



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 – STROKE, HOSPITALIZED HAEMORRHAGIC

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 Hospitalized Haemorrhagic Stroke requires one hospitalization 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 with ICD code(s) specified below.

Note: See Traumatic Brain Injury exclusions in Diagnostic Code section below.

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	I60, I61	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	430, 431	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	N/A	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
PharmaNet Drug History	N/A	N/A	N/A	N/A

Diagnostic Codes:

ICD-9/10	Description
I60	Subarachnoid hemorrhage
I61	Intracerebral hemorrhage
430	Subarachnoid hemorrhage
431	Intracerebral hemorrhage
Exclusions: any traumatic brain injury	
S02.x	Fracture of skull and facial bones, exclude S02.5 fracture of tooth *
S06.x	Intracranial injury
Z50.x	Care involving use of rehabilitation procedures
800	Fracture of vault of skull
801	Fracture of base of skull
802	Fracture of face bones
803	Other and unqualified skull fractures
804	Multiple fractures involving skull or face with other bones
850	Concussion
851	Cerebral laceration and contusion
852	Subarachnoid subdural and extradural hemorrhage following injury
853	Other and unspecified intracranial hemorrhage following injury
854	Intracranial injury of other and unspecified nature
V57.x	Care involving use of rehabilitation procedures. Only excluded stroke diagnoses on the same day, and the code is the primary hospital discharge diagnosis.

* S02.0x - Fracture of vault of skull

S02.1x - Fracture of base of skull

S02.2x - Fracture of nasal bones

S02.3x - Fracture of orbital floor

S02.4x - Fracture of malar and maxillary bones

S02.6x - Fracture of mandible

S02.7x - Multiple fractures involving skull and facial bone

S02.8x - Fractures of other skull and facial bones

S02.9x - Fracture of skull and facial bones, part unspecified

Procedure Code: N/A

Drug List: N/A

CASE DEFINITION – STROKE, HOSPITALIZED HAEMORRHAGIC - EPISODIC

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 Episodic Hospitalized Haemorrhagic Stroke requires one hospitalization with diagnostic code(s) specified below, followed by further condition-related codes in subsequent years. The case definition applies to persons aged 20 and older.

Signed-off BC Case Definition: Yes - V2017 No

Algorithm: 1H with ICD code(s) specified below.

Note: See Traumatic Brain Injury exclusions in Diagnostic Code section below. (Episodic – see “Case Definition” above.)

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	I60, I61	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	430, 431	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	N/A	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
PharmaNet Drug History	N/A	N/A	N/A	N/A

Diagnostic Codes:

ICD-9/10	Description
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I61	Intracerebral hemorrhage
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431	Intracerebral hemorrhage
Exclusions: any traumatic brain injury	
S02.x	Fracture of skull and facial bones, exclude S02.5 fracture of tooth *
S06.x	Intracranial injury
Z50.x	Care involving use of rehabilitation procedures
800	Fracture of vault of skull
801	Fracture of base of skull
802	Fracture of face bones
803	Other and unqualified skull fractures
804	Multiple fractures involving skull or face with other bones
850	Concussion
851	Cerebral laceration and contusion
852	Subarachnoid subdural and extradural hemorrhage following injury
853	Other and unspecified intracranial hemorrhage following injury
854	Intracranial injury of other and unspecified nature
V57.x	Care involving use of rehabilitation procedures. Only excluded stroke diagnoses on the same day, and the code is the primary hospital discharge diagnosis.

* S02.0x - Fracture of vault of skull

S02.1x - Fracture of base of skull

S02.2x - Fracture of nasal bones

S02.3x - Fracture of orbital floor

S02.4x - Fracture of malar and maxillary bones

S02.6x - Fracture of mandible

S02.7x - Multiple fractures involving skull and facial bone

S02.8x - Fractures of other skull and facial bones

S02.9x - Fracture of skull and facial bones, part unspecified

Procedure Code: N/A

Drug List: N/A

CASE DEFINITION – STROKE, HOSPITALIZED ISCHEMIC

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 Hospitalized Ischemic Stroke requires one hospitalization 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 with ICD code(s) specified below.

Note: See Traumatic Brain Injury exclusions in Diagnostic Code section below.

Age Restriction: Age 20 +

Data Sources:

Data Source	ICD Code/Procedure Code/Rx	ICD Code/Procedure Code Position	Diagnosis Type	Hospital Care Level
Hospital ICD-10	H34.1,I63 (exclude I63.6), I64	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	362.3, 433.x1, 434.x, 436	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	N/A	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
PharmaNet Drug History	N/A	N/A	N/A	N/A

Diagnostic Codes:

ICD-9/10	Description
H34.1	Central retinal artery occlusion
I63	Cerebral infarction (exclude I63.6 Cerebral infarction due to cerebral venous thrombosis, nonpyogenic)
I64	Stroke, not specified as hemorrhage or infarction
362.3	Retinal vascular occlusion
433.x1	Occlusion and stenosis of precerebral arteries
434.x	Occlusion cerebral arteries
436	Acute but ill-defined cerebrovascular disease
Exclusions: any traumatic brain injury	
S02.x	Fracture of skull and facial bones, exclude S02.5 fracture of tooth *
S06.x	Intracranial injury
Z50.x	Care involving use of rehabilitation procedures
800	Fracture of vault of skull
801	Fracture of base of skull
802	Fracture of face bones
803	Other and unqualified skull fractures
804	Multiple fractures involving skull or face with other bones
850	Concussion
851	Cerebral laceration and contusion
852	Subarachnoid subdural and extradural hemorrhage following injury
853	Other and unspecified intracranial hemorrhage following injury
854	Intracranial injury of other and unspecified nature
V57.x	Care involving use of rehabilitation procedures. Only excluded stroke diagnoses on the same day, and the code is the primary hospital discharge diagnosis.

* S02.0x - Fracture of vault of skull

S02.1x - Fracture of base of skull

S02.2x - Fracture of nasal bones

S02.3x - Fracture of orbital floor

S02.4x - Fracture of malar and maxillary bones

S02.6x - Fracture of mandible

S02.7x - Multiple fractures involving skull and facial bone

S02.8x - Fractures of other skull and facial bones

S02.9x - Fracture of skull and facial bones, part unspecified

Procedure Code: N/A

Drug List: N/A

CASE DEFINITION – STROKE, HOSPITALIZED ISCHEMIC - EPISODIC

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 Episodic Hospitalized Ischemic Stroke requires one hospitalization with diagnostic code(s) specified below, followed by further condition-related codes in subsequent years. The case definition applies to persons aged 20 and older.

Signed-off BC Case Definition: Yes - V2017 No

Algorithm: 1H with ICD code(s) specified below.

Note: See Traumatic Brain Injury exclusions in Diagnostic Code section below. (Episodic – see “Case Definition” above.)

Age Restriction: Age 20 +

Data Sources:

Data Source	ICD Code/Procedure Code/Rx	ICD Code/Procedure Code Position	Diagnosis Type	Hospital Care Level
Hospital ICD-10	H34.1,I63 (exclude I63.6), I64	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	362.3, 433.x1, 434.x, 436	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	N/A	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
PharmaNet Drug History	N/A	N/A	N/A	N/A

Diagnostic Codes:

ICD-9/10	Description
H34.1	Central retinal artery occlusion
I63	Cerebral infarction (exclude I63.6 Cerebral infarction due to cerebral venous thrombosis, nonpyogenic)
I64	Stroke, not specified as hemorrhage or infarction
362.3	Retinal vascular occlusion
433.x1	Occlusion and stenosis of precerebral arteries
434.x	Occlusion cerebral arteries
436	Acute but ill-defined cerebrovascular disease
Exclusions: any traumatic brain injury	
S02.x	Fracture of skull and facial bones, exclude S02.5 fracture of tooth *
S06.x	Intracranial injury
Z50.x	Care involving use of rehabilitation procedures
800	Fracture of vault of skull
801	Fracture of base of skull
802	Fracture of face bones
803	Other and unqualified skull fractures
804	Multiple fractures involving skull or face with other bones
850	Concussion
851	Cerebral laceration and contusion
852	Subarachnoid subdural and extradural hemorrhage following injury
853	Other and unspecified intracranial hemorrhage following injury
854	Intracranial injury of other and unspecified nature
V57.x	Care involving use of rehabilitation procedures. Only excluded stroke diagnoses on the same day, and the code is the primary hospital discharge diagnosis.

* S02.0x - Fracture of vault of skull

S02.1x - Fracture of base of skull

S02.2x - Fracture of nasal bones

S02.3x - Fracture of orbital floor

S02.4x - Fracture of malar and maxillary bones

S02.6x - Fracture of mandible

S02.7x - Multiple fractures involving skull and facial bone

S02.8x - Fractures of other skull and facial bones

S02.9x - Fracture of skull and facial bones, part unspecified

Procedure Code: N/A

Drug List: N/A

CASE DEFINITION – STROKE, HOSPITALIZED TRANSIENT ISCHEMIC ATTACK (TIA)

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 Hospitalized Transient Ischemic Attack (TIA) requires one hospitalization 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 with ICD code(s) specified below.

Note: See Traumatic Brain Injury exclusions in Diagnostic Code section below.

Age Restriction: Age 20 +

Data Sources:

Data Source	ICD Code/Procedure Code/Rx	ICD Code/Procedure Code Position	Diagnosis Type	Hospital Care Level
Hospital ICD-10	H34.0, G45.0, G45.1, G45.2, G45.3, G45.8, G45.9	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	435	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	N/A	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
PharmaNet Drug History	N/A	N/A	N/A	N/A

Diagnostic Codes:

ICD-9/10	Description
H34.0	Transient retinal artery occlusion
G45.0	Vertebro-basilar artery syndrome
G45.1	Carotid artery syndrome (hemispheric)
G45.2	Multiple and bilateral precerebral artery syndromes
G45.3	Amaurosis fugax
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
435	Transient cerebral ischemia
Exclusions: any traumatic brain injury	
S02.x	Fracture of skull and facial bones, exclude S02.5 fracture of tooth *
S06.x	Intracranial injury
Z50.x	Care involving use of rehabilitation procedures
800	Fracture of vault of skull
801	Fracture of base of skull
802	Fracture of face bones
803	Other and unqualified skull fractures
804	Multiple fractures involving skull or face with other bones
850	Concussion
851	Cerebral laceration and contusion
852	Subarachnoid subdural and extradural hemorrhage following injury
853	Other and unspecified intracranial hemorrhage following injury
854	Intracranial injury of other and unspecified nature
V57.x	Care involving use of rehabilitation procedures. Only excluded stroke diagnoses on the same day, and the code is the primary hospital discharge diagnosis.

* S02.0x - Fracture of vault of skull

S02.1x - Fracture of base of skull

S02.2x - Fracture of nasal bones

S02.3x - Fracture of orbital floor

S02.4x - Fracture of malar and maxillary bones

S02.6x - Fracture of mandible

S02.7x - Multiple fractures involving skull and facial bone

S02.8x - Fractures of other skull and facial bones

S02.9x - Fracture of skull and facial bones, part unspecified

Procedure Code: N/A

Drug List: N/A

CASE DEFINITION – STROKE, HOSPITALIZED TRANSIENT ISCHEMIC ATTACK (TIA) - EPISODIC

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 Episodic Hospitalized Transient Ischemic Attack (TIA) requires one hospitalization with diagnostic code(s) specified below, followed by further condition-related codes in subsequent years. The case definition applies to persons aged 20 and older.

Signed-off BC Case Definition: Yes - V2017 No

Algorithm: 1H with ICD code(s) specified below.

Note: See Traumatic Brain Injury exclusions in Diagnostic Code section below. (Episodic – see “Case Definition” above.)

Age Restriction: Age 20 +

Data Sources:

Data Source	ICD Code/Procedure Code/Rx	ICD Code/Procedure Code Position	Diagnosis Type	Hospital Care Level
Hospital ICD-10	H34.0, G45.0, G45.1, G45.2, G45.3, G45.8, G45.9	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	435	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	N/A	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
PharmaNet Drug History	N/A	N/A	N/A	N/A

Diagnostic Codes:

ICD-9/10	Description
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G45.0	Vertebro-basilar artery syndrome
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G45.2	Multiple and bilateral precerebral artery syndromes
G45.3	Amaurosis fugax
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
435	Transient cerebral ischemia
Exclusions: any traumatic brain injury	
S02.x	Fracture of skull and facial bones, exclude S02.5 fracture of tooth *
S06.x	Intracranial injury
Z50.x	Care involving use of rehabilitation procedures
800	Fracture of vault of skull
801	Fracture of base of skull
802	Fracture of face bones
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* S02.0x - Fracture of vault of skull

S02.1x - Fracture of base of skull

S02.2x - Fracture of nasal bones

S02.3x - Fracture of orbital floor

S02.4x - Fracture of malar and maxillary bones

S02.6x - Fracture of mandible

S02.7x - Multiple fractures involving skull and facial bone

S02.8x - Fractures of other skull and facial bones

S02.9x - Fracture of skull and facial bones, part unspecified

Procedure Code: N/A

Drug List: N/A