



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 – HYPERTENSION – CHANGED!

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 Hypertension requires one hospitalization or two physician visits in two years with diagnostic code(s) specified below. The case definition applies to persons aged 20 and older. Cases of suspected gestational hypertension in women aged 10-54 are not included by excluding hospitalizations and physician claims within the time period 120 days preceding or 180 days after hospital records containing birth-related diagnostic codes (see gestational hypertension exclusion codes below).

Signed-off BC Case Definition: Yes - V2017 No

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

Notes: None

Age Restriction: Age 20 +

Data Source(s):

Data Source	ICD Code/Procedure Code/Rx	ICD Code/Procedure Code Position	Diagnosis Type	Hospital Care Level
Hospital ICD-10	I10, I11, I12, I13, I15	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	401, 402, 403, 404, 405	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"/>	Acute Care <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Day Surgery <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"/>	
Physician Claims ICD-9	401, 402, 403, 404, 405	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
I10	Essential (primary) hypertension
I11	Hypertensive heart disease
I12	Hypertensive renal disease
I13	Hypertensive heart and renal disease
I15	Secondary hypertension
401	Essential hypertension
402	Hypertensive heart disease
403	Hypertensive renal disease
404	Hypertensive heart and renal disease
405	Secondary hypertension
Gestational Hypertension Exclusion Codes	
641	Antepartum haemorrhage, abruptio placentae, and placenta praevia