



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. For some conditions (e.g., Gout/crystal arthropathies), the period for at least one recurring diagnosis is the last five years.

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 – DIALYSIS

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 Dialysis requires 9 or more physician visits within 90 days with fee item code(s) specified below. The case definition applies to persons aged 1 and older.

Signed-off BC Case Definition: Yes - V2017 No

Algorithm: >=9P within 90D with MSP Fee Item(s) specified below.

Notes: None

Age Restriction: Age 1 +

Data Source(s):

Data Source	ICD Code/Procedure Code/ Fee Item/Rx	ICD Code/Procedure Code Position	Diagnosis Type	Hospital Care Level
MSP Fee Item	00308, 00323, 00350, 00351, 00352, 00355, 00356, 00358, 00359, 00361, 00390, 33708, 33723, 33750, 33751, 33752, 33755, 33756, 33758, 33759, 33761, 33790	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

Diagnostic Code: N/A

Fee Item:

MSP Fee Item	Description
00308	Continuing care by consultant: Subsequent hospital visit
00323	Dialysis peritoneal
00350	Dialysis acute renal, hemodialysis
00351	Dialysis blood, repeat
00352	Dialysis vein dissection
00355	Dialysis acute renal failure, peritoneal
00356	Peritoneal dialysis subsequent
00358	Dialysis chronic renal (hemodialysis)
00359	Dialysis peritoneal
00361	Dialysis home supervision
00390	Care of renal transplant patient
33708	Visit-hospital-nephrology
33723	Dialysis peritoneal
33750	Dialysis acute renal, hemodialysis
33751	Dialysis acute renal, hemodialysis-repeat
33752	Dialysis vein dissection
33755	Dialysis acute renal failure, peritoneal
33756	Dialysis-reinsertion of peritoneal catheter
33758	Dialysis - chronic renal hemodialysis
33759	Dialysis-chronic renal-peritoneal
33761	Dialysis - home supervision
33790	Renal transplant patient-care of

Drug List: N/A