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 – GOUT/CRYSTAL ARTHROPATHIES – NEW!

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 Gout/crystal arthropathies requires one hospitalization or two physician visits in five years with diagnostic code(s) specified below. The case definition applies to persons aged 20 and older.

Signed-off BC Case Definition:  YES ✗  V2017  NO □

Algorithm:  1H or 2P in 5Y with ICD code(s) specified below.

Notes:  BC algorithm uses all physician claims diagnostic fields. CCDSS uses only first physician claim field.

Age Restriction:  Age 20 +

Data Source(s):

<table>
<thead>
<tr>
<th>Data Source</th>
<th>ICD Code/Procedure Code/Rx</th>
<th>ICD Code/Procedure Code Position</th>
<th>Diagnosis Type</th>
<th>Hospital Care Level</th>
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</thead>
</table>
| Hospital ICD-10 | M10.x, M11.x | First Position Only □  
All Positions ✗  
Others □  
N/A □ | M-Most Responsible Diagnosis ✗  
1-Pre-Admit Comorbidity ✗  
2-Post-Admit Comorbidity ✗  
3-Secondary Diagnosis ✗  
4-Morphology Code ✗  
5-Admitting Diagnosis ✗  
6-Proxy Most Responsible Diagnosis ✗  
9-External Cause of Injury Code ✗  
0-Newborn ✗  
W,X,Y- Service Transfer Diagnosis ✗ | Acute Care ✗  
Rehabilitation ✗  
Day Surgery ✗ |
| Hospital ICD-9 | 274.x, 712.x | First Position Only □  
All Positions ✗  
Others □  
N/A □ | M-Most Responsible Diagnosis ✗  
1-Pre-Admit Comorbidity ✗  
2-Post-Admit Comorbidity ✗  
3-Secondary Diagnosis ✗  
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### Physician Claims ICD-9

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<th>Code</th>
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<th>ICD-9/10</th>
<th>Description</th>
<th>Procedure Code</th>
<th>Drug List</th>
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</thead>
<tbody>
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<td>M10</td>
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<td>712</td>
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### PharmaNet Drug History

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