



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 – JUVENILE IDIOPATHIC ARTHRITIS – 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 juvenile idiopathic arthritis requires one hospitalization or two physician visits at least 8 weeks (56 days) apart in two years with diagnostic code(s) specified below. The case definition applies to persons aged 0 to 15 years.

Signed-off BC Case Definition: YES - V2017 No

Algorithm: 1H or 2P at least 8 weeks (56 D) apart in 2Y 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 0-15

Data Source(s):

Data Source	ICD Code/Procedure Code/Rx	ICD Code/Procedure Code Position	Diagnosis Type	Hospital Care Level
Hospital ICD-10	M05, M06, M07.0-M07.3, M08, M45	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	714.x, 720.x	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"/>	Acute Care <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Day Surgery <input checked="" type="checkbox"/>

			W,X,Y- Service Transfer Diagnosis <input checked="" type="checkbox"/>	
Physician Claims ICD-9	714.x, 720.x	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
M05	Seropositive rheumatoid arthritis
M06	Other rheumatoid arthritis
M07.0	Distal interphalangeal psoriatic arthropathy
M07.1	Arthirtis mutilans
M07.2	Psoriatic spondylitis
M07.3	Other psoriatic arthropathies
M08	Juvenile arthritis
M45	Ankylosing spondylitis
714.x	Rheumatoid arthritis and other polyarthropathies
720.x	Ankylosing spondylitis and other inflammatory spondylopathies

Procedure Code: N/A

Drug List: N/A