



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 – CHRONIC KIDNEY DISEASE

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 Chronic Kidney Disease requires one hospitalization or two physician visits in one year with ICD code(s) specified below. The case definition applies to persons aged 1 and older.

Signed-off BC Case Definition: Yes - V2016 No

Algorithm: 1H or 2P in 1Y with ICD code(s) specified below.

Notes: None

Age Restriction: Age 1 +

Data Source(s):

Data Source	ICD Code/Procedure Code/Rx	ICD Code/Procedure Code Position	Diagnosis Type	Hospital Care Level
Hospital ICD-10	N01, N03, N04, N05, N06, N07, N18, N19, N26, N27	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	581, 582, 583, 585, 586, 587, 589	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	581, 582, 583, 585, 586, 587, 589	First Position Only <input type="checkbox"/> All Positions <input checked="" type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/>	N/A	N/A
PharmaNet Drug History	N/A	N/A	N/A	N/A

Diagnostic Code:

ICD-9/10	Description
N01	Rapidly progressive nephritic syndrome
N03	Chronic nephritic syndrome
N04	Nephrotic syndrome
N05	Unspecified nephritic syndrome
N06	Isolated proteinuria with specified morphological lesion
N07	Hereditary nephropathy, not elsewhere classified
N18	Chronic kidney disease
N19	Unspecified kidney failure
N26	Unspecified contracted kidney
N27	Small kidney of unknown cause
581	Nephrotic syndrome
582	Chronic glomerulonephritis
583	Nephritis and nephropathy, not specified as acute or chronic
585	Chronic renal failure
586	Renal failure, unspecified
587	Renal sclerosis, unspecified
589	Small kidney of unknown cause

Procedure Code: N/A

Drug List: N/A