



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL

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/S/

FROM: Stuart Wright
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SUBJECT: Memorandum Report: *Medicaid DMEPOS Costs May Be Exceeding Medicare Costs in Competitive Bidding Areas*, OEI-06-13-00470

This memorandum report provides an example of potential Medicaid savings under a provision in the President's Federal Fiscal Year (FFY) 2014 budget proposal to limit Federal reimbursement for State Medicaid spending on items in the category of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) to what Medicare would have paid. We compared payment amounts for the Texas Medicaid program and the Medicare DMEPOS Competitive Bidding Program by examining the FFY 2011 fee-for-service payment amounts for 32 DMEPOS items covered by both programs.¹ The findings illustrate differences between the two in fee-for-service payment amounts for equipment and supplies and potential savings for the Dallas/Fort Worth area.

SUMMARY

We found that in FFY 2011, the Texas Medicaid fee-schedule amounts for 30 of the 32 DMEPOS items exceeded the payment amounts under the Medicare DMEPOS Competitive Bidding Program. During this period, Texas Medicaid spent approximately \$12 million on these 32 items in the Dallas/Fort Worth area. If it had used the payment amounts from the Medicare Competitive Bidding Program, Medicaid could have saved approximately \$2 million (State and Federal shares combined) in the Dallas/Fort Worth area. In July 2013, the Medicare DMEPOS Competitive Bidding Program expanded to cover a total of 100 metropolitan areas nationwide. If the State Medicaid programs were to use the Medicare Competitive Bidding Program amounts—rather than the State Medicaid fee-schedule amounts—the States and the Federal Government could achieve savings.

¹ FFY 2011 began October 1, 2010, and ended September 30, 2011.

BACKGROUND

Medicaid

The Medicaid program provides medical assistance to low-income individuals and those with disabilities. The Centers for Medicare & Medicaid Services (CMS) and the States jointly fund and administer Medicaid.² Each State administers its Medicaid program in accordance with a CMS-approved State plan.³ Medicaid beneficiary participation has increased steadily in Texas over the last several years in fee-for-service and managed care. From State fiscal years (SFYs)⁴ 2008 to 2011, Texas Medicaid enrollment increased by 20 percent, from 4.2 million beneficiaries (3.3 million in fee-for-service, 2.1 million in managed care) to 5.1 million beneficiaries (3.8 million in fee-for-service, 2.6 million in managed care).⁵

This increase in enrollment resulted in a corresponding increase in expenditures for DMEPOS. From SFYs 2008 to 2011, the Medicaid expenditures for DMEPOS in Texas increased by 48 percent, from \$405 million (\$347 million for fee-for-service and \$58 million for managed care) to \$600 million (\$499 million for fee-for-service and \$101 million for managed care).⁶ In SFY 2011, fee-for-service accounted for 83 percent of Texas Medicaid expenditures and managed care accounted for 17 percent.⁷ However, the proportion of services provided through managed care is growing, and on March 1, 2012, Texas Medicaid began transitioning approximately 880,000 beneficiaries from fee-for-service to managed care.⁸

States establish their Medicaid payment amounts for all services—including DMEPOS—working within Federal parameters to limit costs while ensuring access.⁹ The Social Security Act requires that States establish payments that are “consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area.”¹⁰ The President’s FFY 2014 budget proposal also emphasized cost containment by Medicaid programs, proposing “limiting Federal reimbursement for a State’s Medicaid spending on certain

² The portion of the Medicaid program funded by the Federal government is known as the Federal Medical Assistance Percentage (FMAP). The FFY 2011 FMAP for Texas was 61 percent. 74 Fed. Reg. 62315–62317 (Nov. 27, 2009).

³ Social Security Act (SSA), Title XIX.

⁴ In Texas, the SFY differs from the FFY, running from September 1 to August 31.

⁵ Texas Health and Human Services Commission (HHSC), SFY 2008 to SFY 2012 Texas Medicaid Eligibility File. Medicaid beneficiaries may be enrolled in both fee-for-service and managed care during the year. Therefore, the number of beneficiaries in the former plus the number of beneficiaries in the latter exceeds the total number of beneficiaries.

⁶ Figures provided on May 2, 2013, by HHSC Director of Rate Analysis for Acute Care Service.

⁷ HHSC, SFY 2008 to SFY 2012 Texas Medicaid Eligibility File.

⁸ Texas Medicaid Bulletin No. 239, *Medicaid Managed Care Changes Effective March 2012*. January/February 2012.

⁹ CMS, *Fee for Service*. Accessed at <http://www.medicaid.gov/> on August 21, 2012.

¹⁰ SSA § 1902(a)(30)(A).

DME services to what Medicare would have paid in the same State for the same services.”¹¹

The Texas Health and Human Services Commission (HHSC) administers Texas’s Medicaid program and sets Statewide fee-for-service payment amounts for DMEPOS. HHSC policy indicates that it sets amounts for covered DMEPOS items “equal to or a percentage of the Medicare reimbursement rate” for the procedure code on the Medicare fee schedule specific to Texas.¹² For items not covered under Medicare and for items where the Medicare rate is deemed insufficient, HHSC uses other sources to determine Medicaid payment amounts. These sources can include reimbursement amounts for similar items within Texas, reimbursement amounts for the same or similar items in other States, and the costs shown on manufacturers’ invoices. Every 2 years, HHSC reviews Texas Medicaid payment amounts for DMEPOS to ensure that these amounts reflect established payment methodologies. To complete these reviews, HHSC conducts public hearings, solicits comments regarding the proposed payment amounts, and then publishes the final payment amounts.¹³ Once established, these payment rates apply statewide.

Medicare DMEPOS Competitive Bidding

On January 1, 2011, CMS implemented the first phase of the Medicare DMEPOS Competitive Bidding Program—known as the Round 1 Rebid—with the goals of reducing both program and beneficiary costs while ensuring access to items and services.¹⁴ The initial phase included selected DMEPOS items within nine competitive bidding areas (CBA). Each CBA includes a metropolitan area and the ZIP Codes surrounding it.^{15, 16}

On August 19, 2011, CMS announced that the program would be expanded to an additional 91 CBAs under Round 2, with new prices going into effect July 1, 2013.¹⁷ At the same time, CMS will expand the Competitive Bidding Program for mail-order

¹¹ To date, this proposal has not been enacted into law. CMS, *Department of Health and Human Services Fiscal Year 2014 Justification of Estimates for Appropriations Committees*, p. 151. Accessed at <http://www.cms.gov/> on April 25, 2013. See also CMS, *Fiscal Year 2013 DHHS Legislative Proposal*, CMS-2013-17, p. 27.

¹² Texas Administrative Code, Title 1, Part 15, § 355.8021.

¹³ HHSC Rate Analysis Department, *Proposed Medicaid Payment Rates for Durable Medical Equipment, Prosthetics, Orthotics and Supplies for: 1) Hospital Beds and Accessories 2) Incontinence Supplies 3) Miscellaneous Equipment and Supplies 4) Mobility Aids 5) Nutrition (Enteral and Parenteral) 6) Wheelchairs and Accessories*. February 15, 2012. Accessed at <http://www.hhsc.state.tx.us/> on June 19, 2013.

¹⁴ CMS, *Medicare Claims Processing Manual*, ch. 36, § 10.

¹⁵ CMS, *Facts about the DMEPOS Competitive Bidding Program Round 1 Rebid Competitive Bidding Areas (CBA)*. Accessed at <http://www.dmecompetitivebid.com/> on August 21, 2012.

¹⁶ The nine CBAs are: Charlotte, Gastonia, Concord (North Carolina and South Carolina); Cincinnati, Middletown (Indiana, Ohio, and Kentucky); Cleveland, Elyria, Mentor (Ohio); Dallas, Fort Worth, Arlington (Texas); Kansas City (Kansas and Missouri); Miami, Fort Lauderdale, Pompano Beach (Florida); Orlando, Kissimmee (Florida); Pittsburgh (Pennsylvania); and Riverside, San Bernardino, Ontario (California).

¹⁷ CMS, *Medicare To Save Taxpayers and Beneficiaries \$28 Billion With an Expanded Competitive Bidding Program*. August 19, 2011. Accessed at <http://www.cms.gov/> on May 6, 2013.

diabetic supplies to include all ZIP Codes in all parts of the United States.¹⁸ CMS estimates that over 10 years, the program will save Medicare \$25.8 billion and will save Medicare beneficiaries \$17.2 billion.¹⁹

Using the bids submitted by selected suppliers, CMS sets a single payment amount for each DMEPOS item in each CBA that replaces the prior Medicare fee-schedule amount.²⁰ The DMEPOS items included in the Competitive Bidding Program are generally high-cost or high-volume products.²¹ DMEPOS items are grouped into product categories, with each product category consisting of multiple related items (see Table 1). Round 2 of the Competitive Bidding Program made several changes to the original product categories, such as expanding the standard mobility device category to include more items, adding a category for negative-pressure wound therapy pumps and related supplies and accessories, and eliminating the category of complex rehabilitative power wheelchairs.²²

Table 1: Medicare DMEPOS Competitive Bidding Product Categories

Round 1 Rebid Product Categories	Round 2 Product Categories
<ul style="list-style-type: none"> • 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 devices and Respiratory Assist Devices, and related supplies and accessories • Hospital beds and related accessories • Walkers and related accessories • Support surfaces (Group 2 mattresses and overlays in Miami CBA only). 	<ul style="list-style-type: none"> • Oxygen supplies and equipment • Standard (power and manual) wheelchairs, scooters, and related accessories • Enteral nutrients, equipment and supplies • Continuous positive airway pressure, respiratory assist devices, and related supplies and accessories • Hospital beds and related accessories • Walkers and related accessories • Support surfaces (Group 2 mattresses and overlays) • Negative pressure wound therapy pumps and related supplies and accessories

Sources: CMS, *DMEPOS Competitive Bidding—Round 1 Rebid Product Categories and HCPCS Codes*; accessed at <http://www.dmecompetitivebid.com/> on August 21, 2012. Also see, CMS, *Round 2 Items & Services*; accessed at <http://www.dmecompetitivebid.com/> on July 31, 2012.

Previous OIG Work

In previous reports, OIG found opportunities for savings by lowering payments for DMEPOS. A 2012 OIG report estimated that the Ohio Medicaid program could have achieved savings of approximately \$8 million during SFY 2011 by establishing a competitive bidding program or through the use of manufacturer rebates for one type of

¹⁸ CMS, *Competitive Bidding Areas (CBAs)*. Accessed at <http://www.dmecompetitivebid.com/> on July 31, 2012.

¹⁹ CMS, *Department of Health and Human Services Fiscal Year 2014 Justification of Estimates for Appropriations Committees*. Accessed at <http://www.cms.gov/> on April 25, 2013. (p. 151)

²⁰ SSA § 1847(b)(5); 42 CFR § 414.416.

²¹ CMS, *General Overview of the Final Rule for Competitive Acquisition for Certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies*. April 10, 2007. Accessed at <https://www.cms.gov/> on August 21, 2012. See also 72 Fed. Reg. 17992, 18021 (Apr. 10, 2007).

²² CMS, *Round 2 Items & Services*. June 2012. Accessed at <http://www.dmecompetitivebid.com/> on July 31, 2012.

DMEPOS product, home blood glucose test strips.²³ The report estimated a potential cost reduction of 50 percent per unit of diabetes testing strips. A 2013 OIG report found that the New Jersey Medicaid program could have achieved savings of approximately \$1.8 million to \$2.7 million during the period January 1, 2011, through December 31, 2011, by reducing reimbursement rates for testing strips to retail rates or by establishing a competitive bidding program for testing strips.²⁴

METHODOLOGY

We compared Texas Medicaid fee-for-service payment amounts for DMEPOS to Medicare payment amounts for the same items in the Dallas/Fort Worth CBA.²⁵ Using CMS's Durable Medical Equipment Standard Analytic File, we identified the first 6 months of 2011 Medicare claims for items covered under Round 1 Rebid of the Medicare DMEPOS Competitive Bidding Program in the Dallas/Fort Worth CBA—i.e., claims for 211 Healthcare Common Procedure Coding System (HCPCS)²⁶ codes.²⁷ To focus our review on those items likely to have the greatest impact on program expenditures, we identified the covered items with the greatest amount in Medicare reimbursement that were also covered by Texas Medicaid.²⁸ We selected items with total Medicare reimbursement amounts greater than \$190,000 per HCPCS code during the 6-month period, which resulted in 26 covered items. We also identified the Medicare fee-schedule amounts for these items.

Six of the twenty-six items are represented twice because there is one HCPCS code for the purchase of the item and another for its rental, and the two codes are reimbursed at different amounts.²⁹ We added together the 26 single items and the 6 items represented

²³ OIG, *Ohio Medicaid Costs for Home Blood-Glucose Test Strips Could Be Reduced by Approximately 50 Percent*, A-05-11-00098, March 2012.

²⁴ OIG, *New Jersey Medicaid Program Could Achieve Savings by Reducing Home Blood-Glucose Test Strip Prices*, A-02-12-01010, forthcoming.

²⁵ We did not analyze DMEPOS provided under managed care arrangements.

²⁶ **HCPCS Level 1 numerical codes (e.g., 70405) are identical to CPT codes and are used by CMS when services and procedures involve Medicare beneficiaries. The five character codes and descriptions included in this report are obtained from Current Procedural Terminology (CPT®), copyright 2011 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures. Any use of CPT outside of this report should refer to the most current version of the Current Procedural Terminology available from AMA. Applicable FARS/DFARS apply.**

²⁷ We excluded items in the complex rehabilitative power wheelchairs category because this category will not be included in Round 2 of the Medicare DMEPOS Competitive Bidding Program. We also excluded support surfaces because they are covered only in the Miami CBA.

²⁸ The HCPCS codes for blood glucose test strips (A4253) and lancets (A4259) are covered only under the Medicare DMEPOS Competitive Bidding Program when they are provided via mail order. However, Medicaid rules do not require States to distinguish when these items are delivered via mail order or picked up in a retail store. We decided to keep these codes in our analysis.

²⁹ The following items are represented twice: enteral nutrition infusion pump (B9002); walker (E0143); humidifier, heated (E0562); power wheelchair (K0822); power wheelchair (K0823); and power wheelchair (K0825). Texas Medicaid uses the type-of-service codes 9 (other/DME purchase), J (purchase), and L (rental) to determine pricing for DMEPOS items.

twice to arrive at 32 individual items to include in our final analysis. (See Appendix A for a list of the 32 items.)

We used the Medicaid Management Information System (MMIS) to (1) identify the FFY 2011 Texas Medicaid fee-for-service claims and (2) determine the volume of claims for the 32 selected DMEPOS items. We included claims only for Medicaid beneficiaries who lived in the Dallas/Fort Worth CBA, using the beneficiary ZIP Code information stored in the FFY 2011 Medicaid Statistical Information System (MSIS) Eligibility File.

To determine whether one program's payment amount exceeded that of the other, we calculated the difference in payment amounts for each of the 32 items between Texas Medicaid and the Medicare DMEPOS Competitive Bidding Program. For each item for which the Texas Medicaid fee-schedule amount exceeded the Medicare payment amount, we used the Medicaid claims volume to estimate the potential savings that could have been achieved using the Medicare payment amount instead. We then calculated the overall potential savings by summing the potential savings per item.

Limitations

The study has three significant scope limitations. We reviewed only a subset of DMEPOS items (32 items). Also, we examined only one metropolitan area. As prior OIG reports have noted, timely comprehensive Medicaid claims data for all States have not been readily available from CMS.³⁰ Therefore, we studied a single CBA, obtaining FFY 2011 DMEPOS claims data directly from HHSC. We restricted the review to Dallas/Fort Worth, the only CBA entirely located in Texas. We do not project our findings beyond this study scope. Finally, we did not examine how the President's budget proposal, if implemented, would potentially affect the profit margins for DMEPOS suppliers or beneficiaries' access to DMEPOS supplies.

Standards

This study was conducted in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

RESULTS

Texas Medicaid fee-schedule amounts exceeded the Medicare DMEPOS Competitive Bidding Program payment amounts on almost all items

The FFY 2011 Texas Medicaid fee schedule amounts for 30 of the 32 items exceeded the Medicare payment amounts. In FFY 2011, Texas Medicaid spent approximately \$12 million on the 32 items in the Dallas/Fort Worth CBA. If it had used the Medicare payment amounts, Texas Medicaid could have saved approximately \$2 million (State and Federal shares combined) on these items in this CBA. For the remaining 2 of 32 items, the Texas Medicaid fee-schedule amounts did not exceed the Medicare payment amounts. Appendix B lists each of the 32 items, along with the associated payment amounts and potential savings.

³⁰ OIG, *MSIS Data Usefulness for Detecting Fraud, Waste, and Abuse*, OEI-04-07-00240, August 2009.

Of the 32 items, 6 items had Texas Medicaid fee-schedule amounts exceeding the Medicare payment amounts by more than 200 percent, with the greatest difference being 360 percent. Table 2 lists these items; combined, they account for 8 percent (\$163,432) of the total potential savings.

Table 2: Items with the greatest differences between the payment amount from the Texas Medicaid fee schedule and the Medicare DMEPOS Competitive Bidding Program

HCPCS	HCPCS Description	Medicare Payment Amount	Texas Medicaid Fee Schedule Amount	Percent of Medicare Payment
B4154	Enteral formula, nutritionally complete, for special metabolic needs (purchase)	\$0.87	\$3.13	360%
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (purchase)	\$1.45	\$4.74	327%
A4259	Lancets, per box of 100 (purchase)	\$4.43	\$11.10	251%
B4152	Enteral formula, nutritionally complete, calorically dense with intact nutrients (purchase)	\$0.41	\$1.03	251%
B4150	Enteral formula, nutritionally complete with intact nutrients (purchase)	\$0.48	\$1.16	242%
E0143	Walker, folding, wheeled, adjustable or fixed height (rental)	\$6.51	\$14.62	225%

Source: OIG analysis of the work in Dallas/Fort Worth Medicare DMEPOS Competitive Bidding Program payment amounts and the FFY 2011 Texas Medicaid fee schedule.

Seventy-five percent of the potential savings (\$1.5 million) came from five items. Table 3 lists these items associated with the highest potential savings. Over half of this \$1.5 million in savings resulted from a single item: monthly rental of oxygen concentrators (E1390), with potential savings of \$883,483. Texas Medicaid paid \$38.05 per month more than Medicare for this item. Oxygen concentrators also had the highest Medicaid claims volume of the 32 items reviewed.

Table 3: Items associated with the highest potential savings if Texas Medicaid were to use the Medicare DMEPOS Competitive Bidding Program payment amounts in Dallas/Fort Worth (DFW)

HCPCS	HCPCS Description	Medicare Payment Amount	Texas Medicaid Fee-Schedule Amount	DFW Medicaid Claims Volume	Potential Savings
E1390	Oxygen concentrator, single delivery port (rental)	\$123.00	\$161.05	23,219	\$883,483
A4253	Blood glucose test or reagent strips for home blood glucose monitor (purchase)	\$14.25	\$28.28	13,307	\$186,697
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds (purchase)	\$2,448.20	\$2,703.93	598	\$152,927
A4259	Lancets, per box of 100 (purchase)	\$4.43	\$11.10	22,510	\$150,142
E0260	Hospital bed, semi-electric, with any type side rails, with mattress (rental)	\$79.33	\$111.87	4,374	\$142,330
Total potential savings from top 5 items					\$1,515,578

Source: OIG analysis of the Dallas/Fort Worth Medicare DMEPOS Competitive Bidding Program payment amounts, the FFY 2011 Texas Medicaid fee schedule, and the FFY 2011 MMIS claims data.

CONCLUSION

State Medicaid programs are required to establish payments that are consistent with efficiency, economy, and quality of care, and the President's FFY 2014 budget proposes to limit Federal reimbursement for State Medicaid spending on DMEPOS items to what Medicare would have paid. Through competitive bidding, the Medicare program has demonstrated that DMEPOS can be accessible to beneficiaries at lower costs to the program. Our findings provide a tangible example of potential State and Federal savings for Medicaid programs if the programs were to use the Medicare Competitive Bidding payment amounts for DMEPOS items. Access to more timely Medicaid claims data would allow further analysis to better understand the full potential of the proposal to limit Federal reimbursement for State Medicaid spending on DMEPOS items to Medicare payment rates.

This report is being issued directly in final form because it contains no recommendations. If you have comments or questions about this report, please provide them within 60 days. Please refer to report number OEI-06-13-00470 in all correspondence.

APPENDIX A**Table A-1: Items Covered Under Both the Medicare DMEPOS Competitive Bidding Program and the Texas Medicaid Program**

HCPCS	HCPCS Description	Medicare Type of Service
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Purchase
A4259	Lancets, per box of 100	Purchase
A7030	Full face mask used with positive airway pressure device, each	Purchase
A7032	Cushion for use on nasal mask interface, replacement only, each	Purchase
A7034	Nasal interface used with positive airway pressure device, with or without head strap	Purchase
A7035	Headgear used with positive airway pressure device	Purchase
A7037	Tubing used with positive airway pressure device	Purchase
B4034	Enteral feeding supply kit; syringe fed	Purchase
B4035	Enteral feeding supply kit; pump fed	Purchase
B4150	Enteral formula, nutritionally complete with intact nutrients, administered through an enteral feeding tube	Purchase
B4152	Enteral formula, nutritionally complete, calorically dense, administered through an enteral feeding tube	Purchase
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins, administered through an enteral feeding tube	Purchase
B4154	Enteral formula, nutritionally complete, for special metabolic needs, administered through an enteral feeding tube	Purchase
B9002	Enteral nutrition infusion pump - with alarm	Purchase
		Rental
E0143	Walker, folding, wheeled, adjustable or fixed height	Purchase
		Rental
E0260	Hospital bed, semi-electric, with any type side rails, with mattress	Rental
E0431	Portable gaseous oxygen system	Rental
E0439	Stationary liquid oxygen system	Rental
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature	Rental
E0471	Respiratory assist device, bi-level pressure capability, with backup rate feature	Rental
E0562	Humidifier, heated, used with positive airway pressure device	Purchase
		Rental
E0601	Continuous airway pressure device	Rental
E1390	Oxygen concentrator, single delivery port	Rental
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Purchase
		Rental
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Purchase
		Rental
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	Purchase
		Rental

Source: OIG analysis of the Medicare DMEPOS Competitive Bidding Program payment amounts and the FFY 2011 Texas Medicaid fee schedule.

APPENDIX B

Table B-1: Potential Texas Medicaid Program Cost Savings If Medicare DMEPOS Competitive Bidding Payment Amounts Had Been Used in the Dallas/Fort Worth (DFW) Competitive Bidding Area During FFY 2011

HCPCS	HCPCS Description	Medicaid Type of Service	Medicare Payment Amount	Texas Medicaid Fee Schedule Amount	Difference between Medicare and Medicaid	DFW Medicaid Claims Volume	Potential Savings	Percentage of Medicare Payment
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Purchase	\$14.25	\$28.28	\$14.03	13,307	\$186,697	198%
A4259	Lancets, per box of 100	Purchase	\$4.43	\$11.10	\$6.67	22,510	\$150,142	251%
A7030	Full face mask used with positive airway pressure device, each	Purchase	\$119.51	\$157.06	\$37.55	77	\$2,891	131%
A7032	Cushion for use on nasal mask interface, replacement only, each	Purchase	\$25.67	\$33.75	\$8.08	51	\$412	131%
A7034	Nasal interface used with positive airway pressure device, with or without head strap	Purchase	\$73.12	\$48.97	-\$24.15	89	No savings	67%
A7035	Headgear used with positive airway pressure device	Purchase	\$21.61	\$24.84	\$3.23	114	\$368	115%
A7037	Tubing used with positive airway pressure device	Purchase	\$18.15	\$15.96	-\$2.19	157	No savings	88%
B4034	Enteral feeding supply kit; syringe fed	Purchase	\$3.83	\$5.76	\$1.93	2,472	\$4,771	150%
B4035	Enteral feeding supply kit; pump fed	Purchase	\$7.35	\$10.74	\$3.39	13,465	\$45,646	146%
B4150	Enteral formula, nutritionally complete with intact nutrients, administered through an enteral feeding tube	Purchase	\$0.48	\$1.16	\$0.68	4,306	\$2,928	242%
B4152	Enteral formula, nutritionally complete, calorically dense, administered through an enteral feeding tube	Purchase	\$0.41	\$1.03	\$0.62	3,315	\$2,055	251%
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins administered through an enteral feeding tube	Purchase	\$1.45	\$4.74	\$3.29	654	\$2,152	327%
B4154	Enteral formula, nutritionally complete, for special metabolic needs, administered through an enteral feeding tube	Purchase	\$0.87	\$3.13	\$2.26	2,634	\$5,953	360%
B9002	Enteral nutrition infusion pump - with alarm	Purchase	\$850.53	\$1,208.44	\$357.91	88	\$31,496	142%
		Rental	\$85.05	\$117.04	\$31.99	3,022	\$96,674	138%
E0143	Walker, folding, wheeled, adjustable or fixed height	Purchase	\$65.12	\$92.22	\$27.10	1,087	\$29,458	142%
		Rental	\$6.51	\$14.62	\$8.11	25	\$202.75	225%
E0260	Hospital bed, semi-electric, with any type side rails, with mattress	Rental	\$79.33	\$111.87	\$32.54	4,374	\$142,330	141%
E0431	Portable gaseous oxygen system	Rental	\$21.00	\$26.47	\$5.47	14,175	\$77,537	126%
E0439	Stationary liquid oxygen system	Rental	\$123.00	\$159.32	\$36.32	754	\$27,385	130%
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature	Rental	\$150.00	\$213.64	\$63.64	560	\$35,638	142%
E0471	Respiratory assist device, bi-level pressure capability, with backup rate feature	Rental	\$342.51	\$363.60	\$21.09	555	\$11,705	106%
E0562	Humidifier, heated, used with positive airway pressure device	Purchase	\$179.92	\$250.79	\$70.87	199	\$14,103	139%
		Rental	\$17.99	\$25.07	\$7.08	1,183	\$8,376	139%
E0601	Continuous airway pressure device	Rental	\$59.90	\$85.58	\$25.68	1,998	\$51,309	143%
E1390	Oxygen concentrator, single delivery port	Rental	\$123.00	\$161.05	\$38.05	23,219	\$883,483	131%
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Purchase	\$2,448.11	\$2,715.89	\$267.78	30	\$8,034	111%
		Rental	\$244.81	\$282.17	\$37.36	7	\$262	115%
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Purchase	\$2,448.20	\$2,703.93	\$255.73	598	\$152,927	110%
		Rental	\$244.82	\$272.85	\$28.03	70	\$1,963	111%
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	Purchase	\$2,900.00	\$3,343.50	\$443.50	85	\$37,698	115%
		Rental	\$290.00	\$365.82	\$75.82	2	\$152	126%
Totals						115,182	\$2,014,745	

Source: OIG analysis of the Medicare DMEPOS Competitive Bidding Program payment amounts, the FFY 2011 Medicaid fee schedule, and the FFY 2011 MMIS claims data.