Prevalence of Medicare Beneficiaries Suitable for Transanal Irrigation Therapy Among Patients with Neurogenic Bowel Dysfunction

Poster Code:
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Topic

Transanal Irrigation (TAI) enables patients with neurogenic bowel dysfunction (NBD) who have failed standard bowel care (SBC) to adequately manage their bowel without surgical interventions. Fee for service (FFS) Medicare doesn't cover TAI and dual eligible beneficiaries with NBD are unlikely to have access to TAI compared to NBD patients on Medicaid only.

Aim

Estimate the number of FFS Medicare beneficiaries with NBD likely to adopt TAI after failing SBC, assuming TAI were a Medicare benefit.

Method

We assessed the prevalence of NBD among FFS Medicare beneficiaries by principle or secondary ICD-10 Dx[1] on FFS claims in the 100% Outpatient Standard Analytic File (SAF) from 2016 -2021. We identified Dx codes across any claim in a year, even if they were not reported together. One beneficiary could be in multiple years.

Data also report the % of dual eligible beneficiaries (i.e., Medicare and Medicaid) among beneficiaries with NBD and the general Medicare FFS population who were alive and on Medicare at any point in the year.

Based on TAI adoption in France in a similar patient population, we assumed that should Medicare coverage be granted, 14%[2], of FFS Medicare NBD patients would use TAI over a 10-year period.

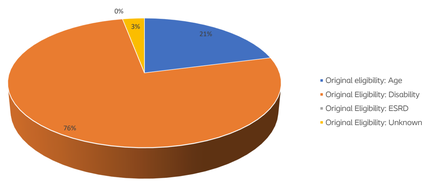
Results

Majority of Medicare FFS beneficiaries were enrolled based on their disability (76%) - (Pie chart A). Nearly 51% of beneficiaries with NBD were dual eligible vs 18% of the Medicare FFS beneficiaries as a whole. About 70% of beneficiaries had either Spinal cord injury (SCI) or disability (D). Spinal cord injury (SCI) patients made up the bulk of Medicare FFS beneficiaries with NBD. The number of new NBD patients enrolled in Medicare FFS in any year ranged from 8.8 to 14.4 per 100,000 US population (Table 1). Nearly 71% of Medicare beneficiaries with an NBD diagnosis for whom there was six years of data had at least one calendar year where they did not receive outpatient care. As a result, in a 2021 only 7,200 Medicare beneficiaries with NBD received outpatient care (Graph A) . We estimated that about 1,000 NBD FFS beneficiaries will adopt TAI over a 10-year period.

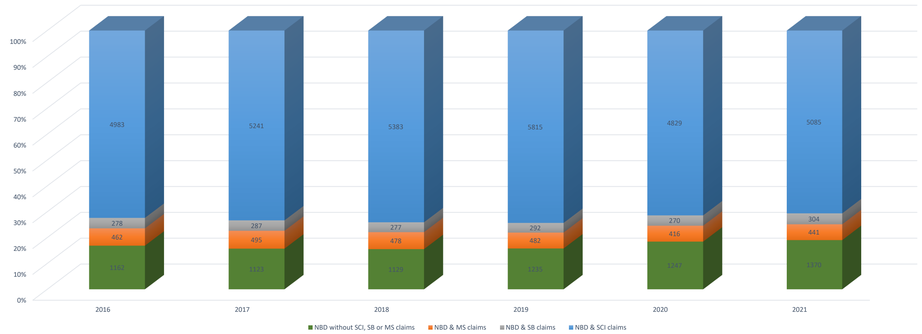
Table 1. Incidence of new NBD related claims among Medicare FFS beneficiaries

Year	Total number of Medicare FFS beneficiaries	Number of NEW Medicare beneficiaries with NBD	Medicare beneficiaries with NBD related claims (per 100,000)
2016	41,148,376	5,932	14.4
2017	41,444,842	4,369	10.5
2018	41,463,385	3,926	9.4
2019	41,414,927	3,935	9.5
2020	40,562,635	3,199	7.8
2021	39,251,372	3,463	8.8

Pie chart A. Year 2021



Graph A. Number of Medicare beneficiaries with NBD stratified by underlying condition causing the NBD



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Conclusions

The number of NBD patients enrolled in FFS Medicare has remained stable, but the number of claims has declined from 2016 -2021. This may be due to the patients trying to manage their symptoms at home. Majority of NBD patients are dual eligible suggesting they are low-income individuals. The number of Medicare FFS beneficiaries with NBD who are likely to adopt TAI is small. This is likely due to their low income. Currently most State Medicaid plans cover TAI. However, the current Medicare non-coverage policy of TAI can limit access for dual eligible patients to TAI compared to those with Medicaid alone, creating additional healthcare disparities for this small patient population.

References

1. ICD-10 Dx codes of underlying conditions causing the NBD:

SCI

G82.	Paraplegia (paraparesis) and quadriplegia (quadriparesis)
G83.	Other paralytic syndromes
S12.	Fracture of cervical vertebra and other parts of neck
S13.	Dislocation and sprain of joints and ligaments at neck level
S14.	Injury of nerves and spinal cord at neck level
S23.	Dislocation and sprain of joints and ligaments of thorax
S24.	Injury of nerves and spinal cord at thorax level
S32.	Fracture of lumbar spine and pelvis
S33.	Dislocation and sprain of joints and ligaments of lumbar spine and pelvis
S34.	Injury of lumbar and sacral spiral cord and nerves at abdomen, lower back and pelvis level
C72.	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system
D33.4	Benign neoplasm of spinal cord
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G95.8	Other and unspecified diseases of spinal cord

Spina Bifida

Q05.0	Cervical spina bifida with hydrocephalu
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalu
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified

MS

G35	Multiple sclerosis

2. 14% uptake over 10 years is based on data from France.