



## Ministry of Health

### BC Chronic Disease and Selected Procedure Case Definitions

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## **GLOSSARY**

### **Cumulative Prevalence**

It is also known as Prevalence for Life. Cases meet case definition criteria to qualify in a given year, and are then carried forward to show as a case every year thereafter. This measure is helpful for determining prevalence related to life-long chronic disease, but less useful for conditions that may be episodic (e.g., mood disorders, substance use problem, etc.).

### **Episodic Prevalence**

Cases meet case definition criteria to qualify in a given year, and are then carried forward in all subsequent years with at least one condition-related code including ICD diagnostic codes, procedure codes or drugs in any specific year.

### **Annual Prevalence**

Cases meet case definition criteria to qualify in each given year. Can be used as a quality measure to understand how it compares to cumulative prevalence or how it behaves over time.

### **Annual Service Utilization Prevalence**

Cases meet case definition criteria in a given year by virtue of one hospital diagnosis (MRDX) or one physician claim with diagnosis (first position only). Cases are not carried forward from year to year. This utilization prevalence measure is useful for describing the number of people or proportion of the population using services directly related to the disease.

### **Annual Prevalence with 365 Days follow-up**

Cases meet case definition criteria to qualify in each given year with complete 365 days follow-up time. Can be used as a quality measure to understand how it compares to cumulative prevalence or how it behaves over time.

## CASE DEFINITION – STROKE, HOSPITALIZED ISCHEMIC

Case Definition Type: Cumulative Prevalence  Episodic Prevalence  Annual Prevalence  Annual Service Utilization Prevalence   
 Annual Prevalence with 365 Days Follow-up

Case Definition: The case definition for Hospitalized Stroke requires one hospitalization with diagnostic code(s) specified below. The case definition applies to persons aged 20 and older.

Signed-off BC Case Definition: Yes  - V2016 No

Algorithm: 1H with ICD code(s) specified below.

Note: See Traumatic Brain Injury exclusions in Diagnostic Code section below.

Age Restriction: Age 20 +

Data Sources:

Data Source	ICD Code/Procedure Code/Rx	ICD Code/Procedure Code Position	Diagnosis Type	Hospital Care Level
Hospital ICD-10	H34.1,I63 (exclude I63.6), I64	First Position Only <input type="checkbox"/> All Positions <input checked="" type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/>	M-Most Responsible Diagnosis <input checked="" type="checkbox"/> 1-Pre-Admit Comorbidity <input checked="" type="checkbox"/> 2-Post-Admit Comorbidity <input checked="" type="checkbox"/> 3-Secondary Diagnosis <input checked="" type="checkbox"/> 4-Morphology Code <input checked="" type="checkbox"/> 5-Admitting Diagnosis <input checked="" type="checkbox"/> 6-Proxy Most Responsible Diagnosis <input checked="" type="checkbox"/> 9-External Cause of Injury Code <input checked="" type="checkbox"/> 0-Newborn <input checked="" type="checkbox"/> W,X,Y- Service Transfer Diagnosis <input checked="" type="checkbox"/>	Acute Care <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Day Surgery <input checked="" type="checkbox"/>
Hospital ICD-9	362.3, 433.x1, 434.x, 436	First Position Only <input type="checkbox"/> All Positions <input checked="" type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/>	M-Most Responsible Diagnosis <input checked="" type="checkbox"/> 1-Pre-Admit Comorbidity <input checked="" type="checkbox"/> 2-Post-Admit Comorbidity <input checked="" type="checkbox"/> 3-Secondary Diagnosis <input checked="" type="checkbox"/> 4-Morphology Code <input checked="" type="checkbox"/> 5-Admitting Diagnosis <input checked="" type="checkbox"/> 6-Proxy Most Responsible Diagnosis <input checked="" type="checkbox"/> 9-External Cause of Injury Code <input checked="" type="checkbox"/> 0-Newborn <input checked="" type="checkbox"/> W,X,Y- Service Transfer Diagnosis <input checked="" type="checkbox"/>	Acute Care <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Day Surgery <input checked="" type="checkbox"/>

Physician Claims ICD-9	N/A	First Position Only <input type="checkbox"/> All Positions <input type="checkbox"/> Others <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	N/A	N/A
PharmaNet Drug History	N/A	N/A	N/A	N/A

Diagnostic Codes:

ICD-9/10	Description
H34.1	Central retinal artery occlusion
I63	Cerebral infarction (exclude I63.6 <b>Cerebral infarction due to cerebral venous thrombosis, nonpyogenic</b> )
I64	Stroke, not specified as hemorrhage or infarction
362.3	Retinal vascular occlusion
433.x1	Occlusion and stenosis of precerebral arteries
434.x	Occlusion cerebral arteries
436	Acute but ill-defined cerebrovascular disease
<b>Exclusions: any traumatic brain injury</b>	
S02.x	Fracture of skull and facial bones, exclude S02.5 fracture of tooth *
S06.x	Intracranial injury
Z50.x	Care involving use of rehabilitation procedures
800	Fracture of vault of skull
801	Fracture of base of skull
802	Fracture of face bones
803	Other and unqualified skull fractures
804	Multiple fractures involving skull or face with other bones
850	Concussion
851	Cerebral laceration and contusion
852	Subarachnoid subdural and extradural hemorrhage following injury
853	Other and unspecified intracranial hemorrhage following injury
854	Intracranial injury of other and unspecified nature
V57.x	Care involving use of rehabilitation procedures. Only excluded stroke diagnoses on the same day, and the code is the primary hospital discharge diagnosis.

\* S02.0x - Fracture of vault of skull

S02.1x - Fracture of base of skull

S02.2x - Fracture of nasal bones

S02.3x - Fracture of orbital floor

S02.4x - Fracture of malar and maxillary bones

S02.6x - Fracture of mandible

S02.7x - Multiple fractures involving skull and facial bone

S02.8x - Fractures of other skull and facial bones

S02.9x - Fracture of skull and facial bones, part unspecified

Procedure Code: N/A

Drug List: N/A