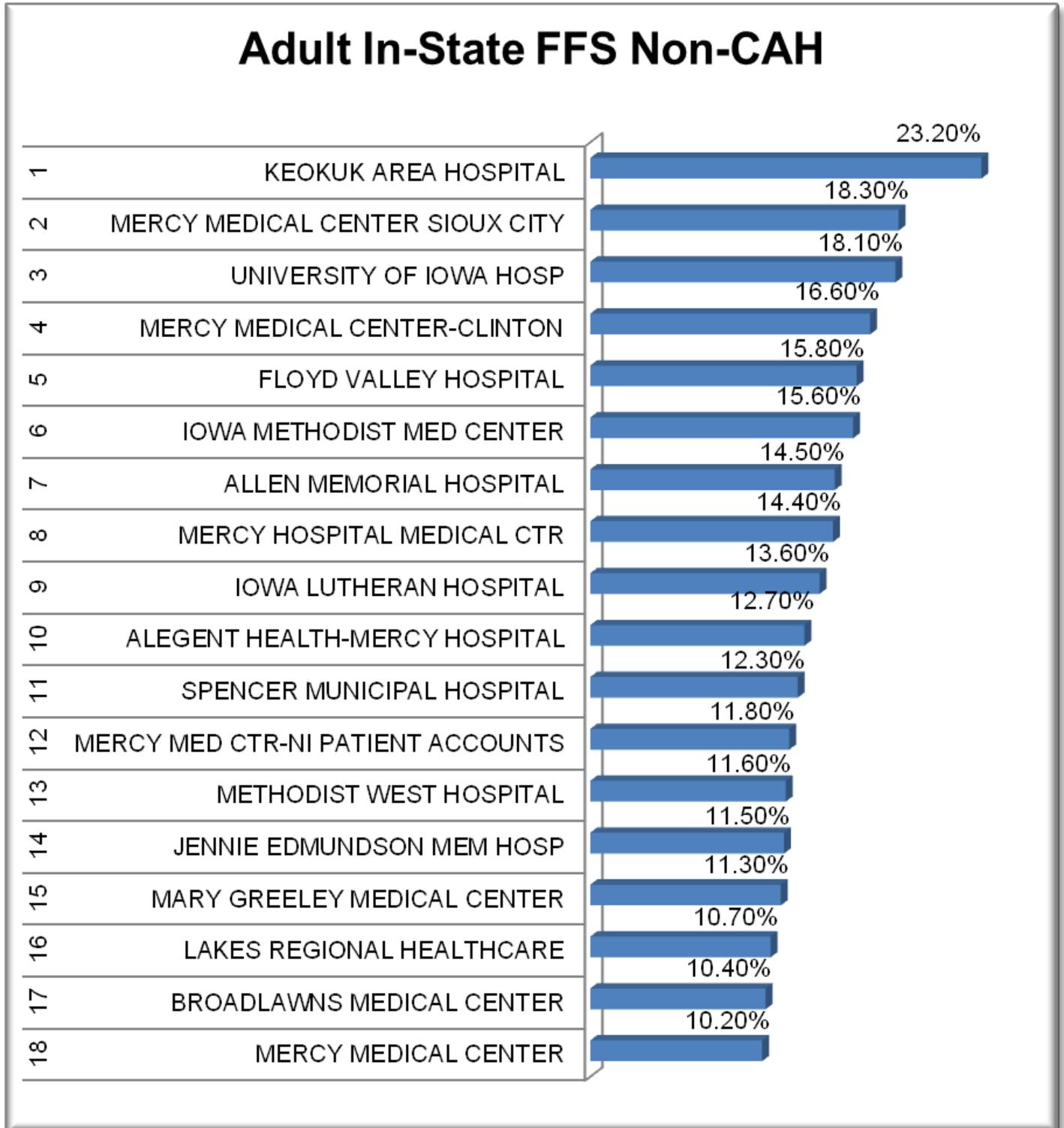


The graph below identifies the 30-day readmission rates for the CAHs identified as having an adult readmission rate of 10 percent or greater for MediPASS members for CY12.



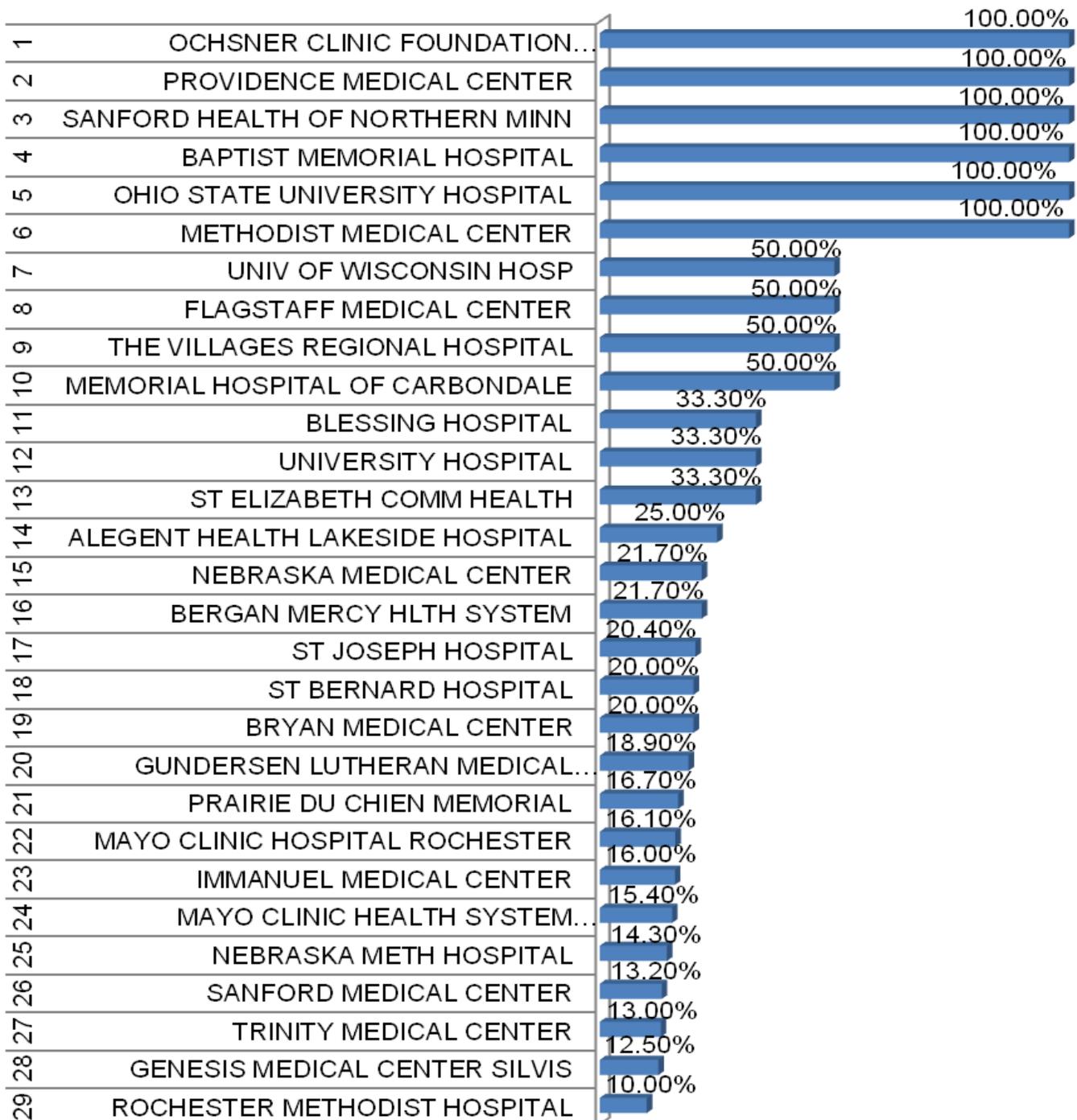
### Adult fee-for-service (FFS) Readmissions

The graph below identifies the 30-day readmission rates for the In-State non-CAHs identified as having an adult readmission rate of 10 percent or greater for FFS members for CY12.

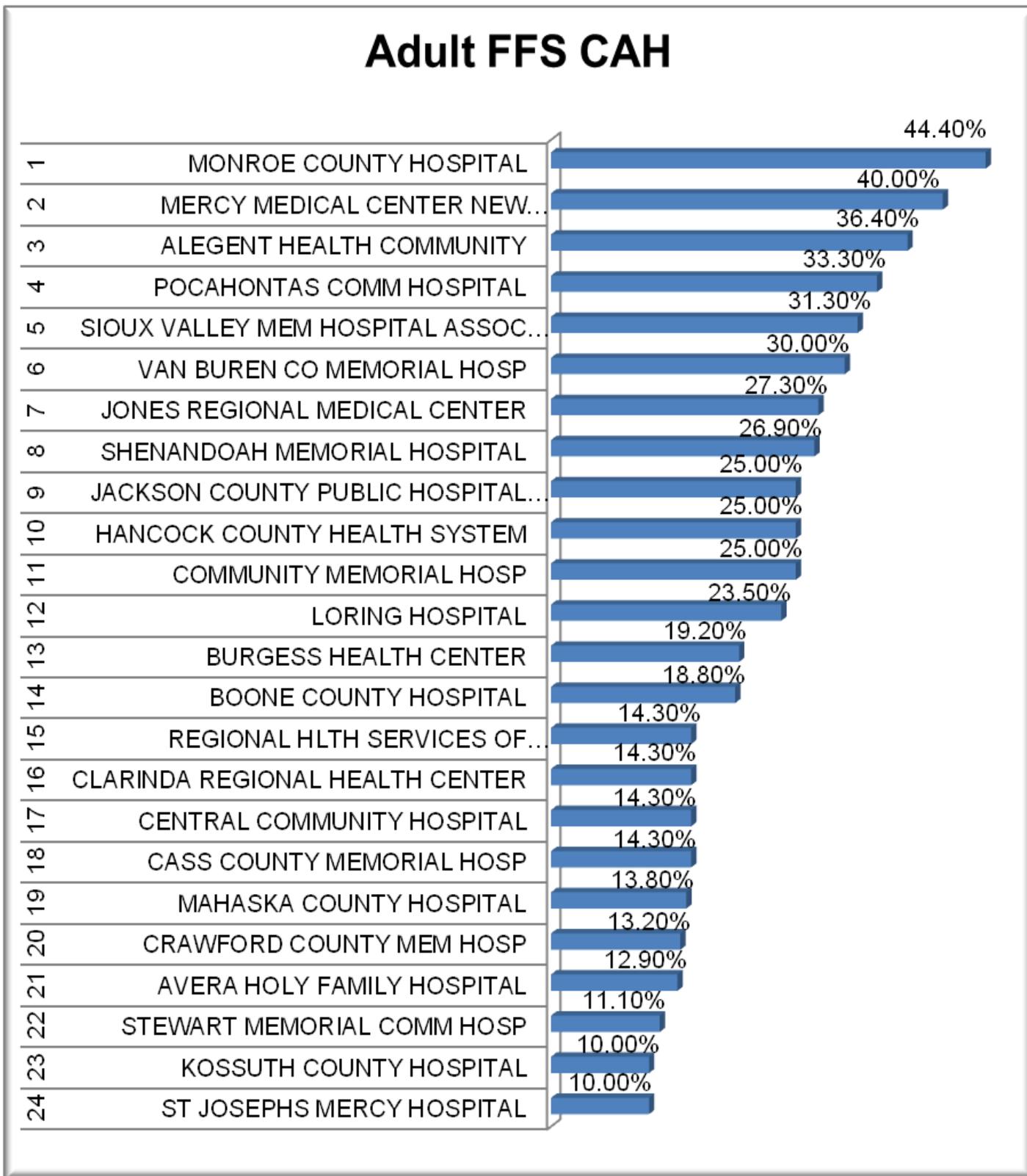


The graph below identifies the 30-day readmission rates for the Out-Of-State non-CAHs identified as having an adult readmission rate of 10 percent or greater for FFS members for CY12.

## Adult Out-Of-State FFS Non-CAH



The graph below identifies the 30-day readmission rates for the CAHs identified as having an adult readmission rate of 10 percent or greater for FFS members for CY12.



## Summary

In summary, Iowa Medicaid continues to have a relatively low rate of readmissions.

- Specific population subsets, such as members who are dually eligible, have a rate higher than the general population.
- Members who are dually eligible or FFS may inadvertently have a higher rate of readmission due to lack of coordinated medical care.
- MediPASS members have shown low rates of readmission.
- Iowa Medicaid's readmission rate, excluding dually eligible members, for CY12 was 7.2; this is similar to previous years studied.

## Recommendations

- Continue to monitor the readmission rate for impacts of both the health home implementation and the Medicaid expansion.
- Compare Iowa Medicaid, MediPASS, and FFS readmission rates to the rates of members enrolled in a HMO.
- Review and analyze claims details regarding diagnosis and procedures for children readmitted within 30 days.



## Medicaid Value Management (MVM)

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### Query Facts

Iowa Medicaid Claims Data



**Home and Vehicle Modifications (HVM)  
Administrative Rule Change Recommended Language**

**Medicaid Value Management (MVM), July 2014**

## Health and Disability Waiver

**78.34(9)** Home and vehicle modification. Covered home or vehicle modifications are physical modifications to the member's home or vehicle that directly address the member's medical or remedial need. ~~Covered modifications must be necessary to provide for the health, welfare, or safety of the member and enable the member to function with greater independence in the home or vehicle.~~ Covered modifications are structural alterations which are medically necessary for the effective treatment of the member's disability, medical, or remedial need which enable the member to function with greater independence in the home or vehicle.

a. Modifications that are of general utility which are necessary or desirable without regard to the member's medical or remedial need and that would be expected to increase the fair market value of the home or vehicle, such as furnaces, fencing, or adding square footage to the residence, are excluded except as specifically included below. Modifications are considered to be of general utility when the service or supplies are generally available to the public and/or standard responsibilities of any home or vehicle owner. Purchasing or leasing of a motorized vehicle is excluded. Home and vehicle repairs are also excluded.

b. Only the following home modifications are covered:

(1) Kitchen counters, sink space, cabinets, special adaptations to refrigerators, stoves, and ovens.

(2) Bathtubs and toilets to accommodate transfer, special handles and hoses for shower heads, water faucet controls, and accessible showers and sink areas.

(3) Grab bars and handrails.

(4) Turnaround space adaptations.

(5) Ramps, lifts, and door, hall and window widening.

(6) Fire safety alarm equipment specific for disability.

(7) Voice-activated, sound-activated, light-activated, motion-activated, and electronic devices directly related to the member's disability.

~~(8) Vehicle lifts, driver-specific adaptations, remote-start systems, including such modifications already installed in a vehicle.~~

~~(98)~~ Keyless entry systems.

~~(109)~~ Automatic opening device for home ~~or vehicle~~ door.

~~(110)~~ Special door and window locks.

~~(1211)~~ Specialized doorknobs and handles.

~~(1312)~~ Plexiglas replacement for glass windows.

~~(1413)~~ Modification of existing stairs to widen, lower, raise or enclose open stairs.

~~(1514)~~ Motion detectors.

~~(1615)~~ Low-pile carpeting or slip-resistant flooring.

~~(1716)~~ Telecommunications device for the deaf.

- (~~18~~17) Exterior hard-surface pathways.
- (~~19~~18) New door opening.
- (~~20~~19) Pocket doors.
- (~~21~~20) Installation or relocation of controls, outlets, switches.
- (~~22~~21) Air conditioning and air filtering if medically necessary.
- (~~23~~22) Heightening of existing garage door opening to accommodate modified

van.

~~(24) Bath chairs.~~

c. A unit of service is the completion of needed modifications or adaptations.

d. Only the following vehicle modifications are covered (including such modifications already installed in a vehicle).

(1) Vehicle lifts,

(2) driver-specific adaptations,

(3) remote-start systems,

(4) Automatic opening device for vehicle door.

e. A unit of service is the completion of needed modifications or adaptations.

ef. All home and vehicle modifications and adaptations shall be provided in accordance with applicable federal, state, and local building and vehicle codes.

eg. Services shall be performed following prior department approval of the modification as specified in 441—subrule 79.1(17) and a binding contract between the provider and the member.

fh. All contracts for home or vehicle modification shall be awarded through competitive bidding. The contract shall include the scope of work to be performed, the time involved, supplies needed, the cost, diagrams of the project whenever applicable, and an assurance that the provider has liability and workers' compensation coverage and the applicable permit and license.

gi. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications.

(1) Payment of up to \$6,366.64 per year may be made to certified providers upon satisfactory completion of the service.

~~(2) The case manager or service worker shall encumber a portion of the cost of a modification every month within the monthly dollar cap allowed for the member until the entire cost of the modification is encumbered within a consecutive 12-month period.~~

hj. Services shall be included in the member's service plan and shall exceed the Medicaid state plan services.

k. A prescription from a physician (doctor of medicine, osteopathy, or podiatry), physician assistant, or advanced registered nurse practitioner's prescription is required to establish medical necessity for home and/or vehicle modification requests in excess

of \$500. The prescription shall state the member's name, diagnosis, prognosis, and the modification to be completed. The item is to be required and shall include the written or electronic signature of the prescriber and the date of signature.

I. An evaluation by a physical or occupational therapist is required to establish medical necessity and appropriateness for home and/or vehicle modification requests in excess of \$500. The evaluation shall address the member's assistive needs and the member's ability to safely access and utilize the requested modification. When applicable, the evaluation should also address other services and supplies that have been tried by the member to meet their assistive needs. The physical therapy or occupational therapy evaluation shall include the written or electronic signature of the therapist and the date of signature.

## Elderly Waiver

**78.37(9)** Home and vehicle modification. Covered home or vehicle modifications are physical modifications to the member's home or vehicle that directly address the member's medical or remedial need. ~~Covered modifications must be necessary to provide for the health, welfare, or safety of the member and enable the member to function with greater independence in the home or vehicle.~~ Covered modifications are structural alterations which are medically necessary for the effective treatment of the member's disability, medical, or remedial need which enable the member to function with greater independence in the home or vehicle.

a. Modifications that are of general utility which are necessary or desirable without regard to the member's medical or remedial need and that would be expected to increase the fair market value of the home or vehicle, such as furnaces, fencing, or adding square footage to the residence, are excluded except as specifically included below. Modifications are considered to be of general utility when the service or supplies are generally available to the public and/or standard responsibilities of any home or vehicle owner. Purchasing or leasing of a motorized vehicle is excluded. Home and vehicle repairs are also excluded.

b. Only the following home modifications are covered:

(1) Kitchen counters, sink space, cabinets, special adaptations to refrigerators, stoves, and ovens.

(2) Bathtubs and toilets to accommodate transfer, special handles and hoses for shower heads, water faucet controls, and accessible showers and sink areas.

(3) Grab bars and handrails.

(4) Turnaround space adaptations.

(5) Ramps, lifts, and door, hall and window widening.

(6) Fire safety alarm equipment specific for disability.

(7) Voice-activated, sound-activated, light-activated, motion-activated, and electronic devices directly related to the member's disability.

~~(8) Vehicle lifts, driver-specific adaptations, remote-start systems, including such modifications already installed in a vehicle.~~

~~(98)~~ Keyless entry systems.

~~(940)~~ Automatic opening device for home ~~or vehicle~~ door.

~~(4410)~~ Special door and window locks.

~~(4211)~~ Specialized doorknobs and handles.

~~(4312)~~ Plexiglas replacement for glass windows.

~~(4413)~~ Modification of existing stairs to widen, lower, raise or enclose open stairs.

~~(4514)~~ Motion detectors.

~~(4615)~~ Low-pile carpeting or slip-resistant flooring.

~~(4716)~~ Telecommunications device for the deaf.

- (~~1817~~) Exterior hard-surface pathways.
- (~~1918~~) New door opening.
- (~~2019~~) Pocket doors.
- (~~2120~~) Installation or relocation of controls, outlets, switches.
- (~~2221~~) Air conditioning and air filtering if medically necessary.
- (~~2322~~) Heightening of existing garage door opening to accommodate modified

van.

~~(24) Bath chairs.~~

c. A unit of service is the completion of needed modifications or adaptations.

d.e. Only the following vehicle modifications are covered (including such modifications already installed in a vehicle).

(1) Vehicle lifts.

(2) Driver-specific adaptations.

(3) Remote-start systems.

(4) Automatic opening device for vehicle door.

e. A unit of service is the completion of needed modifications or adaptations.

~~f.d.~~ All home and vehicle modifications and adaptations shall be provided in accordance with applicable federal, state, and local building and vehicle codes.

~~g.e.~~ Services shall be performed following prior department approval of the modification as specified in 441—subrule 79.1(17) and a binding contract between the provider and the member.

~~h.f.~~ All contracts for home or vehicle modification shall be awarded through competitive bidding. The contract shall include the scope of work to be performed, the time involved, supplies needed, the cost, diagrams of the project whenever applicable, and an assurance that the provider has liability and workers' compensation coverage and the applicable permit and license.

~~i.g.~~ Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications.

~~j.h.~~ Services shall be included in the member's service plan and shall exceed the Medicaid state plan services.

k. A prescription from a physician (doctor of medicine, osteopathy, or podiatry), physician assistant, or advanced registered nurse practitioner's prescription is required to establish medical necessity for home and/or vehicle modification requests in excess of \$500. The prescription shall state the member's name, diagnosis, prognosis, and the modification to be completed. The item is to be required and shall include the written or electronic signature of the prescriber and the date of signature.

l. An evaluation by a physical or occupational therapist is required to establish medical necessity and appropriateness for home and/or vehicle modification requests in

excess of \$500. The evaluation shall address the member's assistive needs and the member's ability to safely access and utilize the requested modification. When applicable, the evaluation should also address other services and supplies that have been tried by the member to meet their assistive needs. The physical therapy or occupational therapy evaluation shall include the written or electronic signature of the therapist and the date of signature.

## Intellectual Disability Waiver

**78.41(4)** Home and vehicle modification. Covered home or vehicle modifications are physical modifications to the member's home or vehicle that directly address the member's medical or remedial need. ~~Covered modifications must be necessary to provide for the health, welfare, or safety of the member and enable the member to function with greater independence in the home or vehicle.~~ Covered modifications are structural alterations which are medically necessary for the effective treatment of the member's disability, medical, or remedial need which enable the member to function with greater independence in the home or vehicle.

a. Modifications that are of general utility which are necessary or desirable without regard to the member's medical or remedial need and that would be expected to increase the fair market value of the home or vehicle, such as furnaces, fencing, or adding square footage to the residence, are excluded except as specifically included below. Modifications are considered to be of general utility when the service or supplies are generally available to the public and/or standard responsibilities of any home or vehicle owner. Purchasing or leasing of a motorized vehicle is excluded. Home and vehicle repairs are also excluded.

b. Only the following home modifications are covered:

(1) Kitchen counters, sink space, cabinets, special adaptations to refrigerators, stoves, and ovens.

(2) Bathtubs and toilets to accommodate transfer, special handles and hoses for shower heads, water faucet controls, and accessible showers and sink areas.

(3) Grab bars and handrails.

(4) Turnaround space adaptations.

(5) Ramps, lifts, and door, hall and window widening.

(6) Fire safety alarm equipment specific for disability.

(7) Voice-activated, sound-activated, light-activated, motion-activated, and electronic devices directly related to the member's disability.

~~(8) Vehicle lifts, driver-specific adaptations, remote-start systems, including such modifications already installed in a vehicle.~~

~~(98)~~ Keyless entry systems.

~~(109)~~ Automatic opening device for home ~~or vehicle~~ door.

~~(110)~~ Special door and window locks.

~~(1211)~~ Specialized doorknobs and handles.

~~(1312)~~ Plexiglas replacement for glass windows.

~~(1413)~~ Modification of existing stairs to widen, lower, raise or enclose open stairs.

~~(1514)~~ Motion detectors.

~~(1615)~~ Low-pile carpeting or slip-resistant flooring.

~~(1716)~~ Telecommunications device for the deaf.

- (~~18~~17) Exterior hard-surface pathways.
- (~~19~~18) New door opening.
- (~~20~~19) Pocket doors.
- (~~21~~20) Installation or relocation of controls, outlets, switches.
- (~~22~~21) Air conditioning and air filtering if medically necessary.
- (~~23~~22) Heightening of existing garage door opening to accommodate modified

van.

~~(24) Bath chairs.~~

c. A unit of service is the completion of needed modifications or adaptations.

d. Only the following vehicle modifications are covered (including such modifications already installed in a vehicle).

(1) Vehicle lifts.

(2) Driver-specific adaptations.

(3) Remote-start systems.

(4) Automatic opening device for vehicle door.

e. A unit of service is the completion of needed modifications or adaptations.

ef. All home and vehicle modifications and adaptations shall be provided in accordance with applicable federal, state, and local building and vehicle codes.

eg. Services shall be performed following prior department approval of the modification as specified in 441—subrule 79.1(17) and a binding contract between the provider and the member.

fh. All contracts for home or vehicle modification shall be awarded through competitive bidding. The contract shall include the scope of work to be performed, the time involved, supplies needed, the cost, diagrams of the project whenever applicable, and an assurance that the provider has liability and workers' compensation coverage and the applicable permit and license.

gi. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications.

hj. Services shall be included in the member's service plan and shall exceed the Medicaid state plan services.

k. A prescription from a physician (doctor of medicine, osteopathy, or podiatry), physician assistant, or advanced registered nurse practitioner's prescription is required to establish medical necessity for home and/or vehicle modification requests in excess of \$500. The prescription shall state the member's name, diagnosis, prognosis, and the modification to be completed. The item is to be required and shall include the written or electronic signature of the prescriber and the date of signature.

l. An evaluation by a physical or occupational therapist is required to establish medical necessity and appropriateness for home and/or vehicle modification requests in

excess of \$500. The evaluation shall address the member's assistive needs and the member's ability to safely access and utilize the requested modification. When applicable, the evaluation should also address other services and supplies that have been tried by the member to meet their assistive needs. The physical therapy or occupational therapy evaluation shall include the written or electronic signature of the therapist and the date of signature.

## Brain Injury Waiver

**78.43(5)** Home and vehicle modification. Covered home or vehicle modifications are physical modifications to the member's home or vehicle that directly address the member's medical or remedial need. ~~Covered modifications must be necessary to provide for the health, welfare, or safety of the member and enable the member to function with greater independence in the home or vehicle.~~ Covered modifications are structural alterations which are medically necessary for the effective treatment of the member's disability, medical, or remedial need which enable the member to function with greater independence in the home or vehicle.

a. Modifications that are of general utility which are necessary or desirable without regard to the member's medical or remedial need and that would be expected to increase the fair market value of the home or vehicle, such as furnaces, fencing, or adding square footage to the residence, are excluded except as specifically included below. Modifications are considered to be of general utility when the service or supplies are generally available to the public and/or standard responsibilities of any home or vehicle owner. Purchasing or leasing of a motorized vehicle is excluded. Home and vehicle repairs are also excluded.

b. Only the following home modifications are covered:

(1) Kitchen counters, sink space, cabinets, special adaptations to refrigerators, stoves, and ovens.

(2) Bathtubs and toilets to accommodate transfer, special handles and hoses for shower heads, water faucet controls, and accessible showers and sink areas.

(3) Grab bars and handrails.

(4) Turnaround space adaptations.

(5) Ramps, lifts, and door, hall and window widening.

(6) Fire safety alarm equipment specific for disability.

(7) Voice-activated, sound-activated, light-activated, motion-activated, and electronic devices directly related to the member's disability.

~~(8) Vehicle lifts, driver-specific adaptations, remote-start systems, including such modifications already installed in a vehicle.~~

~~(98)~~ Keyless entry systems.

~~(109)~~ Automatic opening device for home ~~or vehicle~~ door.

~~(110)~~ Special door and window locks.

~~(1211)~~ Specialized doorknobs and handles.

~~(1312)~~ Plexiglas replacement for glass windows.

~~(1413)~~ Modification of existing stairs to widen, lower, raise or enclose open stairs.

~~(1514)~~ Motion detectors.

~~(1615)~~ Low-pile carpeting or slip-resistant flooring.

~~(1716)~~ Telecommunications device for the deaf.

- (~~1817~~) Exterior hard-surface pathways.
- (~~1918~~) New door opening.
- (~~2019~~) Pocket doors.
- (~~2120~~) Installation or relocation of controls, outlets, switches.
- (~~2221~~) Air conditioning and air filtering if medically necessary.
- (~~2322~~) Heightening of existing garage door opening to accommodate modified

van.

~~(24) Bath chairs.~~

c. A unit of service is the completion of needed modifications or adaptations.

d. Only the following vehicle modifications are covered (including such modifications already installed in a vehicle).

(1) Vehicle lifts.

(2) Driver-specific adaptations.

(3) Remote-start systems.

(4) Automatic opening device for vehicle door.

e. A unit of service is the completion of needed modifications or adaptations.

ef. All home and vehicle modifications and adaptations shall be provided in accordance with applicable federal, state, and local building and vehicle codes.

eg. Services shall be performed following prior department approval of the modification as specified in 441—subrule 79.1(17) and a binding contract between the provider and the member.

fh. All contracts for home or vehicle modification shall be awarded through competitive bidding. The contract shall include the scope of work to be performed, the time involved, supplies needed, the cost, diagrams of the project whenever applicable, and an assurance that the provider has liability and workers' compensation coverage and the applicable permit and license.

gi. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to \$6,366.64 per year may be made to certified providers upon satisfactory completion of the service. ~~The case manager or service worker may encumber a portion of the cost of a modification every month within the monthly dollar cap allowed for the member until the entire cost of the modification is encumbered within a consecutive 12-month period.~~

hj. Services shall be included in the member's service plan and shall exceed the Medicaid state plan services.

k. A prescription from a physician (doctor of medicine, osteopathy, or podiatry), physician assistant, or advanced registered nurse practitioner's prescription is required to establish medical necessity for home and/or vehicle modification requests in excess of \$500. The prescription shall state the member's name, diagnosis, prognosis, and the

modification to be completed. The item is to be required and shall include the written or electronic signature of the prescriber and the date of signature.

I. An evaluation by a physical or occupational therapist is required to establish medical necessity and appropriateness for home and/or vehicle modification requests in excess of \$500. The evaluation shall address the member's assistive needs and the member's ability to safely access and utilize the requested modification. When applicable, the evaluation should also address other services and supplies that have been tried by the member to meet their assistive needs. The physical therapy or occupational therapy evaluation shall include the written or electronic signature of the therapist and the date of signature.

## Physical Disability Waiver

**78.46(2)** Home and vehicle modification. Covered home or vehicle modifications are physical modifications to the member's home or vehicle that directly address the member's medical or remedial need. ~~Covered modifications must be necessary to provide for the health, welfare, or safety of the member and enable the member to function with greater independence in the home or vehicle.~~ Covered modifications are structural alterations which are medically necessary for the effective treatment of the member's disability, medical, or remedial need which enable the member to function with greater independence in the home or vehicle.

a. Modifications that are of general utility which are necessary or desirable without regard to the member's medical or remedial need and that would be expected to increase the fair market value of the home or vehicle, such as furnaces, fencing, or adding square footage to the residence, are excluded except as specifically included below. Modifications are considered to be of general utility when the service or supplies are generally available to the public and/or standard responsibilities of any home or vehicle owner. Purchasing or leasing of a motorized vehicle is excluded. Home and vehicle repairs are also excluded.

b. Only the following home modifications are covered:

(1) Kitchen counters, sink space, cabinets, special adaptations to refrigerators, stoves, and ovens.

(2) Bathtubs and toilets to accommodate transfer, special handles and hoses for shower heads, water faucet controls, and accessible showers and sink areas.

(3) Grab bars and handrails.

(4) Turnaround space adaptations.

(5) Ramps, lifts, and door, hall and window widening.

(6) Fire safety alarm equipment specific for disability.

(7) Voice-activated, sound-activated, light-activated, motion-activated, and electronic devices directly related to the member's disability.

~~(8) Vehicle lifts, driver-specific adaptations, remote-start systems, including such modifications already installed in a vehicle.~~

~~(98)~~ Keyless entry systems.

~~(109)~~ Automatic opening device for home ~~or vehicle~~ door.

~~(110)~~ Special door and window locks.

~~(1211)~~ Specialized doorknobs and handles.

~~(1312)~~ Plexiglas replacement for glass windows.

~~(1413)~~ Modification of existing stairs to widen, lower, raise or enclose open stairs.

~~(1514)~~ Motion detectors.

~~(1615)~~ Low-pile carpeting or slip-resistant flooring.

~~(1716)~~ Telecommunications device for the deaf.

- (~~1817~~) Exterior hard-surface pathways.
- (~~1918~~) New door opening.
- (~~2019~~) Pocket doors.
- (~~2120~~) Installation or relocation of controls, outlets, switches.
- (~~2221~~) Air conditioning and air filtering if medically necessary.
- (~~2322~~) Heightening of existing garage door opening to accommodate modified

van.

~~(24) Bath chairs.~~

c. A unit of service is the completion of needed modifications or adaptations.

d. Only the following vehicle modifications are covered (including such modifications already installed in a vehicle).

(1) Vehicle lifts.

(2) Driver-specific adaptations.

(3) Remote-start systems.

(4) Automatic opening device for vehicle door.

e. A unit of service is the completion of needed modifications or adaptations.

ef. All home and vehicle modifications and adaptations shall be provided in accordance with applicable federal, state, and local building and vehicle codes.

eg. Services shall be performed following prior department approval of the modification as specified in 441—subrule 79.1(17) and a binding contract between the provider and the member.

fh. All contracts for home or vehicle modification shall be awarded through competitive bidding. The contract shall include the scope of work to be performed, the time involved, supplies needed, the cost, diagrams of the project whenever applicable, and an assurance that the provider has liability and workers' compensation coverage and the applicable permit and license.

gi. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to \$6,366.64 per year may be made to certified providers upon satisfactory completion of the service. ~~The case manager or service worker shall encumber a portion of the cost of a modification every month within the monthly dollar cap allowed for the member until the entire cost of the modification is encumbered within a consecutive 12-month period.~~

hj. Services shall be included in the member's service plan and shall exceed the Medicaid state plan services.

k. A prescription from a physician (doctor of medicine, osteopathy, or podiatry), physician assistant, or advanced registered nurse practitioner's prescription is required to establish medical necessity for home and/or vehicle modification requests in excess of \$500. The prescription shall state the member's name, diagnosis, prognosis, and the

modification to be completed. The item is to be required and shall include the written or electronic signature of the prescriber and the date of signature.

I. An evaluation by a physical or occupational therapist is required to establish medical necessity and appropriateness for home and/or vehicle modification requests in excess of \$500. The evaluation shall address the member's assistive needs and the member's ability to safely access and utilize the requested modification. When applicable, the evaluation should also address other services and supplies that have been tried by the member to meet their assistive needs. The physical therapy or occupational therapy evaluation shall include the written or electronic signature of the therapist and the date of signature.

## **Consumer Choices Option**

**78.34(13)** Consumer choices option. The consumer choices option provides a member with a flexible monthly individual budget that is based on the member's service needs. With the individual budget, the member shall have the authority to purchase goods and services to meet the member's assessed needs and may choose to employ providers of services and supports. The services, supports, and items that are purchased with an individual budget must be directly related to a member's assessed need or goal established in the member's service plan. Components of this service are set forth below.

e. Development of the individual budget. The independent support broker shall assist the member in developing and implementing the member's individual budget. The individual budget shall include:

(4) The costs of any approved home or vehicle modification. When authorized, the budget may include an amount allocated for a home or vehicle modification. Before becoming part of the individual budget, all home and vehicle modifications shall be identified in the member's service plan and approved by the case manager or service worker. The authorized amount shall not be used for anything other than the specific modification.



July 1, 2014

Patient Safety Indicators (PSIs)

4th Qtr, SFY14

### Point of Interest:

- For CY13, there was not any significant difference between Iowa's rates and the National benchmark.

### In this issue

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## History of AHRQ Quality Indicators

The Agency for Healthcare Research and Quality (AHRQ) is a U. S. Government Agency within the Department of Health and Human Services (HHS). The AHRQ objective is to improve the quality of health care through research. The AHRQ focuses on major areas of health care research such as quality improvement, patient safety, clinical practices, health care delivery systems, primary care (including preventive services), and health care costs (Rouse, 2010).

The AHRQ uses quality indicators to establish the standards of quality health care and if the standards are met by providers. The quality indicators are derived from the available hospital inpatient administrative data based on the ICD-9 diagnosis and procedure codes. The AHRQ Quality Indicators are divided into four categories (Rouse, 2010):

1. Prevention Quality Indicators (PQIs)—or also called preventive care services- this identifies hospital admissions that could have been prevented through better quality community-based primary or outpatient care.
2. Inpatient Quality Indicators (IQIs)—this is based on the quality of medical care delivered inside a hospital. The IQIs include measures in the areas of:
  - Inpatient mortality for medical conditions
  - Inpatient mortality for surgical

procedures

- Application of procedures for which there are questions of overuse, underuse, or misuse
- Number of procedures for which there is an indication that a higher volume is associated with lower mortality

3. Patient Safety Indicators (PSIs)—these are related to the patient's safety within a hospital and provide data on potential avoidable complications and harmful events.

4. Pediatric Quality Indicators (PDIs)—these indicators focuses on quality of care within the hospital and identify possible unnecessary hospitalization among children.

Patient Safety Indicators (PSIs) are established by AHRQ. PSIs identify adverse events that patients experience as a result of the health care system and compliant with prevention by executing system or provider level changes. PSIs are indicated on two levels (AHRQ, 2013):

Provider-level indicators document possible unnecessary complication for patient's initial care and the complication of care within the same hospitalization.

Area-level indicators document all cases of possible unnecessary complications that transpire in a specified population either during hospitalization or in a following hospitalization. Area-level indicators are indicated to include principal

Low denominators on the provider-level indicators, resulted in a wide range of the 95 percent confidence interval.

diagnosis plus secondary diagnosis, which involve cases concerning complications that happened in separate hospitalizations.

The PSIs use data derived from administrative databases, which is regarded as a by-product of care delivery. A limitation of using administrative data for the PSIs is that this data was never intended for research, but for billing and claims. There are advantages to using PSIs driven by administrative data. This data is inexpensive to collect using large sample sizes. It is easy to collect without interference with patient care. The data can be sorted based on type of population, the identifiers related to the data, and it hinges on the ICD-9 diagnosis and procedure codes. The limitation of using the ICD-9 diagnosis codes is the lack of operational clinical definitions assigned (Farquhar, 2008).

The PSI Quality Indicators were invented for hospitals to identify potential adverse events, indicators for complications occurring in the hospital that may signify patient safety events, indicators of patient safety on a regional level, and to evaluate the frequency of adverse events and complications found in the discharge record (AHRQ Fact Sheet, 2012). The inclusion and exclusion conditions are based upon Diagnostic Relat-

ed Groups (DRGs): sex, age, procedure dates, and admission type. The numerator is equal to the number of cases flagged with the complication of interest. The denominator is equal to the number of patients measured to be at risk for the complication. AHRQ provides free software for hospitals to

### Iowa Medicaid PSIs Outcome—CY13

In this study, both the Provider and Area indicators were provided. Iowa Medicaid claims were treated as a single provider with the outcomes applying to the population as a whole. Because of this, the Area indicators were not utilized.

Data was collected for Iowa Medicaid for the calendar year CY 2012 and 2013. The results of the Iowa Medicaid claims PSI study for the CY 2013 are reported in the following table. The comprehensive findings are included in the PSI report and study for each Provider-Level and Area-Level indicators. The comparison rate used new data from the AHRQ 2011 Nationwide Inpatient sample.

The benchmark rate for the all the PSI measures reported in this study fell within the 95% CI IME Indicator, which there is not a statistically significant difference within a 95% confidence.

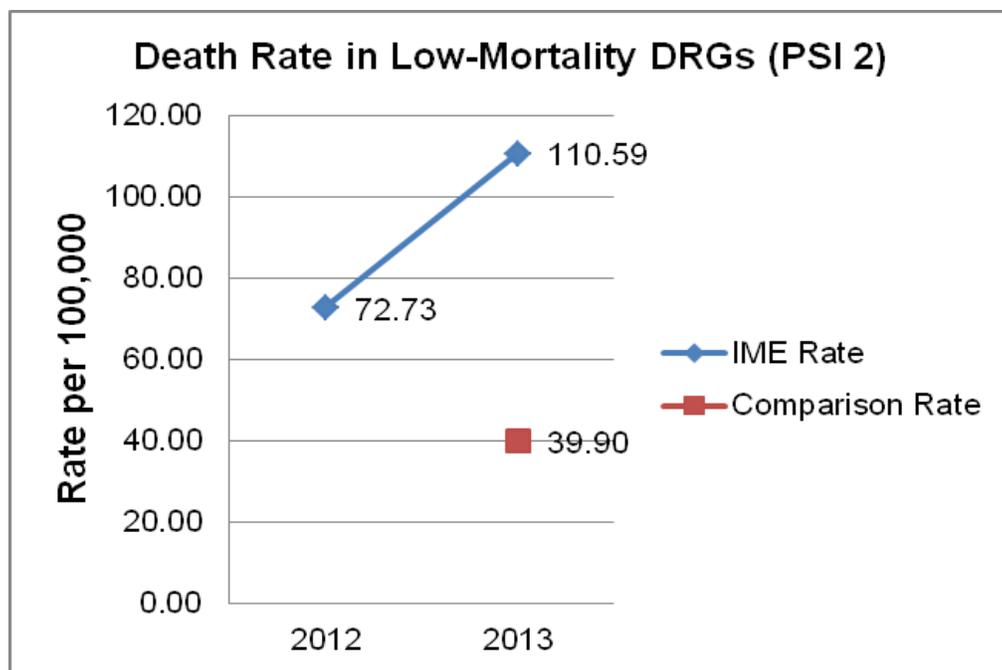
Provider-Level PSI Indicators		IME Numerator	IME Denominator	IME Rate/100,000	95% CI IME Indicator	Comparison Rate/100,000
#2	Death Rate in Low-Mortality DRGs	19	17,181	110.59	57.98 -163.20	39.90
#4	Death Rate among Surgical Inpatients with Serious Treatable Complications	8	82	9,756.1	2,723.96-16,788.24	11,646.80
#6	Iatrogenic Pneumothorax Rate	7	16,804	22.74	0 - 47.87	123.20
#7	Central Venous Catheter-Related Blood Stream Infection Rate	7	27,708	25.56	4.45 - 45.78	179.20
#8	Postoperative Hip Fracture Rate	0	3,086	0	0	11.70
#9	Postoperative Hemorrhage or Hematoma Rate	6	4,565	131.43	15.38 - 247.49	263.90
#10	Postoperative Physiologic And Metabolic Derangement Rate	3	2,289	131.06	0 – 301.12	185.30
#11	Postoperative Respiratory Failure Rate	26	2,129	1,221.23	731.19 - 1,711.27	1,027.30
#12	Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate	40	4,562	876.81	595.32 - 1,158.30	926.20
#13	Postoperative Sepsis Rate	7	490	1,428.57	275.82 – 2,581.33	1,539.30
#14	Postoperative Wound Dehiscence Rate	4	889	449.94	0 - 946.14	197.00
#15	Accidental Puncture or Laceration Rate	31	17,415	178.01	112.53 - 243.49	361.30
#17	Birth Trauma Rate - Injury to Neonate	39	17,088	228.23	153.76 - 302.70	201.30
#18	Obstetric Trauma Rate - Vaginal Delivery with Instrument	79	674	11,721.07	9,218.38 - 14,223.75	14,143.30
#19	Obstetric Trauma Rate - Vaginal Delivery without Instrument	133	9,698	1,371.42	1,134.79 - 1,608.05	2,284.70

Area-Level PSI Indicators		IME Numerator	IME Denominator	IME Rate/100,000	95% CI IME Indicator	Comparison Rate/100,000
#21	Rate of Foreign Body Left During Procedure	5	527,882	0.9	0.02 - 1.78	0.96
#22	Iatrogenic Pneumothorax Rate	10	527,882	1.8	0.59 - 3.00	7.23
#23	Central Venous Catheter-Related Blood Stream Infection Rate	18	527,882	3.23	1.65 - 4.82	11.37
#24	Postoperative Wound Dehiscence Rate	6	527,882	1.08	0.13 - 2.03	1.77
#25	Accidental Puncture or Laceration Rate	36	527,882	6.47	4.27 - 8.67	35.10
#27	Postoperative Hemorrhage or Hematoma Rate	10	527,882	1.8	0.59 - 3.00	14.38

### Provider-Level PSI Indicators

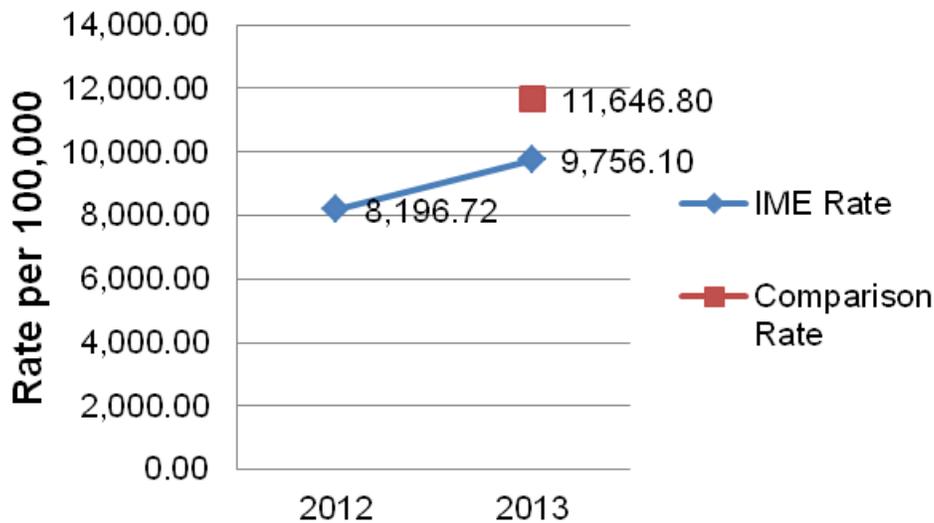
#### Death Rate in Low-Mortality DRGs (PSI 2)

This indicator evaluates the number of incidences when patients died in the hospital after being admitted for a health problem that seldom results in death. This indicator was evaluated on patients age 18 and older with less than 0.5% mortality rate. This indicator excludes cases of immunocompromised condition, cancer, trauma, or transfer to an acute care facility (AHRQ, 2012).



\*IME CI for this indicator is 57.98 - 163.20 per 100, 000 population.

### Death Rate among Surgical inpatients with Serious Treatable Conditions (PSI 4)



### Death Rate among Surgical Inpatients with Serious Treatable Complications (PSI 4)

This indicator evaluates the number of incidences when patients age 18 and older died after acquiring a complication that should have been indicated immediately and treated. This indicator excludes patient's age 90 years and older and transferred to an acute care facility (AHRQ, 2012).

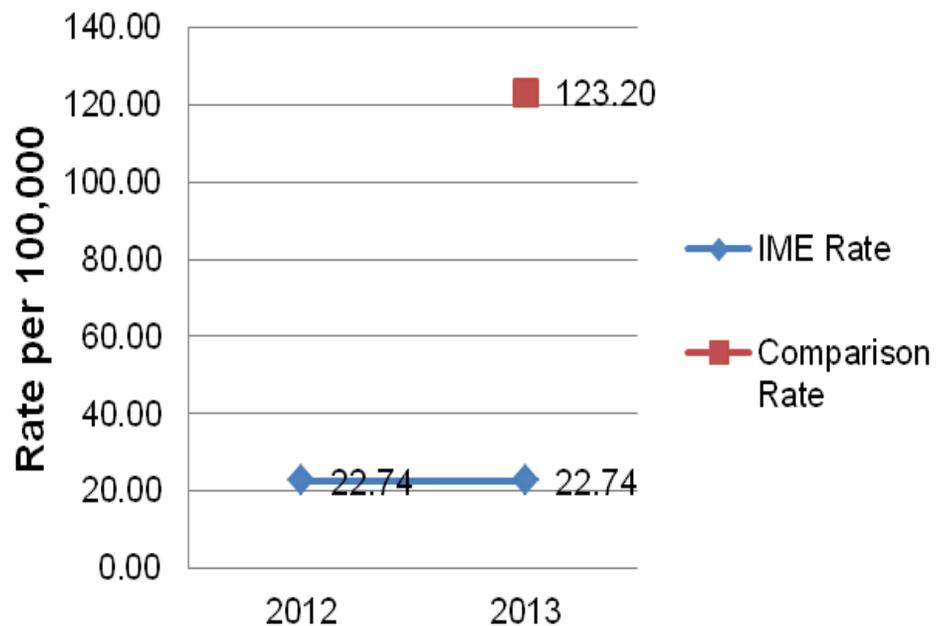
**\*IMC CI for this indicator is 2,723.96 - 16,788.24 per 100,000 population.**

### Iatrogenic Pneumothorax Rate (PSI 6)

Iatrogenic pneumothorax is a leak in the lung causing air to collect in the pleural cavity space as a result of tracheostomy tube placement, mechanical ventilation, or other therapeutic interventions (Mosby, 2002). This adverse condition stops the lung from expanding fully and may cause a partial collapsed lung.

This indicator evaluates the number of incidences when hospitalized patients age 18 and older developed a leak in the lung causing excess air to collect in the pleural cavity.

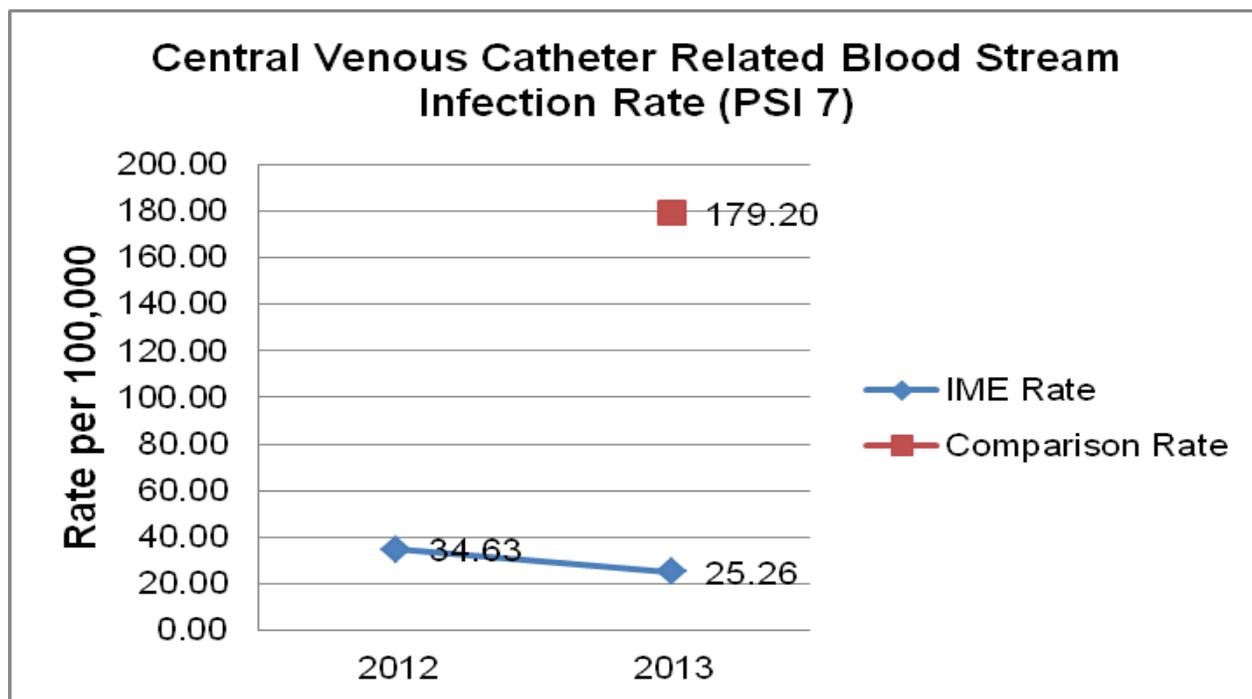
### Iatrogenic Pneumothorax Rate (PSI 6)



**\*IME CI for this indicator is zero- 47.87 per 100,000 population.**

This indicator excludes cases with the principle diagnosis of iatrogenic pneumothorax or secondary diagnosis present on admission; obstetric cases; chest trauma or pleural effusion diagnosis; any diaphragmatic surgery repair procedure; and thoracic procedure, lung or pleural biopsy, or cardiac procedure (AHRQ, 2012).

### Central Venous Catheter Related Blood Stream Infection Rate (PSI 7)

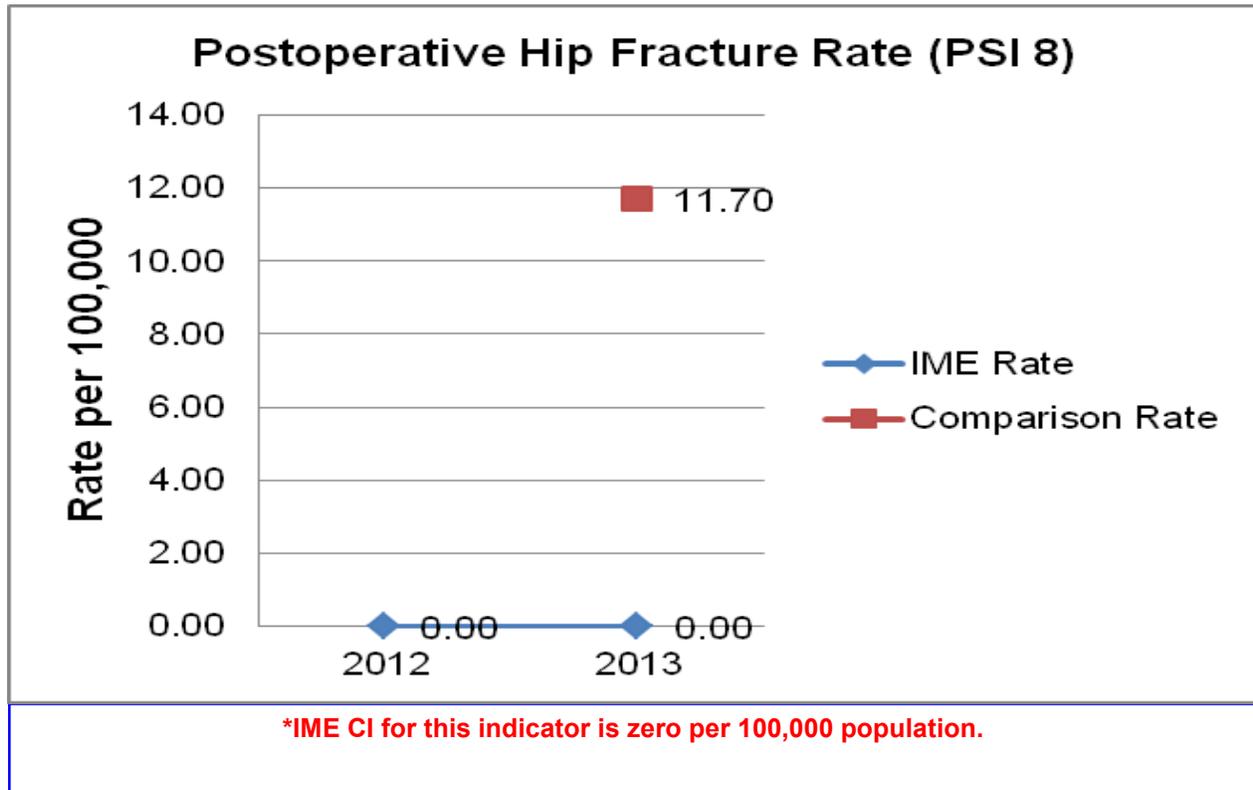


**\*IME CI for this indicator is 4.45 - 45.78 per 100,000 population.**

A central venous catheter, or central line, is a very thin, flexible log tube that is used to give fluids, nutrients, medicines, or blood products over several weeks or more. The catheter is inserted in the arm, chest, or neck area into a large vein. The catheter is threaded in the large vein until it is near the heart (Mosby, 2002). There are many types of central lines such as PICC line, tunneled catheter, and implanted port.

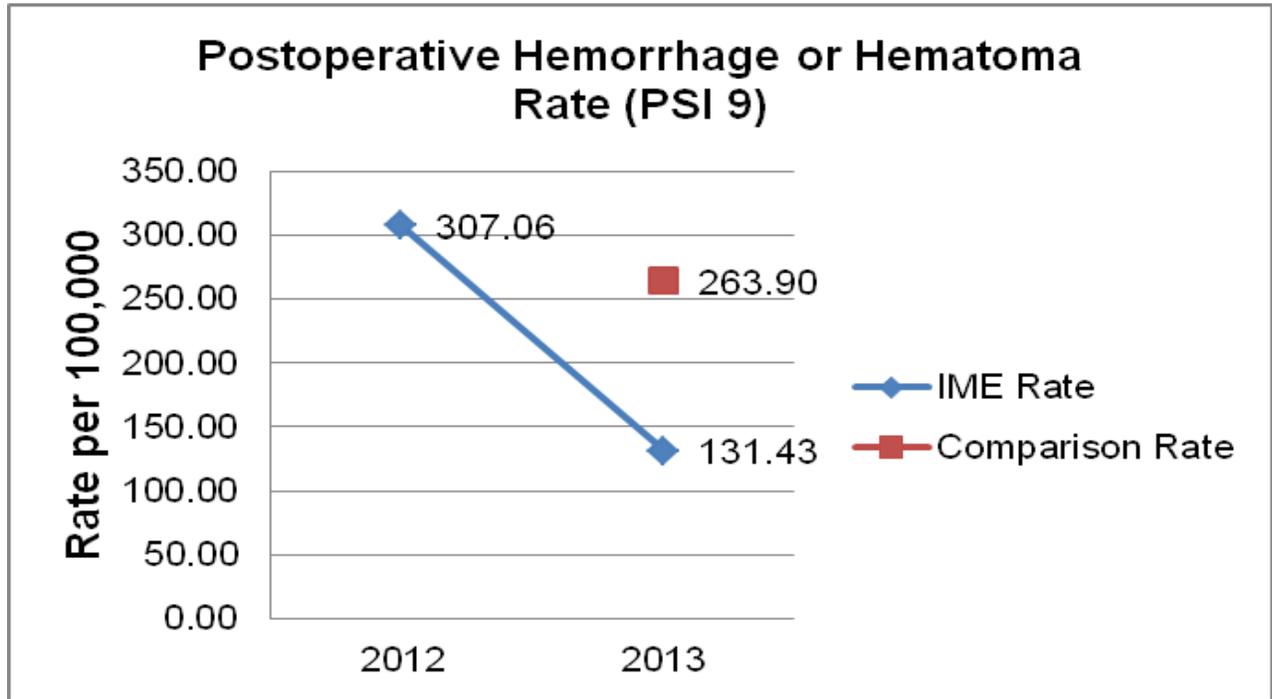
This indicator evaluates the number of incidences when hospitalized patients age 18 and older with intravenous (IV) lines and catheter acquired blood infections as a result of the care they received in the hospital. This indicator excludes cases with principal diagnosis of selected infections or secondary diagnosis present on admission; length of stay less than 2 days; immunocompromised condition; and cancer diagnosis (AHRQ, 2012).

### Postoperative Hip Fracture Rate (PSI 8)



This indicator evaluates the number of incidences when hospitalized patients age 18 and older broke a hip from a fall following surgery. This indicator excludes cases with principal diagnosis of hip fracture or secondary diagnosis present on admission; only procedure is hip fracture repair; procedure for hip fracture repair occurs before or on the same day as the first surgery; musculoskeletal or connective tissue disease; diagnosis of seizures, syncope, stroke, coma, cardiac arrest, poisoning, trauma, delirium or other psychoses, or anoxic brain injury; metastatic cancer diagnosis; lymphoid malignancy or bone malignancy diagnosis; self-inflicted injury; and obstetric cases (AHRQ, 2012).

**Postoperative Hemorrhage or Hematoma Rate (PSI 9)**

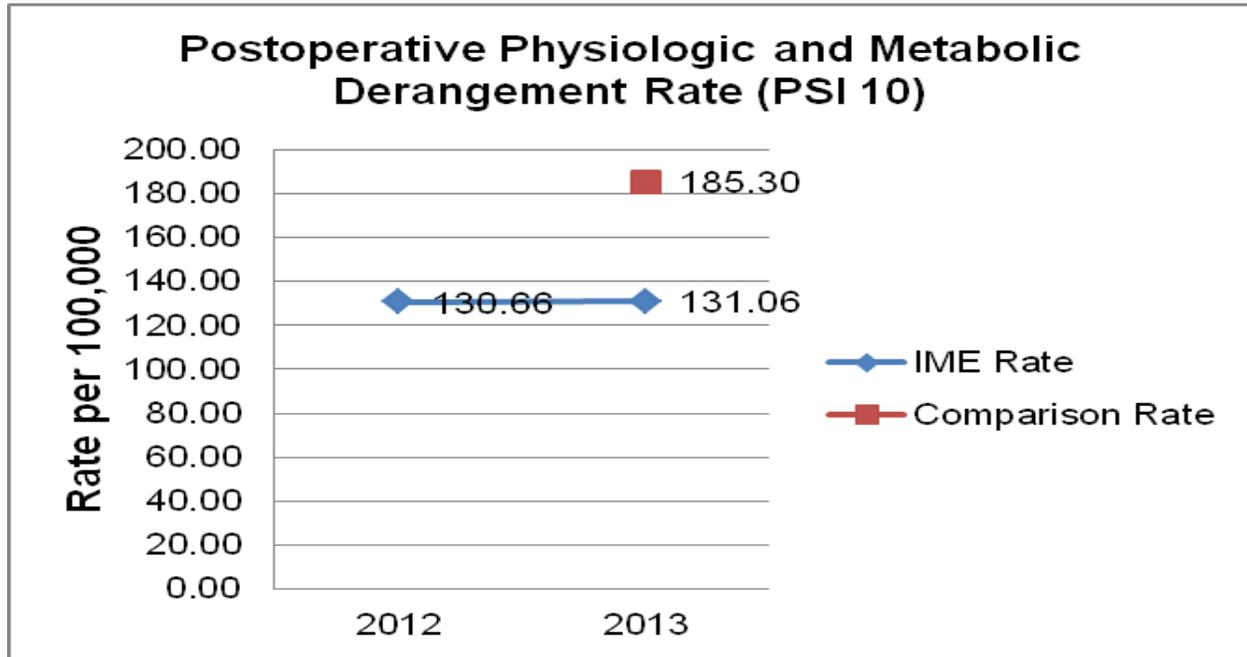


**\*IME CI for this indicator is 15.38 - 247.49 per 100,000 population.**

This indicator evaluates how frequent hospitalized patients age 18 and older experience (AHRQ, 2012) a large amount of blood loss either internally or externally in a short amount of time, known as a hemorrhage, or a pool of blood trapped in the tissue under the skin or in an organ, known as a hematoma (Mosby, 2002) following a surgical procedure.

This indicator excludes cases with the principle diagnosis of postoperative hemorrhage or hematoma or secondary diagnosis present on admission; only procedure is postoperative control of hemorrhage or drainage of hematoma; or when a procedure for postoperative control of hemorrhage or drainage of hematoma occurs before first operating room procedure; and obstetric cases (AHRQ, 2012).

### Postoperative Physiologic and Metabolic Derangement Rate (PSI 10)

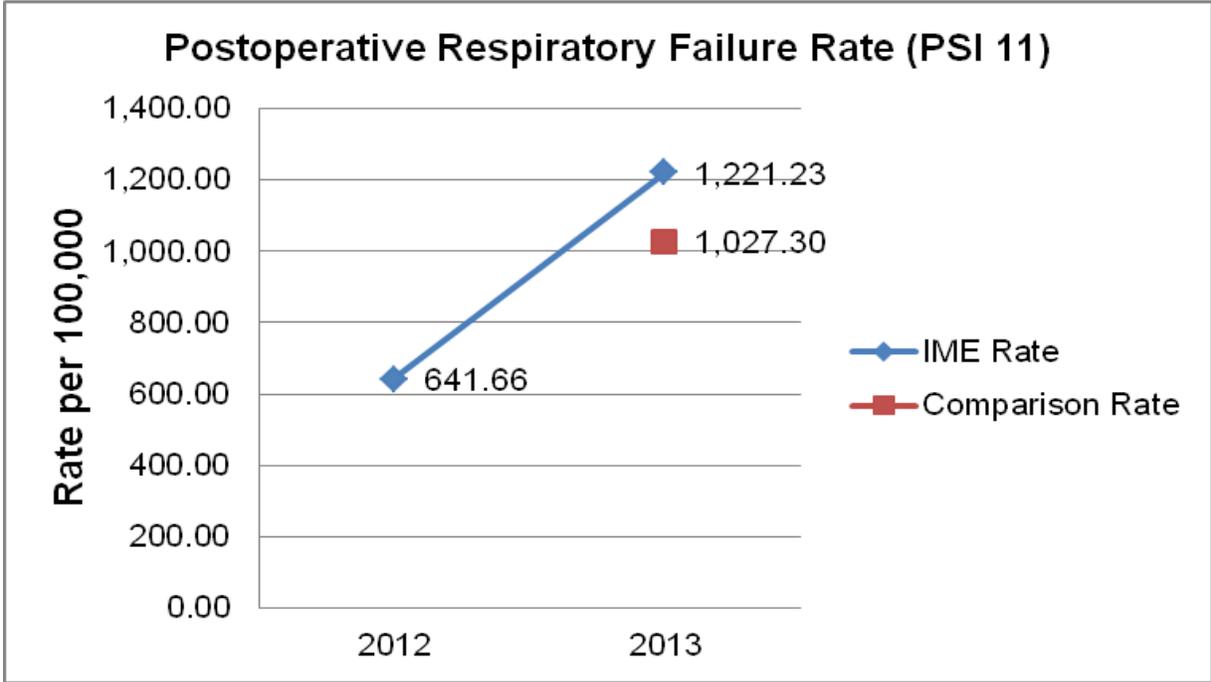


**\*IME CI for this indicator is 0 - 301.12 per 100,000 population.**

This indicator follows the number of incidences in disorders of blood chemistry (metabolic) and body functions (physiologic) following surgery in patients age 18 years and older (AHRQ, 2012). Blood chemistry disorders includes electrolytes imbalances (i.e., potassium, calcium, sodium, and magnesium, chloride, phosphate, and bicarbonate), and blood sugars. Body function disorders include weight loss, irregular heart rate, abnormal blood pressure, kidney dysfunction, mental status changes, and others (Huether & McCance, 2002).

This indicator excludes cases with principal diagnosis or secondary diagnosis present on admission of physiologic and metabolic derangements; acute renal failure; ketoacidosis; hyperosmolarity; coma; principal diagnosis or secondary diagnosis present on admission of diabetes; principal diagnosis or secondary diagnosis present on admission of acute myocardial infarction, cardiac arrhythmia, cardiac arrest, shock, hemorrhage, gastrointestinal hemorrhage, or chronic renal failure; and obstetric cases (AHRQ, 2012).

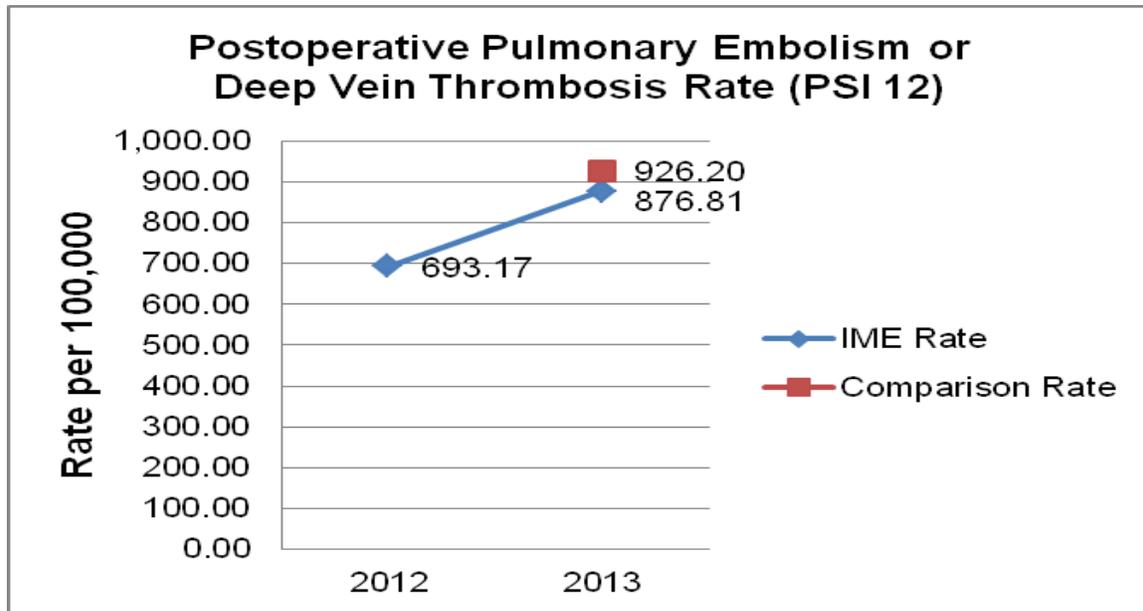
### Postoperative Respiratory Failure Rate (PSI 11)



**\*IME CI for this indicator is 731.19 - 1,711.27 per 100,000 population.**

This indicator follows the number of incidences in which patients age 18 and older required a ventilator following a surgical procedure due to the inability to breathe on their own. This indicator excludes cases with principal diagnosis of acute respiratory failure or secondary diagnosis present on admission; neuromuscular disorder diagnosis; tracheostomy procedure is the only procedure; esophageal resection procedure; lung cancer procedure; procedure for the nose, mouth, and pharynx; tracheostomy procedure occur before the first surgery; craniofacial anomalies diagnosis; degenerative neurological disorder diagnosis; respiratory or circulatory diseases; and obstetric discharges (AHRQ, 2012). The number of cases in the CY13 were 26.

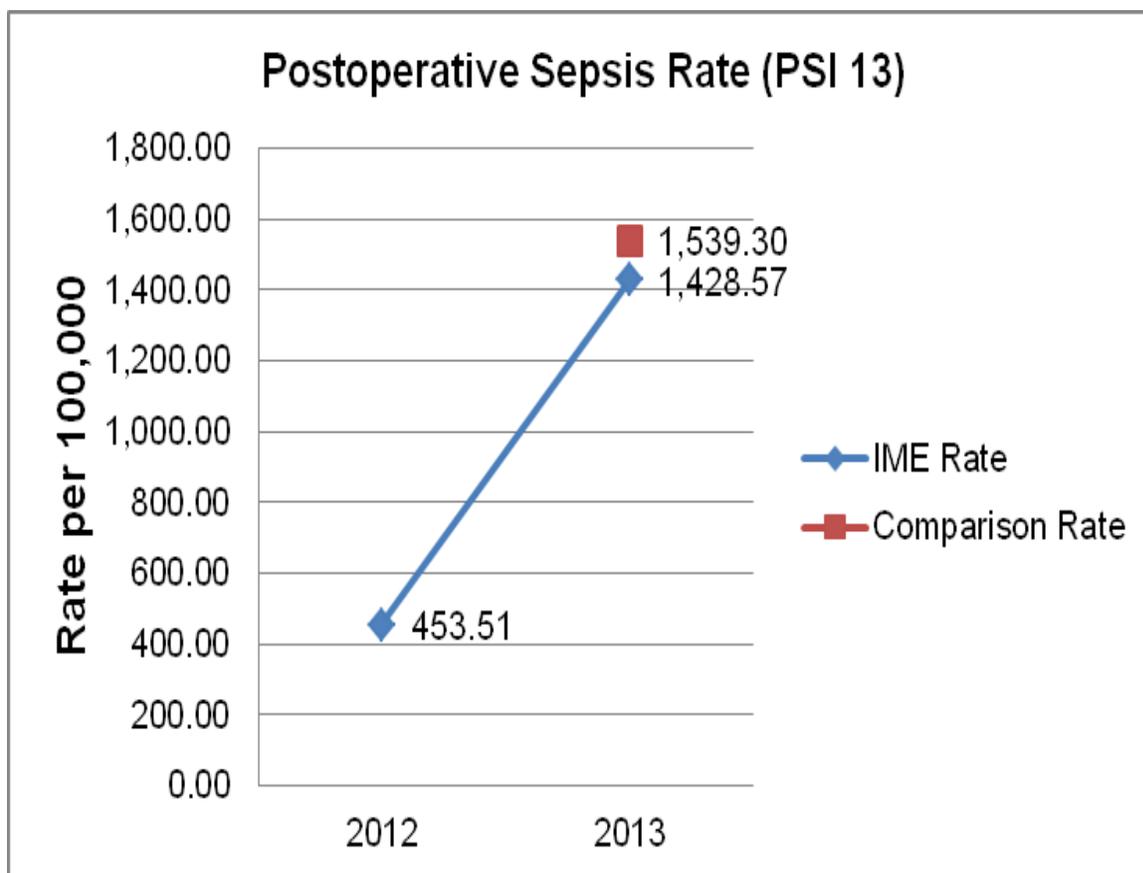
### Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)



**\*IME CI for this indicator is 595.32 - 1,158.30 per 100,000 per population.**

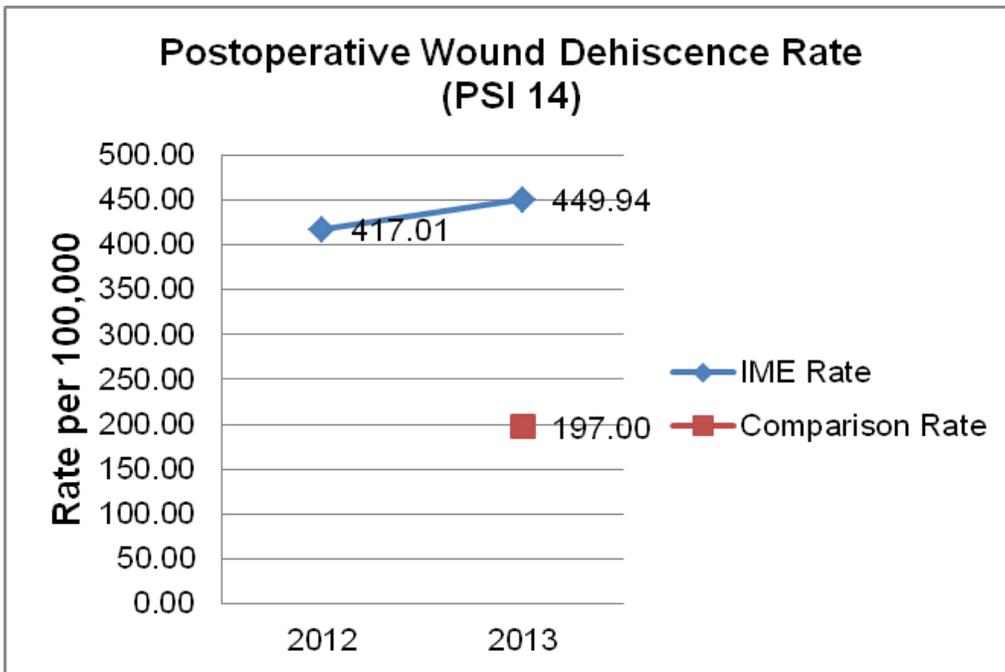
This indicator evaluates the number of incidences in which patients age 18 and older develops a blood clot that ends up in the lungs, known as a pulmonary embolism (PE), or a blood clot in the deep vein in the body found commonly in the legs or pelvis, known as deep vein thrombosis (DVT), that can break off and travel to the lungs following a surgical procedure (AHRQ, 2012). These conditions can result in shortness of breath, sudden chest pain, shock, and cyanosis or bluish coloration of the skin or mucus membrane (Mosby, 2002). In the severe case, these conditions can lead to sudden death if not treated.

### Postoperative Sepsis Rate (PSI 13)



**\*IME CI for this indicator is 275.82 - 2,581.33 per 100,000 population.**

This indicator evaluates the number of incidences in which patients age 18 and older gets a severe bloodstream infection following a surgical procedure (AHRQ, 2012). This condition starts with an infection that can progress to bacteria found in the blood, or bacteremia, then sepsis that can lead to severe sepsis, then septic shock, and then multiple organs failure. The signs and symptoms of sepsis exhibits at least two of the following: temperature above 38.5 C (101.3 F), heart rate greater than 90 beats a minute, respiratory rate greater than 20 breaths a minute, or white blood cell count greater than 12,000 (Huether & McCance, 2002).



### Postoperative Wound Dehiscence Rate (PSI 14)

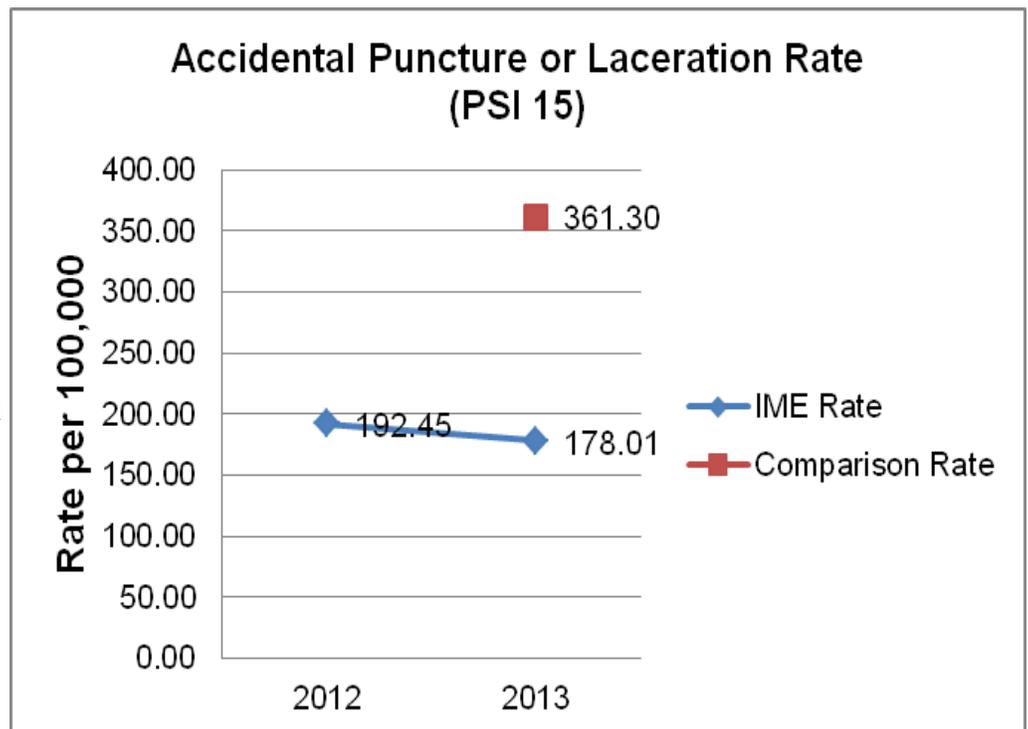
This indicator evaluates the number of incidences of postoperative wound dehiscence in abdominopelvic surgical patients age 18 or older (AHRQ, 2012). A wound dehiscence is a separation of the suture line in the stomach or pelvic area following surgery. This rupture can be caused by a wound sepsis, too much strain, or obesity (Huether & McCance, 2002).

**\*IME CI for this indicator is zero – 946.14 per 100,000 population.**

This indicator excludes cases with procedure for reclosure of postoperative of abdominal wall occurs before or on the same day as the first abdominopelvic surgery; length of stay less than two days; immunocompromised state diagnosis or code; and obstetric cases (AHRQ, 2012).

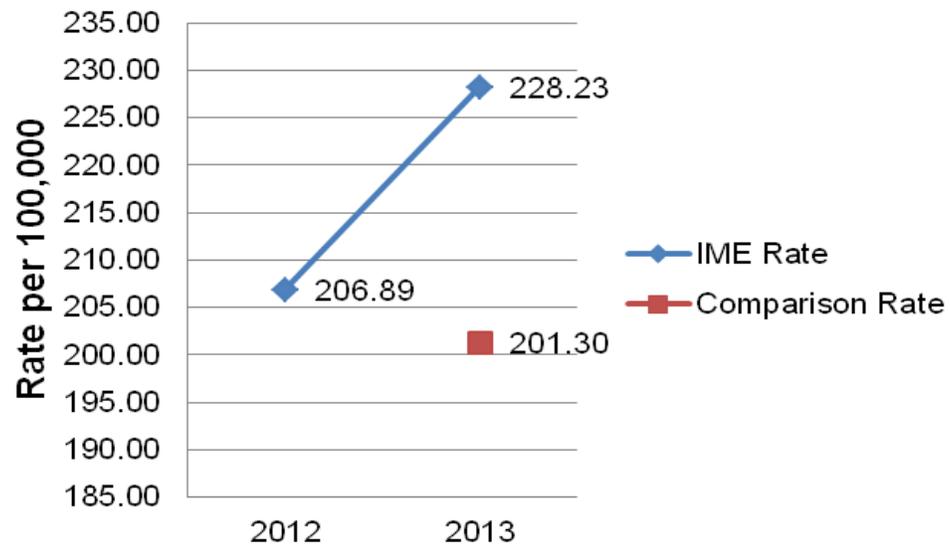
### Accidental Puncture or Laceration Rate (PSI 15)

This indicator evaluates the number of incidences in which patients age 18 or older were discharged with diagnoses of accidental cuts, punctures, perforations, or lacerations during a procedure. This indicator excludes cases with principal diagnosis denoting accidental cut, perforation, or laceration, or secondary diagnosis present on admission; obstetric cases; and ICD-9 code for spine surgery (AHRQ, 2012).



**\*IME CI for this indicator is 112.53 - 243.49 per 100,000 population.**

### Birth Trauma Injury to Neonate Rate (PSI 17)



### Birth Trauma Rate – Injury to Neonate (PSI 17)

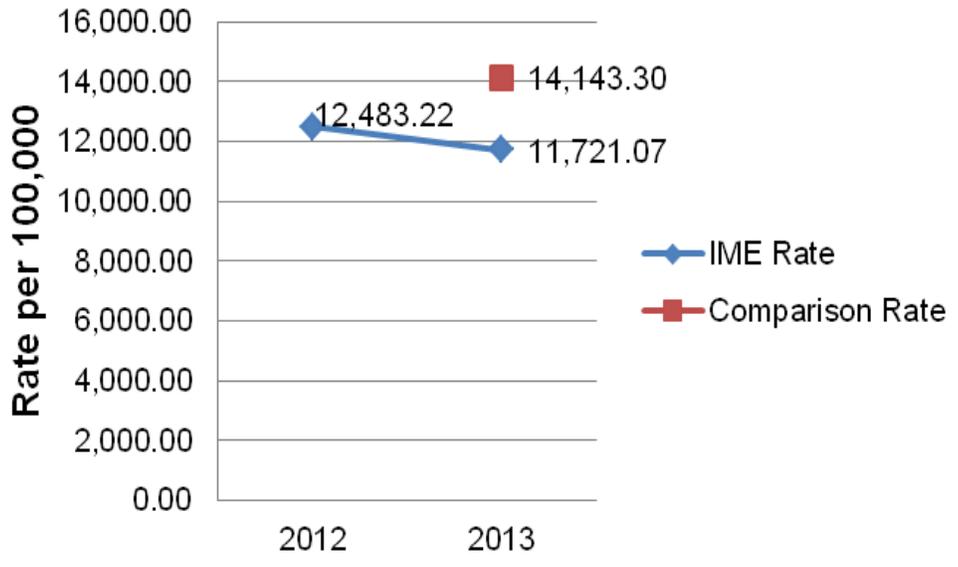
This indicator evaluates the number of incidences in newborns experiencing a problem during the birth process, such as a head injury, an infection, or a broken collarbone. This indicator excludes cases of preterm infants with a birth weight less than 2,000 grams; any injury to brachial plexus; and any osteogenesis imperfect diagnosis (AHRQ, 2012).

**\*IME CI for this indicator is 153.76 – 302.7 per 100,000 population.**

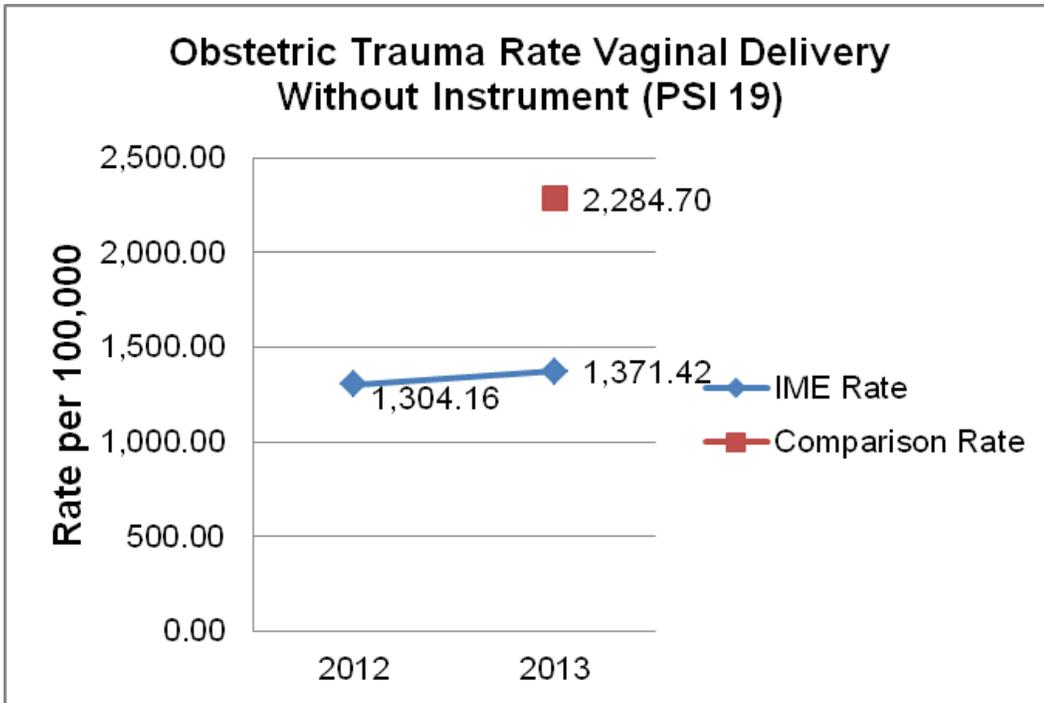
### Obstetric Trauma Rate Vaginal Delivery with Instrument (PSI 18)

This indicator evaluates the number of 3<sup>rd</sup> or 4<sup>th</sup> degree trauma, or tear, to perineum that women experiences while giving birth. This type of trauma happens when a health care provider is using forceps or other medical instruments to help deliver the baby. The denominator is all the vaginal delivery discharges with any procedure code for instrument-assisted delivery (AHRQ, 2012).

### Obstetric Trauma Rate Vaginal Delivery With Instrument (PSI 18)



**\*IME CI for this indicator is 9,218.38 – 14,223.75 per 100,000 population.**



**Obstetric Trauma Rate Vaginal Delivery without Instrument (PSI 19)**

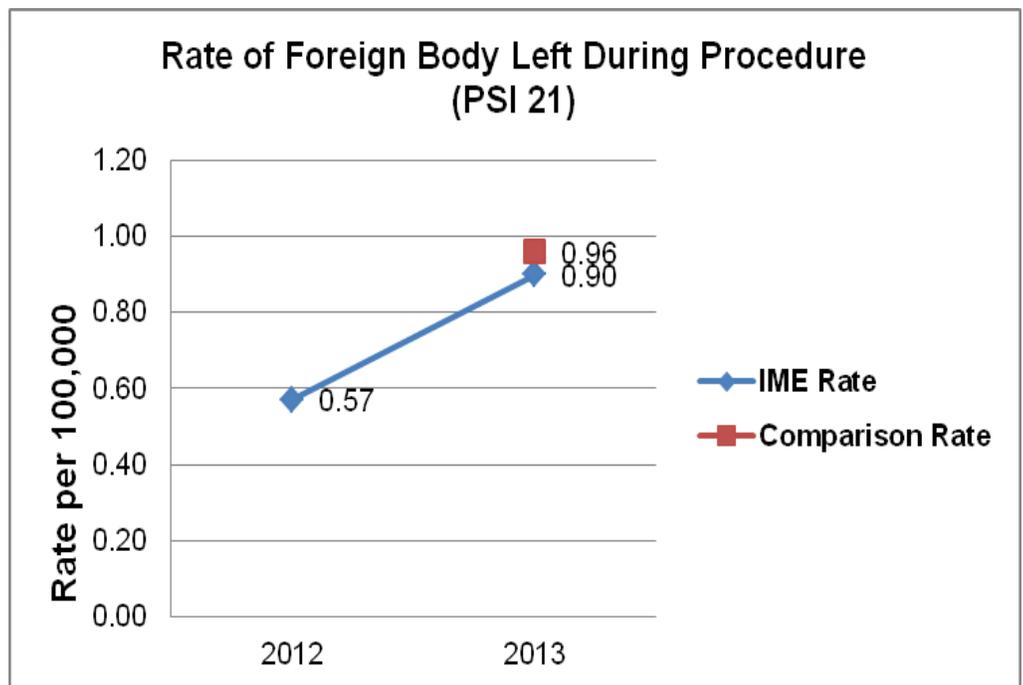
This indicator evaluates the number of 3<sup>rd</sup> or 4<sup>th</sup> degree trauma, or tear, to perineum that women experience while giving birth. The denominator is all vaginal delivery discharges.

**\*IME CI for this indicator is 1,134.79 – 1,608.05 per 100,000 population.**

**Area-Level PSI Indicators**

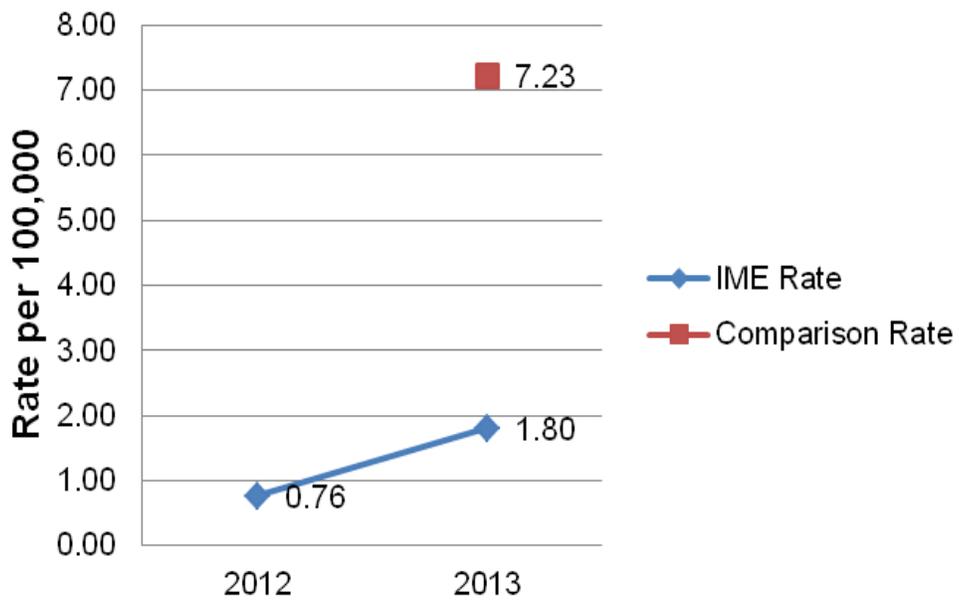
**Rate of Foreign Body Left During Procedure (PSI 21)**

This indicator evaluates the number of incidences a surgical instrument or a tool, or a foreign body, such as a scalpel or sponge, was accidentally left in patient's body during surgery. This indicator was evaluated on patients age 18 and older. The denominator is the number of surgical discharges based on the Metro Area or county of the patient residence (AHRQ, 2012).



**\*IME CI for this indicator is 0.02 – 1.78 per 100,000 population.**

### Iatrogenic Pneumothorax Rate (PSI 22)



**\*IME CI for this indicator is 0.59 – 3.00 per 100,000 population.**

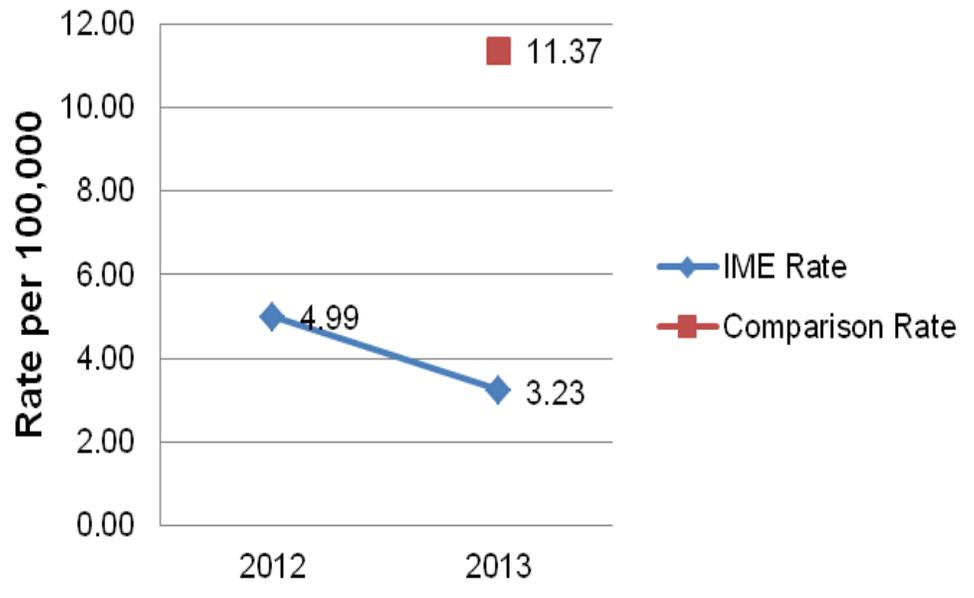
### Iatrogenic Pneumothorax Rate (PSI 22)

This indicator evaluates the number of incidences of when patients age 18 and older develop an air leak out of the lung due to an accidental puncture during a medical procedure, known as an iatrogenic pneumothorax. Treatment requires placing a tube in a patient's chest to remove the excess air. The denominator is the number of surgical discharges based on the Metro Area or county of the patient residence (AHRQ, 2012).

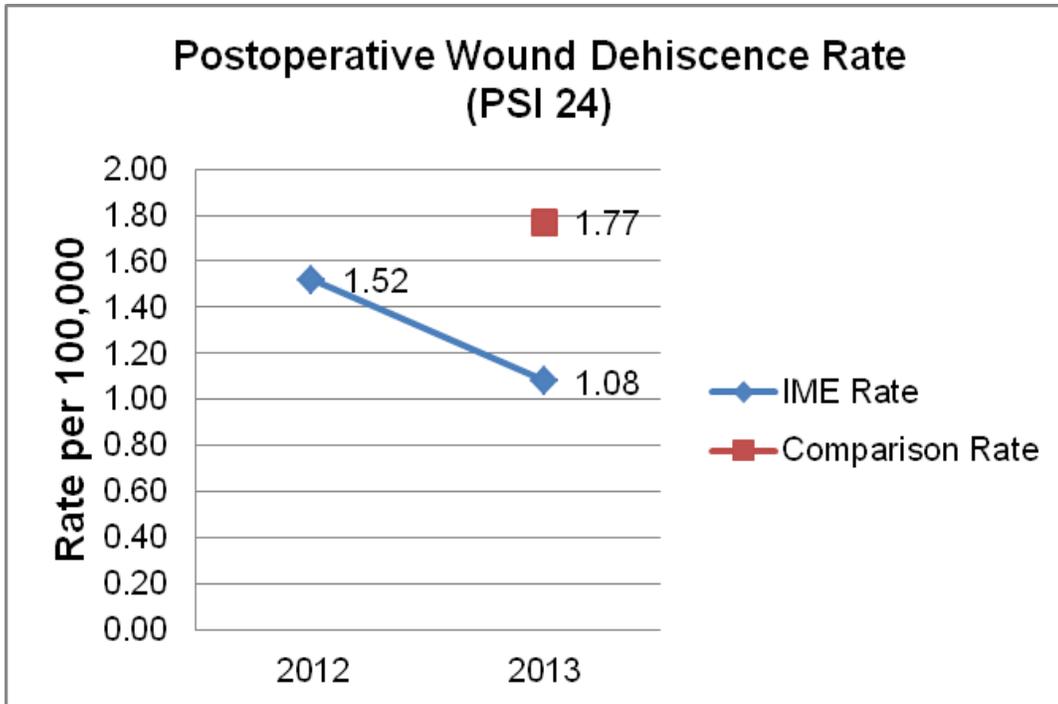
### Central Venous Catheter-Related Blood Stream Infection Rate (PSI 23)

This indicator evaluates the number of incidences of hospitalized patients age 18 and older with intravenous (IV) lines and catheters develop blood infections as an outcome of the care they received in the hospital. The denominator is the number of discharges based on the Metro Area or county of the patient residence. This indicator excludes cases of immunocompromised conditions diagnosis or procedure code and cancer diagnosis (AHRQ, 2012).

### Central Venous Catheter Related Blood Stream Infection Rate (PSI 23)



**\*IME CI for this indicator is 1.65 – 4.82 per 100,000 population.**



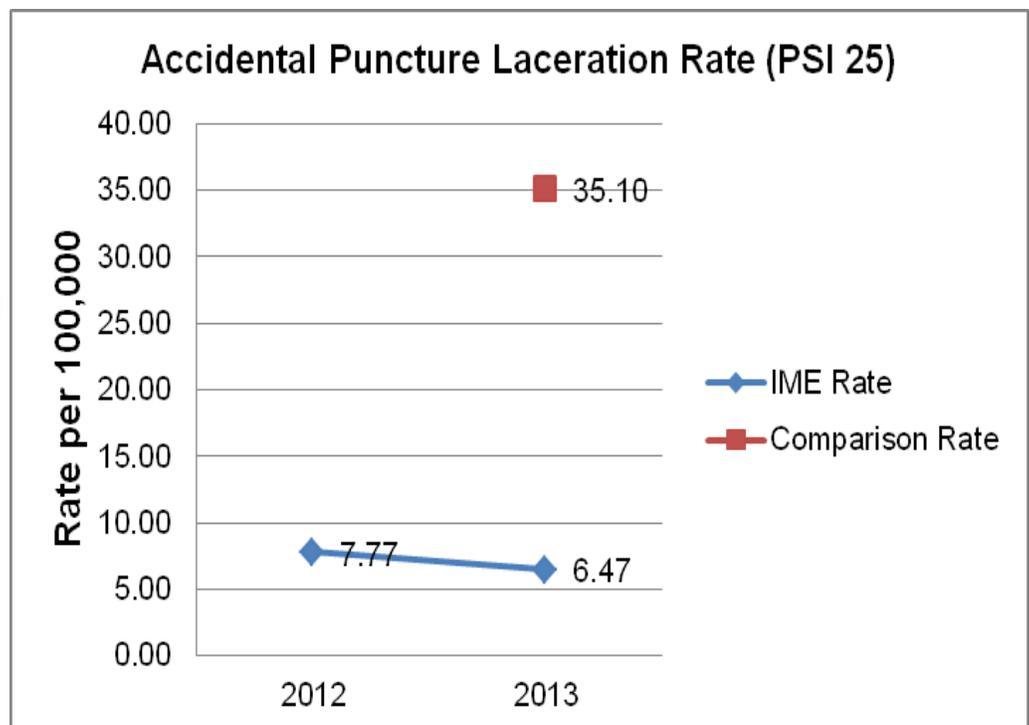
### Postoperative Wound Dehiscence Rate (PSI 24)

This indicator evaluates the number of postoperative wound dehiscence in abdominopelvic surgical patients age 18 and older. The denominator is the number of surgical discharges based on the Metro Area or county of the patient residence (AHRQ, 2012).

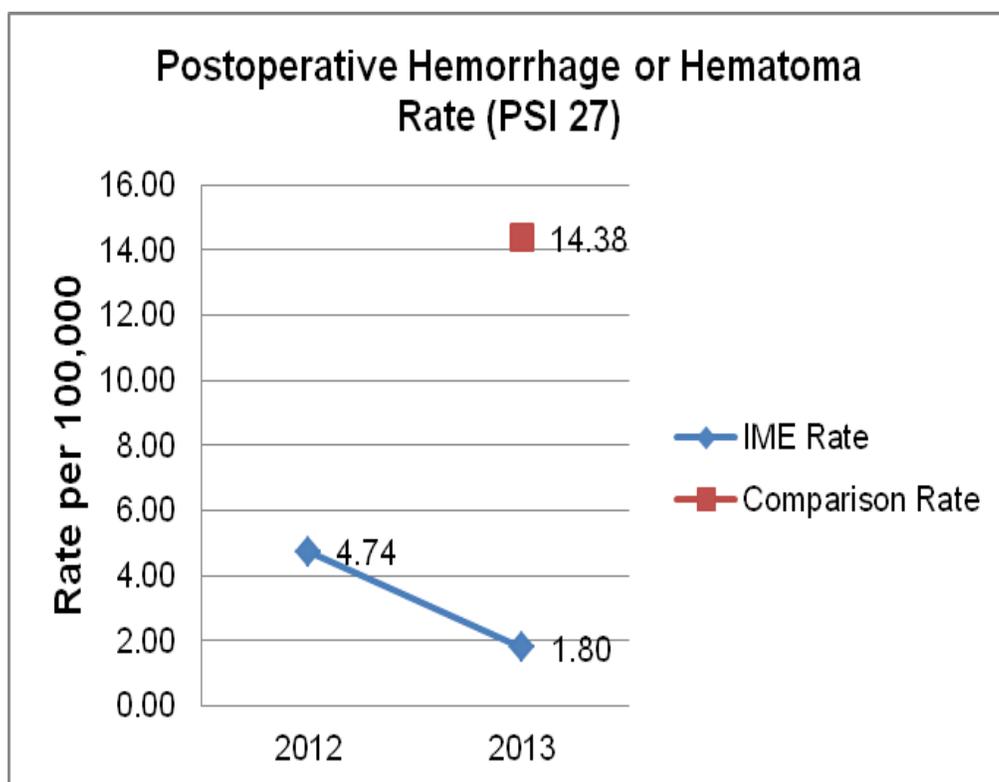
**\*IME CI for this indicator is 0.13 – 2.03 per 100,000 population.**

### Accidental Puncture or Laceration Rate (PSI 25)

This indicator evaluates the number of incidences when a patient age 18 and older is unintentionally cut making a needless tear or hole in an organ, known as a puncture or laceration, during a surgical procedure. The denominator is the number of surgical discharges based on the Metro Area or county of the patient residence. This indicator excludes obstetric cases and spine surgery diagnosis (AHRQ, 2012).



**\*IME CI for this indicator is 4.27 – 8.67 per 100,000 population.**



**\*IME CI for this indicator is 0.59 – 3.00 per 100,000 population.**

### Postoperative Hemorrhage or Hematoma Rate (PSI 27)

This indicator evaluates the number of incidences when hospitalized patients age 18 and older bleed too much either internally or externally (or hemorrhage) in a short amount of time, or formed a collection of blood in the tissue under the skin or organ (or hematoma) following a surgical procedure. The denominator is the number of surgical discharges based on the Metro Area or county of the patient residence. This indicator excludes obstetric cases (AHRQ, 2012).

## Summary

Data was collected for the CY 2012 and 2013. The comparison rate used new data from the 2011 AHRQ Nationwide Inpatient sample.

For CY13, Iowa Medicaid rates for each provider-level and area-level indicator fell within the confidence interval.

Iowa Medicaid achieved rates above the national comparison rate in the following provider-level indicators:

- Death Rate in Low Mortality DRGs (PSI 2)
- Postoperative Respiratory Failure Rate (PSI 11)
- Postoperative Wound Dehiscence Rate (PSI 14)
- Birth Trauma Injury to Neonate Rate (PSI 17)

Iowa Medicaid achieved rates below the national comparison rate in the following provider-level indicators:

- Death Rate among Surgical inpatients with Serious Treatable Conditions (PSI 4)
- Iatrogenic Pneumothorax Rate (PSI 6)
- Central Venous Catheter Related Blood Stream Infection Rate (PSI 7)
- Postoperative Hip Fracture Rate (PSI 8)
- Postoperative Hemorrhage or Hematoma Rate (PSI 9)

- Postoperative Physiologic and Metabolic Derangement Rate (PSI 10)
- Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)
- Postoperative Sepsis Rate (PSI 13)
- Accidental Puncture or Laceration Rate (PSI 15)
- Obstetric Trauma Rate Vaginal Delivery With Instrument (PSI 18)
- Obstetric Trauma Rate Vaginal Delivery Without Instrument (PSI 19)

Iowa Medicaid achieved below the comparison rate in the following area-level indicators:

- Rate of Foreign Body Left During Procedure (PSI 21)
- Iatrogenic Pneumothorax Rate (PSI 22)
- Central Venous Catheter-Related Blood Stream Infection Rate (PSI 23)
- Postoperative Wound Dehiscence Rate (PSI 24)
- Accidental Puncture Laceration Rate (PSI 25)
- Postoperative Hemorrhage or Hematoma Rate (PSI 27)

## Recommendations

- Repeat the PSI study annually to evaluate for trends.
- Monitor specific PSIs for trends indicating worsening in patient care provided (e.g. Death Rate in Low-Mortality DRGs (PSI 2), Postoperative Respiratory Failure Rate (PSI 11), Postoperative Wound Dehiscence Rate (PSI 14), and Birth Trauma Rate– Injury Neonate Rate (PSI 17)).

## References

- AHRQ QI. Patient safety indicators #15: technical specifications. Accidental puncture or laceration rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 1 p. Retrieved June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38525>
- AHRQ QI. Patient safety indicators #25: technical specifications. Accidental puncture or laceration rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 1 p. Retrieved June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38535>
- AHRQ Fact Sheet on Patient Safety Indicators Overview; AHRQ Quality Indicator Toolkit for Hospitals. Retrieved on June 16, 2014, from [http://www.qualityindicators.ahrq.gov/Modules/psi\\_overview.aspx](http://www.qualityindicators.ahrq.gov/Modules/psi_overview.aspx)
- AHRQ QI. Patient safety indicators #17: technical specifications. Birth trauma -- injury to neonate rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 2 p. Retrieved June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38526>
- AHRQ QI. Patient safety indicators #7: technical specifications. Central venous catheter-related blood stream infections rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 7 p. Retrieved June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38516>
- AHRQ QI. Patient safety indicators #23: technical specifications. Central venous catheter-related blood stream rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 2 p. Retrieved June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38533>
- AHRQ QI. Patient safety indicators #4: technical specifications. Death among surgical inpatients with serious treatable complications [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 9p. Retrieved June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38514>
- AHRQ quality indicators, Patient safety indicators #2: technical specifications. Death in low-mortality DRGs [version 4.4]. Rockville (MD): Agency for Healthcare and Research and Quality (AHRQ); 2012 Mar. 3p. Retrieved June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38512>
- AHRQ QI. Patient safety indicators #6: technical specifications. Iatrogenic pneumothorax rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 5 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38515>
- AHRQ QI. Patient Safety Indicator #22: technical specifications. Iatrogenic pneumothorax rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 6 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38532>
- AHRQ QI. Patient safety indicators #18: technical specifications. Obstetric trauma rate per – vaginal delivery with instrument [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 1 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38527>
- AHRQ QI. Patient safety indicators #9: technical specifications. Postoperative hemorrhage or hematoma rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 2 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38518>
- AHRQ QI. Patient safety indicators #27: technical specifications. Postoperative hemorrhage or hematoma rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 2 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38538>

- AHRQ QI. Patient safety indicators #8: technical specifications. Postoperative hip fracture rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 9 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38517>
- AHRQ QI. Patient safety indicators #10: technical specifications. Postoperative physiologic and metabolic derangement rate [version 4.4]. Rockville (MD): Agency for Healthcare and Research and Quality (AHRQ); 2012 Mar. 4 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38519>
- AHRQ QI. Patient safety indicators #12: technical specifications. Postoperative pulmonary embolism or deep vein thrombosis rate per [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar 2 p. Retrieve on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38522>
- AHRQ QI. Patient safety indicators #11: technical specifications. Postoperative respiratory failure rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 4 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38521>
- AHRQ QI. Patient safety indicators #13: technical specifications. Postoperative sepsis rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 2 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38523>
- AHRQ QI. Patient safety indicators #14: technical specifications. Postoperative wound dehiscence rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 4 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38524>
- AHRQ QI. Patient safety indicators #24: technical specifications. Postoperative wound dehiscence rate [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 1 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38534>
- AHRQ QI. Patient Safety Indicator #21: technical specifications. Rate of Foreign body left during procedure [version 4.4]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2012 Mar. 1 p. Retrieved on June 16, 2014, from <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38531>
- AHRQ Quality Indicators Fact Sheet- Agency for Healthcare Research and Quality (AHRQ). AHRQ Quality Indicators Toolkit. Retrieved on June 16, 2014, from <http://www.ahrq.gov/professionals/systems/hospita;/qitoolkit/a1b-psifactsheet.pdf>
- Farquhar, M. (2008). AHRQ Quality Indicators: Chapter 45 – AHRQ Quality Indicators. Retrieved June 16, 2014, from <http://ncbi.nlm.nih.gov/books/NBD2664/>
- Huether, S. E., & McCance, K. L. (2002). *Pathophysiology: The Biologic Basis for Disease in Adults & Children* (4<sup>th</sup> ed.). St. Louis, MO: Mosby, Inc.
- Mosby's Medical, Nursing, & Allied Health Dictionary* (6<sup>th</sup> ed.). (2002). St. Louis, MO: Mosby, Inc.
- Rouse, M. (2010). What is Agency for Healthcare Research and Quality (AHRQ). Retrieved on June 16, 2014, from <http://searchhealthit.techtarget.com/definition/Agency-for-Healthcare-Research-and-Quality-AHRQ>

## Medicaid Value Management (MVM)

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Realizing the fiscal value of quality care.

### About MVM

Medicaid Value Management (MVM) analyzes different areas of Iowa Medicaid to gain an understanding of the quality of the services provided to the Medicaid member. MVM analyzes the efficacy of services provided; best practices used and not used in Iowa and the overall impact on our Medicaid population; MVM also looks at individual programs within Iowa Medicaid. Ultimately MVM looks for ways to promote improved health outcomes within the constraints of Medicaid budget limits and with this information, MVM makes recommendations for policy and program changes.

### Query Facts

Iowa Medicaid Claims Data