Summary charts derived from the Chronic Conditions Warehouse (CCW) Master
Beneficiary Summary File (MBSF) data are available for various 2019 Medicare other
chronic and disabling conditions using beneficiary fee-for-service (FFS) prevalence
statistics, including:

- Medicare Other Chronic or Disabling Conditions Period Prevalence, 2019
- Congenital and Developmental Conditions Trends, 2010–2019
- Liver Conditions Trends, 2010–2019
- Mental Health Conditions Trends, 2010–2019
- Substance Abuse Conditions Trends, 2010–2019
- Mobility Limitations and Chronic Pain Conditions Trends, 2010–2019
- Neurological Conditions Trends, 2010–2019
- Other Chronic or Disabling Conditions Trends, 2010–2019
- Selected Conditions by Age Group, 2019
- Selected Conditions by Racial Group, 2019
- Selected Conditions by Sex, 2019
- Selected Conditions by Medicare Status Code, 2019
- Selected Conditions by Dual Status Code, 2019
- Anxiety Disorders Period Prevalence by State, 2019
- Depressive Disorders Period Prevalence by State, 2019
- Fibromyalgia, Chronic Pain and Fatigue Period Prevalence by State, 2019
- Liver Disease, Cirrhosis and Other Liver Conditions Period Prevalence by State, 2019
OTHER CHRONIC OR DISABLING CONDITIONS PERIOD PREVALENCE, 2019

Description:

The conditions with the highest period prevalence rates are fibromyalgia, chronic pain, and fatigue (23%), obesity (21%), anxiety disorders (18.75%), and depressive disorders (17.89%).

Technical notes:

Period prevalence is calculated for these rates. Beneficiaries with full or nearly full fee-for-service (FFS) coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
CONGENITAL AND DEVELOPMENTAL CONDITIONS TRENDS, 2010–2019

Description:

The period prevalence for Learning disabilities (LearnDis), Intellectual disabilities (IntDis), Cerebral palsy (CerPalsy), and Autism, have remained fairly stable over time in the Medicare fee-for-service (FFS) population. The rate for Attention deficit, conduct disorders and hyperkinetic syndrome (ADHD) has increased gradually from 0.6% in 2010 to 1.1% in 2019. The rate for Cystic fibrosis (CysFibrs) increased slightly starting in 2015 (note that in October 2015, ICD-10-CM coding of diagnoses began).

Technical notes:

Period prevalence is calculated for these rates. Beneficiaries with full or nearly full FFS coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
LIVER CONDITIONS TRENDS, 2010–2019

Description:
The period prevalence for hepatitis has remained fairly stable over time. Liver disease increased from 3.0% in 2010 to 5.2% in 2019.

Technical notes:
Period prevalence is calculated for these rates. Beneficiaries with full or nearly full fee-for-service (FFS) coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
MENTAL HEALTH CONDITIONS TRENDS, 2010–2019

Description:

The period prevalence for anxiety has increased from 8.9% in 2010 to 18.8% in 2019. For depressive disorders, the increase was from 13.4% to 17.9% over the same period of time. The rates for schizophrenia, schizophrenia and other psychotic disorders, personality disorders and post-traumatic stress disorder (PTSD) have remained fairly stable over time.

Technical notes:

Period prevalence is calculated for these rates. Beneficiaries with full or nearly full fee-for-service (FFS) coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
Description:

The period prevalence for tobacco use disorders has increased from 6.2% in 2010 to 10.0% in 2018, and then 9.9% in 2019. For opiate use disorder (OUD), the increase was from 0.86% in 2010 to 2.4% in 2019. The rates for drug use disorders increased similarly to OUD. Alcohol use disorder has remained fairly stable over time (from 1.6% in 2010, to 2.4% in 2014, and down to 2.1% in 2019).

Technical notes:

Period prevalence is calculated for these rates. Beneficiaries with full or nearly full fee-for-service (FFS) coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
The period prevalence for Muscular Dystrophy (MD), Multiple Sclerosis and Transverse Myelitis (MS), and mobility limitations have remained fairly stable over time. The period prevalence for Fibromyalgia (which also includes chronic pain and fatigue) increased from 9.0% in 2010 to 12.5% in 2014 and increased more sharply starting in 2015 so that by 2019 the rate was 23.1% (note that in October 2015, ICD-10-CM coding of diagnoses began).

Technical notes:

Period prevalence is calculated for these rates. Beneficiaries with full or nearly full fee-for-service (FFS) coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
NEUROLOGICAL CONDITIONS TRENDS, 2010–2019

Description:
The period prevalence for Spina bifida and other congenital anomalies of the nervous system (SpinaBif), and Traumatic brain injury and nonpsychotic mental disorders due to brain damage (BrainInj) have remained stable over time. The rate for Migraine and chronic headache (Migraine) has increased from 1.5% in 2010 to 3.5% in 2019; similarly, Epilepsy has increased from 2.2% to 2.8% over the same time period. Spinal cord injury (SpineInj) was stable at 0.3% until 2015 when the prevalence increased to 0.4% - and then 0.8% by 2018 (note that in October 2015, ICD-10-CM coding of diagnoses began).

Technical notes:
Period prevalence is calculated for these rates. Beneficiaries with full or nearly full fee-for-service (FFS) coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
Description:
The period prevalence for most of these other chronic or disabling conditions have remained fairly stable over time. The exceptions are obesity, which increased from 6.2% in 2010 to 21% in 2019, deafness and hearing impairment (Deaf), from 3.6% to 6.3%, and Peripheral vascular disease (PVD) from 12.1% to 13.1% from 2010 to 2019, respectively.

Technical notes:
Period prevalence is calculated for these rates. Beneficiaries with full or nearly full fee-for-service (FFS) coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
SELECTED CONDITIONS BY AGE GROUP, 2019

Description:

The age distribution for selected chronic or potentially disabling conditions is displayed. Some conditions had a disproportionately young age distribution. Although 13.9% of the Medicare population was less than 65 years of age in 2019, 50.6% of beneficiaries treated for schizophrenia and other psychotic disorders, 43.9% of those treated for opioid use disorders (OUD), 35.5% of those treated for alcohol abuse, 24.6% of those treated for anxiety, and 23.1% of people treated for depressive disorders, were less than 65. Peripheral vascular disease (PVD) and pressure ulcers were much more common in the 75 years or older age groups.

Technical notes:

Period prevalence is calculated for these rates. Beneficiaries with full or nearly full fee-for-service (FFS) coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category. Age is calculated based on the age of the Medicare beneficiary as of December 31. If the beneficiary expired, the age is calculated based on age at time of death.
SELECTED CHRONIC CONDITIONS BY RACIAL GROUP, 2019

Description:

The racial distribution of Medicare beneficiaries treated for selected conditions is displayed. There is racial variation in the prevalence of treatment for these conditions. Although the black racial group comprised 8.7% of the Medicare fee-for-service (FFS) population in 2019, they had disproportionately high rates of treatment for schizophrenia and other psychotic disorders (SchizPsychotic; 19.2%), substance abuse (14.4%), alcohol use disorder (12.9%), obesity (11.9%), pressure ulcers (PressUlc; 11.8%), opioid use disorders (OUD; 11.4%), and peripheral vascular disease (PVD; 10.8%). The white racial group comprised 83% of the total FFS population, 89.9% of those treated for anxiety, and 89.0% of those treated for depressive disorders (DeprDis).

Technical notes:

American Indian, Native American, Other, and Unknown races are grouped together due to small cell sizes. Beneficiaries with full or nearly full FFS coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
SELECTED CHRONIC CONDITIONS BY SEX, 2019

Description:
The gender distribution of Medicare beneficiaries varies by condition. In Medicare fee-for-service (FFS) for 2019, 54.2% of the population was female. A much higher than expected proportion of people treated for treated for anxiety and depressive disorders were female (68.1% and 67.3%, respectively). A higher proportion of males than expected were treated for alcohol use disorders (68.5%).

Technical notes:
Beneficiaries with full or nearly full FFS coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
SELECTED CHRONIC CONDITIONS BY MEDICARE STATUS CODE, 2019

The reason for Medicare entitlement varies by condition. In Medicare fee-for-service (FFS) for 2019, 13.9% of the population were entitled to Medicare due to disability rather than age. A much higher than expected proportion of people treated for schizophrenia and other psychotic disorders (50.6%), opioid use disorder (OUD; 43.9%), or alcohol use disorder (35.5%) were disabled. In addition, higher proportions of disabled enrollees were treated for anxiety (24.6%), depressive disorders (23.1%), or liver disorders (20.3%), compared to aged enrollees. The only condition where disproportionately more aged were treated was peripheral vascular disease (PVD; 91.0%).

Technical notes:
Classification used the Medicare status code, and combined End-Stage Renal Disease (ESRD) and Disabled categories into the "Disabled" grouping. Period prevalence is calculated for these rates. Beneficiaries with full or nearly full FFS coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
A total of 16.8% of Medicare fee-for-service (FFS) beneficiaries also had Medicaid coverage in 2019 — whether full dual coverage, or coverage for only partial benefits. The dual status for selected chronic or potentially disabling conditions is displayed. Some conditions have a disproportionately high dual enrollment distribution. For example, 64.2% of people treated for schizophrenia and other psychotic disorders, 38.8% of people treated for opioid use disorder (OUD), 34.2% of those treated for alcohol use disorder, 30.8% of those treated for pressure ulcers, and 29.2% of people treated for depressive disorders were Medicare-Medicaid enrolled for in either full or partial dual benefits.

Technical notes:

The state-reported dual status code (variable called DUAL_STUS_CD_MM) is used to identify beneficiaries dually enrolled in Medicare and Medicaid. Dual coverage was defined as DUAL_STUS_CD_MM = 01, 02, 03, 04, 05, 06, or 08 for 11 or 12 months of the year, or until time of death. A beneficiary was considered a Full benefit dual if they had DUAL_STUS_CD_MM = 02, 04 or 08 for a minimum of one month during the year. All other duals were considered partial. Period prevalence is calculated for these rates. Beneficiaries with full or nearly full fee-for-service (FFS) coverage during the year who had FFS claims for the condition within the two-year look back period. Please refer to the CCW website to obtain the algorithm criteria for these other chronic or potentially disabling conditions. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Beneficiaries may be counted in more than one condition category.
ANXIETY DISORDERS PERIOD PREVALENCE BY STATE, 2019

Description:

The number of Medicare fee-for-service (FFS) enrollees with anxiety disorders varied by state. Hawaii had the lowest rate (8.86%), and West Virginia had the highest (25.75%).

Technical notes:

Period prevalence is calculated for these rates. Beneficiaries with full or nearly full FFS coverage during the year who had FFS claims for anxiety disorders within the two-year look back period. Please refer to the Other Chronic and Potentially Disabling Categories for algorithm criteria. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage).
Description:
The number of Medicare fee-for-service (FFS) enrollees with depressive disorders varied by state. Hawaii had the lowest rate (7.99%), and West Virginia had the highest (22.99%).

Technical notes:
Period prevalence is calculated for these rates. Beneficiaries with full or nearly full FFS coverage during the year who had FFS claims for depressive disorders within the two-year look back period. Please refer to the Other Chronic and Potentially Disabling Categories for algorithm criteria. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage). Note that this depressive disorders category is defined somewhat differently than the CCW Depression category (reference algorithm criteria).
FIBROMYALGIA, CHRONIC PAIN AND FATIGUE PERIOD PREVALENCE BY STATE, 2019

Description:

The number of Medicare fee-for-service (FFS) enrollees with fibromyalgia, chronic pain or fatigue varied by state. Hawaii had the lowest rate (14.14%) and Oklahoma had the highest (28.14%).

Technical notes:

Period prevalence is calculated for these rates. Beneficiaries with full or nearly full FFS coverage during the year who had FFS claims for fibromyalgia, chronic pain and fatigue within the two-year look back period.

Please refer to the Other Chronic and Potentially Disabling Categories for algorithm criteria. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage).
LIVER DISEASE, CIRRHOSIS AND OTHER LIVER CONDITIONS (EXCEPT HEPATITIS)
PERIOD PREVALENCE BY STATE, 2019

Description:
The number of Medicare fee-for-service (FFS) enrollees with liver disease, cirrhosis and other liver conditions (except for hepatitis) varied by state. Montana had the lowest rate (3.16%) and Hawaii had the highest (6.74%).

Technical notes:
Period prevalence is calculated for these rates. Beneficiaries with full or nearly full FFS coverage during the year who had FFS claims for liver disease, cirrhosis and other liver conditions (except for hepatitis) within the two-year look back period. Please refer to the Other Chronic and Potentially Disabling Categories for algorithm criteria. Denominator is all who were enrolled in Medicare on or after January 1, 2019 and had full or nearly full FFS coverage (i.e., 11 or 12 months of Medicare Part A and B [or coverage until time of death] and one month or less of HMO coverage).

SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2021.