

Chronic Conditions Warehouse (CCW) Medicare Other Chronic and Potentially Disabling Condition Charts

2022 Version

Chronic Conditions Warehouse

Your source for national CMS Medicare and Medicaid research data

August 2024



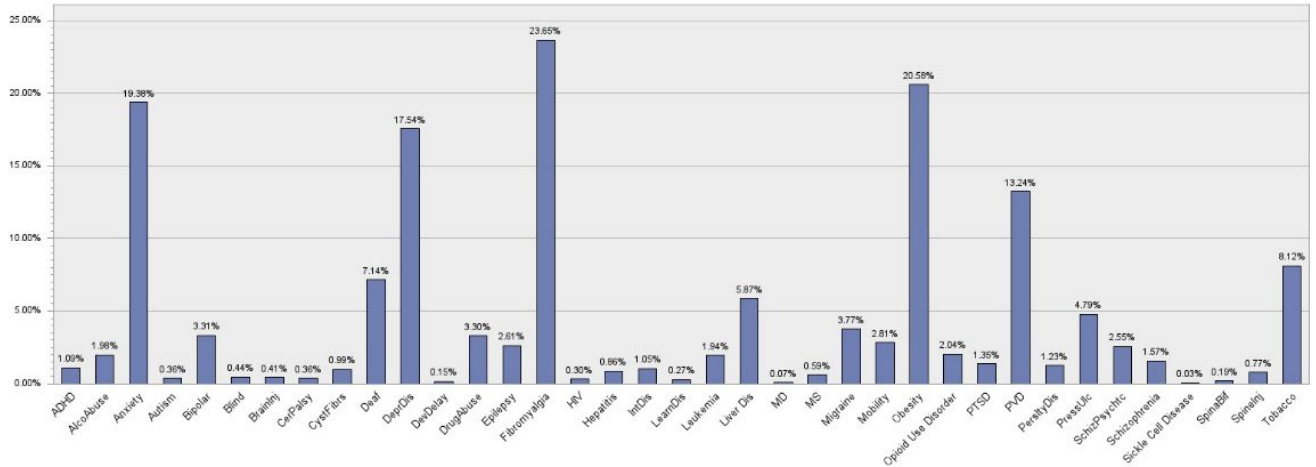
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OTHER CHRONIC OR DISABLING CONDITIONS PERIOD PREVALENCE, 2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

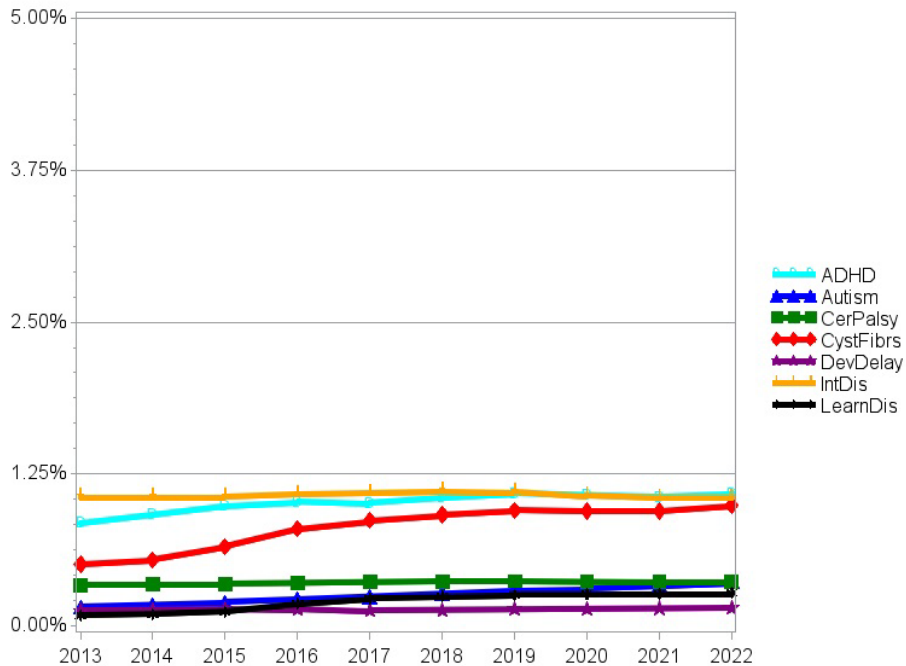
Description:

The conditions with the highest period prevalence rates are fibromyalgia, chronic pain, and fatigue (22.65%), obesity (20.58%), anxiety disorders (19.38%), and depressive disorders (17.54%).

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 condition-specific 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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

CONGENITAL AND DEVELOPMENTAL CONDITIONS TRENDS, 2013–2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

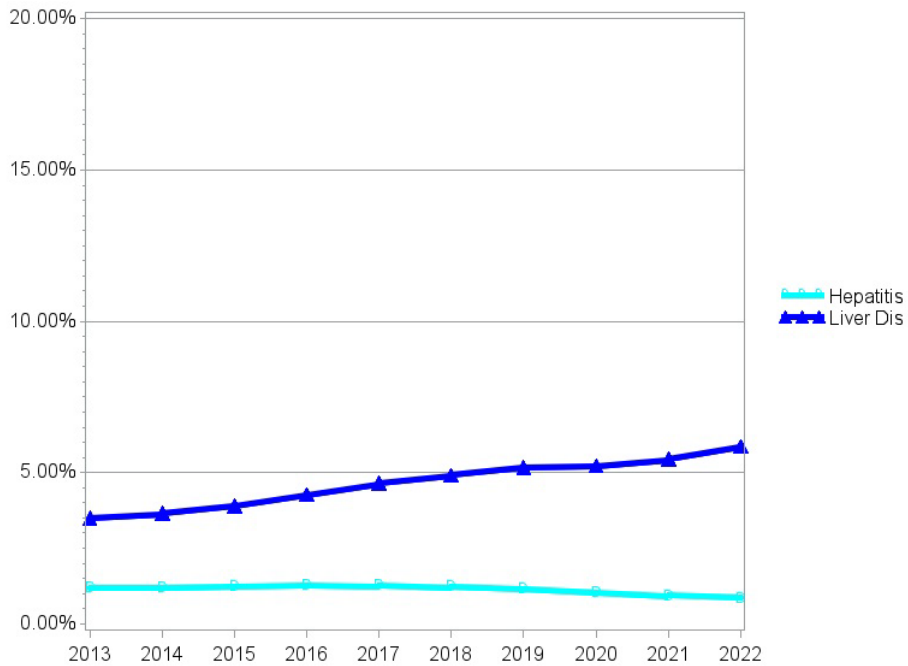
Description:

The period prevalence for learning disabilities (LearnDis), intellectual disabilities (IntDis), developmental delays (DevDelay), and cerebral palsy (CerPalsy) have remained 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 0.85% in 2013 to 1.09% in 2022; the rate for autism increased from 0.15% to 0.36% over the same period. 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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

LIVER CONDITIONS TRENDS, 2013–2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

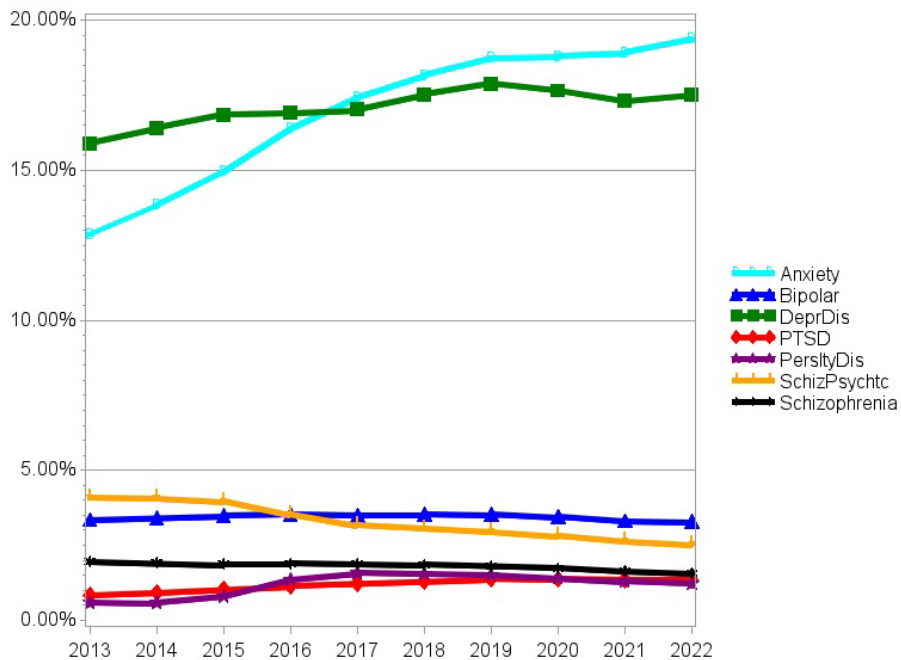
Description:

The period prevalence for hepatitis has declined somewhat over time (from 1.19% in 2013 to 0.86% in 2022). Liver disease increased from 3.50% in 2013 to 5.87% in 2022.

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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

MENTAL HEALTH CONDITIONS TRENDS, 2013–2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

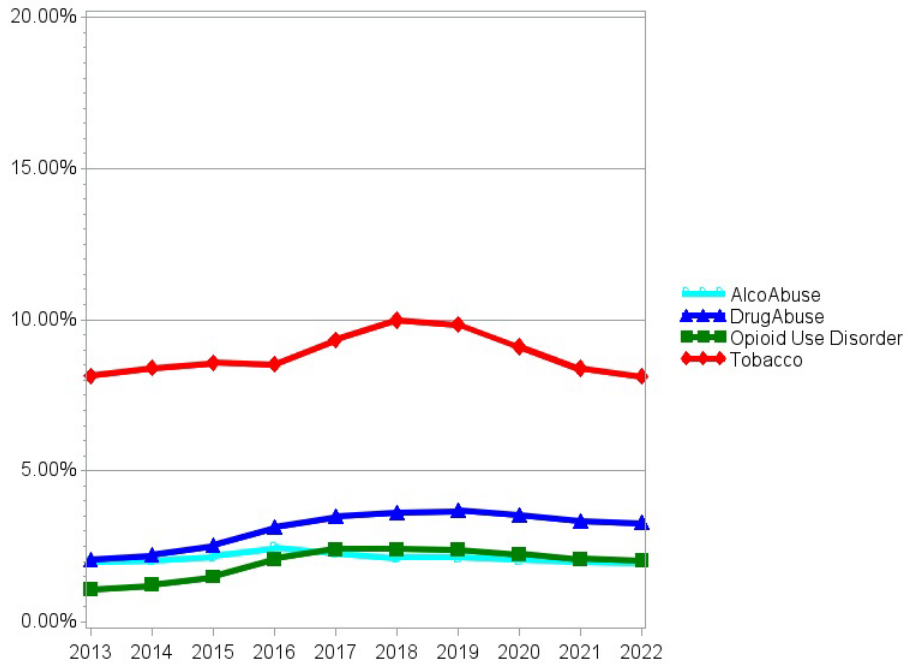
Description:

The period prevalence for anxiety has increased from 12.87% in 2013 to 19.38% in 2022. For depressive disorders (DeprDis), the change was from 15.91% to 17.54% over the same period of time. The rates for schizophrenia and other psychotic disorders (SchizPsychtc) declined slightly from 4.08% in 2013 to 2.55% in 2022. The rates for schizophrenia, personality disorders (PersltyDis), and post-traumatic stress disorder (PTSD) have remained 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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

SUBSTANCE ABUSE CONDITIONS TRENDS, 2013–2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

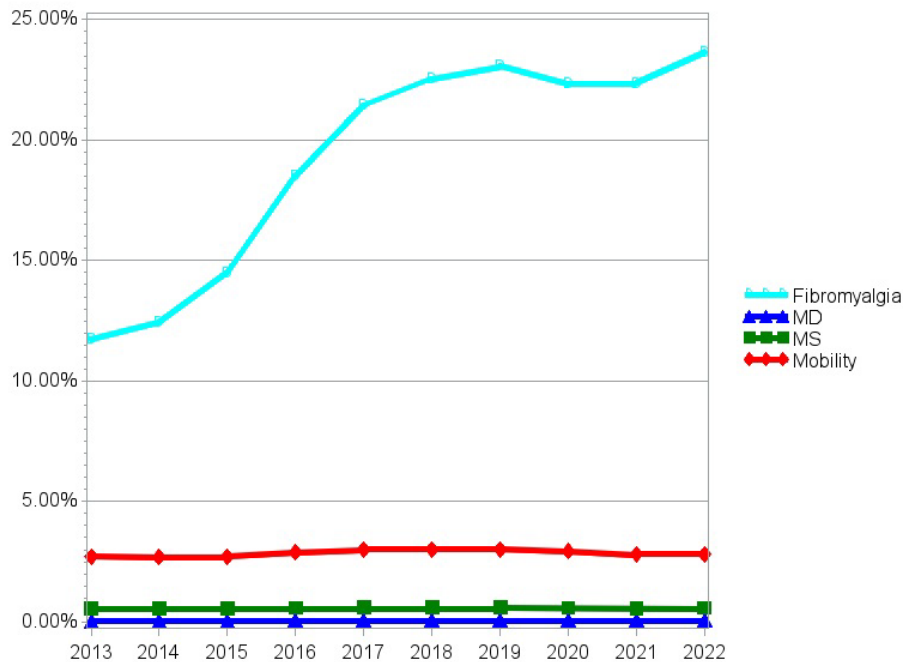
Description:

The period prevalence for tobacco use disorders increased from 8.14% in 2013 to 9.99% in 2018, and then 8.12% in 2022. For opioid use disorder (OUD), the increase was from 1.08% in 2013 to 2.42% in 2018 and then to 2.04% in 2022. The rates for drug use disorders and alcohol use disorders increased slightly through 2018 and then declined somewhat through 2022.

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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

MOBILITY LIMITATIONS AND CHRONIC PAIN CONDITIONS TRENDS, 2013–2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

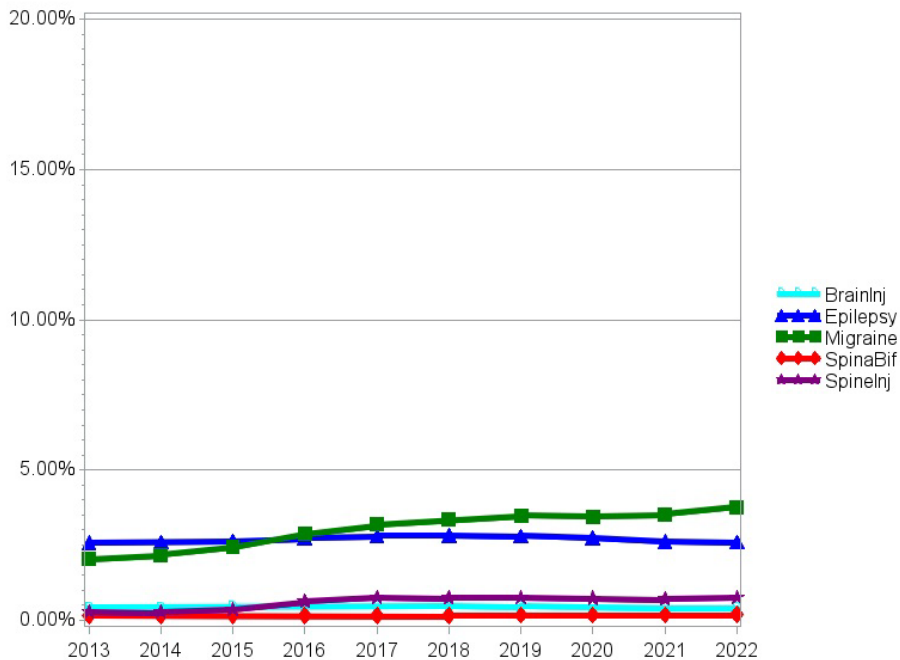
Description:

The period prevalence for muscular dystrophy (MD), multiple sclerosis and transverse myelitis (MS), and mobility limitations have remained stable over time. The period prevalence for fibromyalgia (which also includes chronic pain and fatigue) increased from 11.74% in 2013 to 12.47% in 2014 and increased more sharply starting in 2015 before leveling off – so that by 2022 the rate was 23.65% (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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

NEUROLOGICAL CONDITIONS TRENDS, 2013–2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

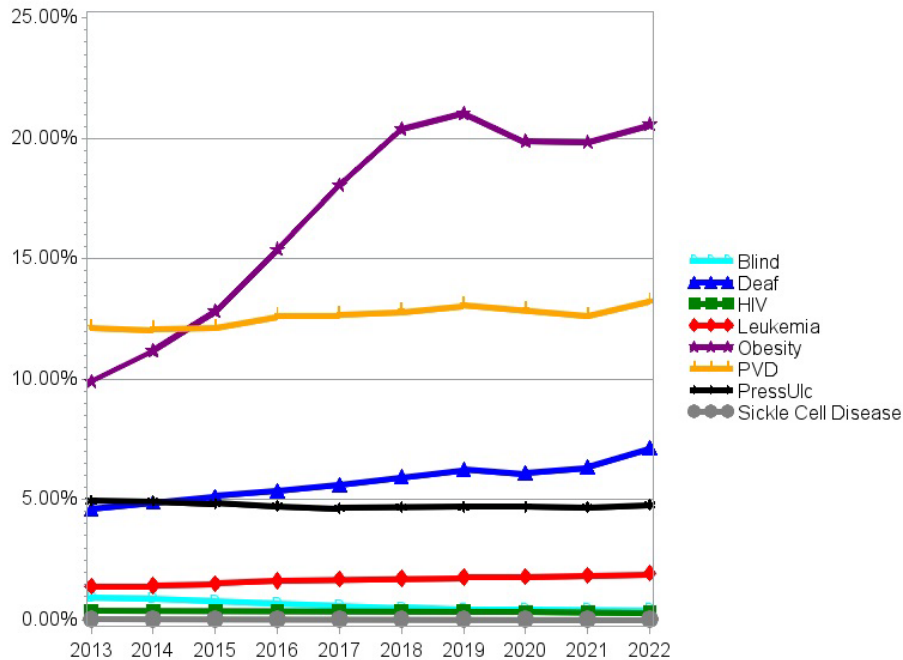
Description:

The period prevalence for spina bifida and other congenital anomalies of the nervous system (SpinaBif), traumatic brain injury and nonpsychotic mental disorders due to brain damage (BrainInj), and epilepsy have remained stable over time. The rate for migraine and other chronic headache (Migraine) has increased from 2.04% in 2013 to 3.77% in 2022. Spinal cord injury (SpineInj) was stable at 0.29% until 2015 when the prevalence increased to 0.37% — and then 0.77% in 2022 (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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

OTHER CHRONIC OR DISABLING CONDITIONS TRENDS, 2013–2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

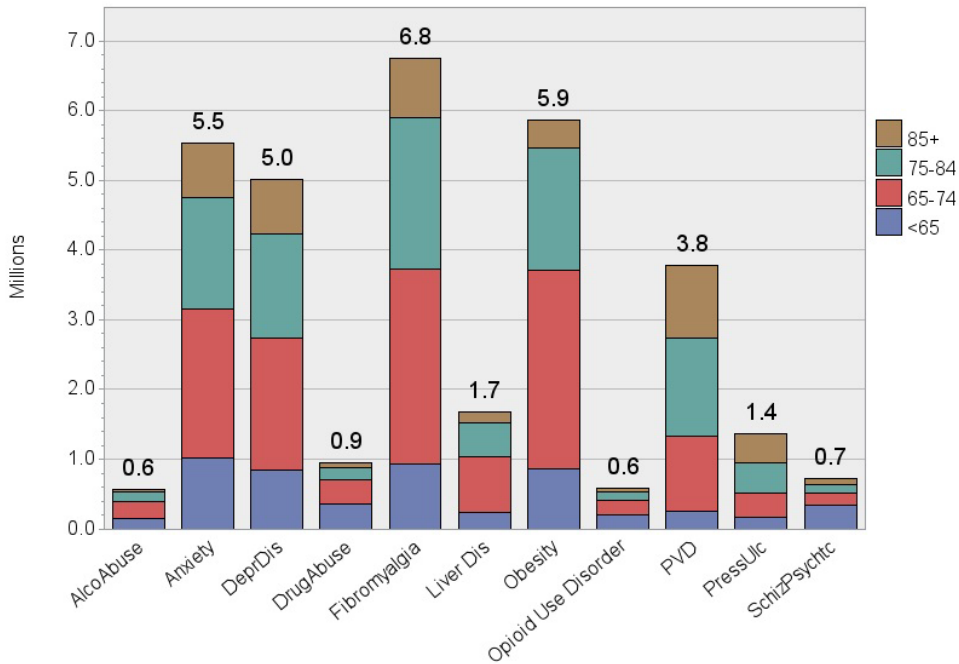
Description:

The period prevalence for most of these other chronic or disabling conditions have remained stable over time. The exceptions are obesity, which increased from 9.91% in 2013 to 20.58% in 2022 and deafness and hearing impairment (Deaf), which changed from 4.62% in 2013 to 7.14% in 2022.

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 condition-specific 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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

SELECTED OTHER CONDITIONS BY AGE GROUP, 2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

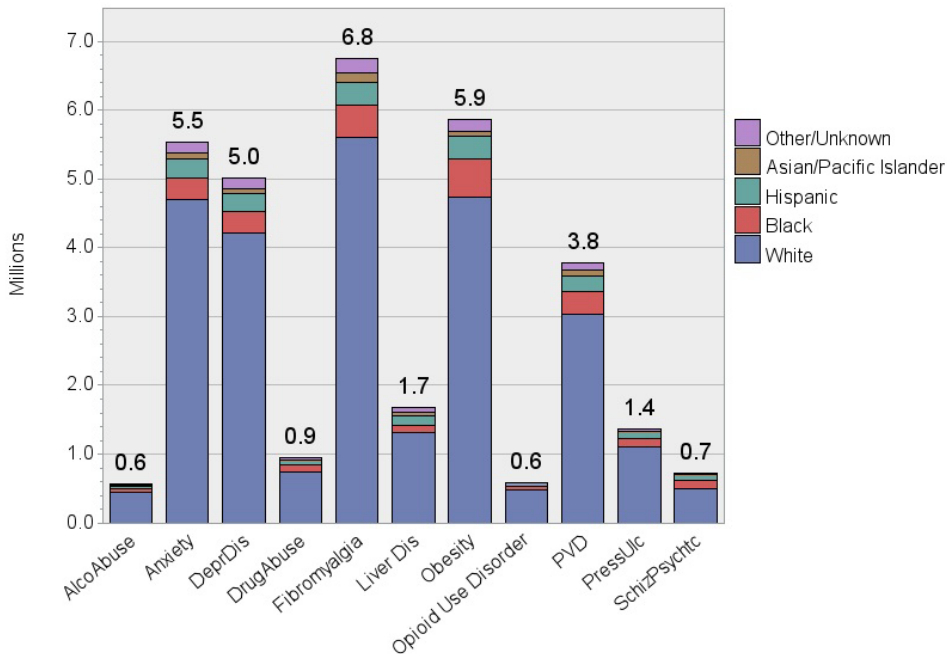
Description:

The age distribution for selected chronic or potentially disabling conditions is displayed. Some conditions had a disproportionately young age distribution. Although 11.9% of the Medicare population was less than 65 years of age in 2022, 45.7% of beneficiaries treated for schizophrenia and other psychotic disorders, 37.2% of those treated for drug use disorders, 35.5% of those treated for opioid use disorders (OUD), and 25.2% of those treated for alcohol use disorders (AlcoAbuse), were less than 65. Peripheral vascular disease (PVD) and pressure ulcers (PressUlc) were most 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, 2022, 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 health maintenance organization [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 OTHER CONDITIONS BY RACIAL GROUP, 2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

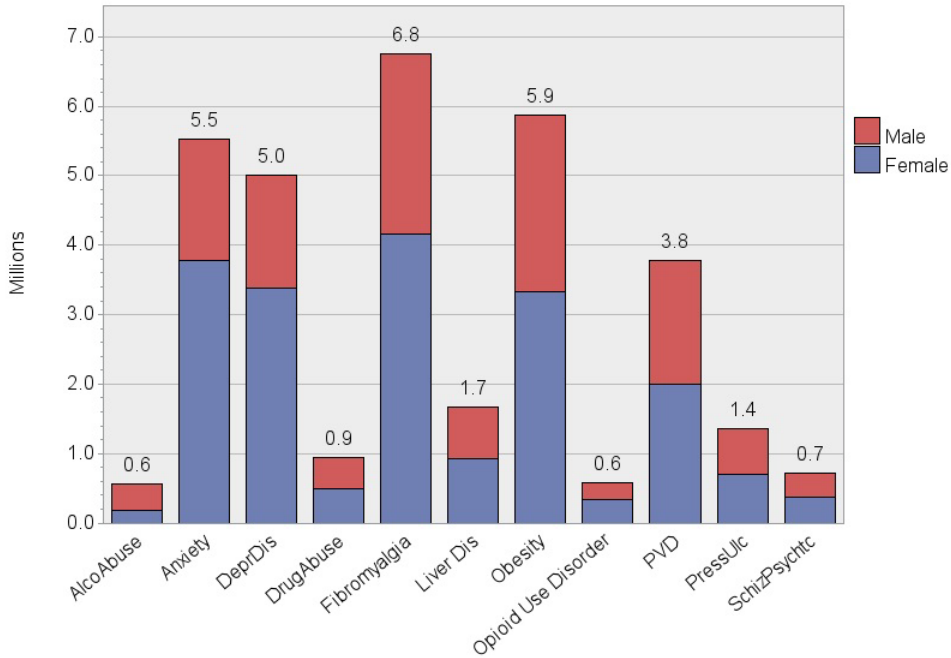
Description:

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 7.2% of the Medicare fee-for-service (FFS) population in 2022, they had disproportionately high rates of treatment for schizophrenia and other psychotic disorders (SchizPsychotic; 16.79%), drug use disorders (11.0%), obesity (9.6%), pressure ulcers (PressUlc; 9.6%), alcohol use disorders (AlcoAbuse; 9.2%), and opioid use disorders (OUD; 9.2%). The white racial group comprised 80.6% of the total FFS population, 85.0% of those treated for anxiety, and 84.3% of those treated for depressive disorders (DeprDis). Hispanics comprise 5.6% of the FFS population and 8.3% of those treated for schizophrenia and other psychotic disorders (SchizPsychotic), and 7.5% of beneficiaries treated for liver disease.

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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

SELECTED OTHER CONDITIONS BY SEX, 2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

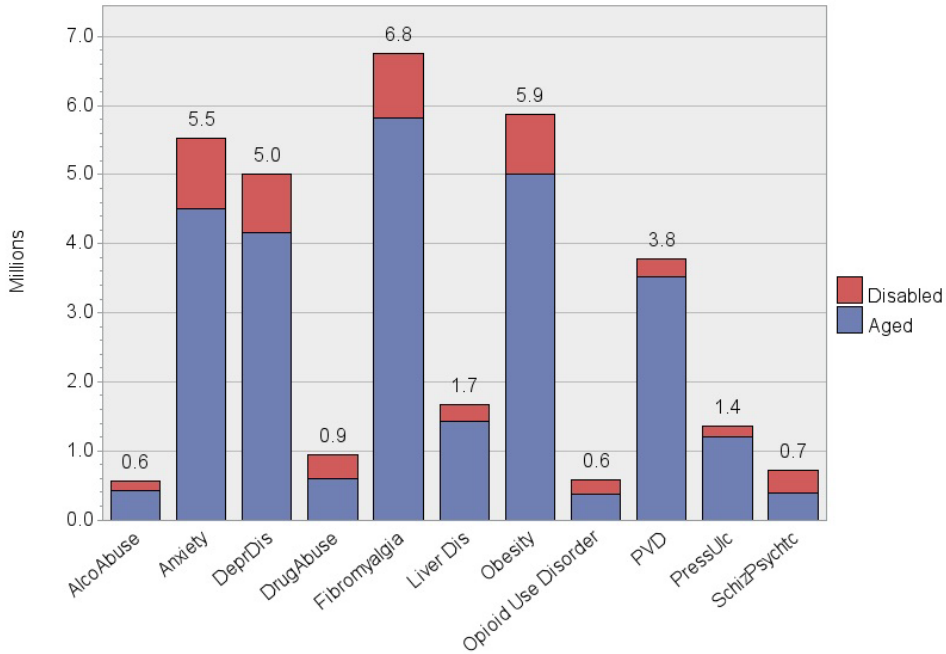
Description:

The gender distribution of Medicare beneficiaries varies by condition. In Medicare 2022, 54.2% of the population was female. A much higher than expected proportion of people treated for anxiety (68.4%), depressive disorders (DeprDis; 67.7%), and fibromyalgia (61.7%) were female. A higher proportion of males than expected were treated for alcohol use disorders (AlcoAbuse; 67.3%).

Technical notes:

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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

SELECTED OTHER CONDITIONS BY MEDICARE STATUS CODE, 2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

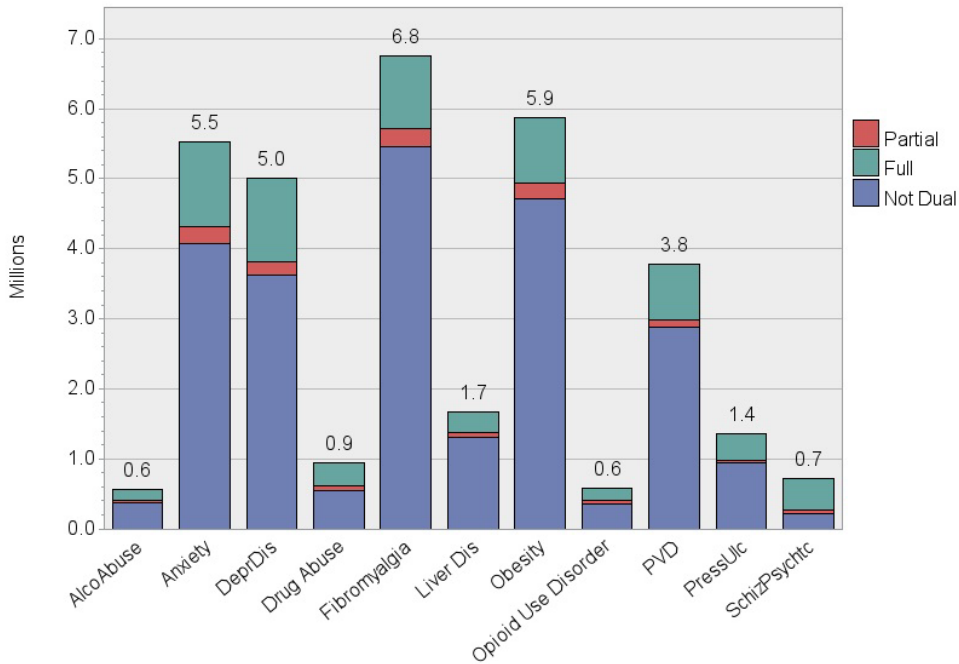
Description:

The reason for Medicare entitlement varies by condition. In Medicare for 2022, 11.9% 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 (SchizPsychtc; 45.7%), drug use disorder (37.2%) or opioid use disorder (OUD; 35.5%) were disabled. In addition, higher proportions of disabled enrollees were treated for alcohol use disorders (AlcoAbuse; 25.2%) or anxiety (18.5%) compared to aged enrollees. The only condition where disproportionately more aged were treated was peripheral vascular disease (PVD; 93.3%).

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 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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

SELECTED OTHER CONDITIONS BY DUAL STATUS CODE, 2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

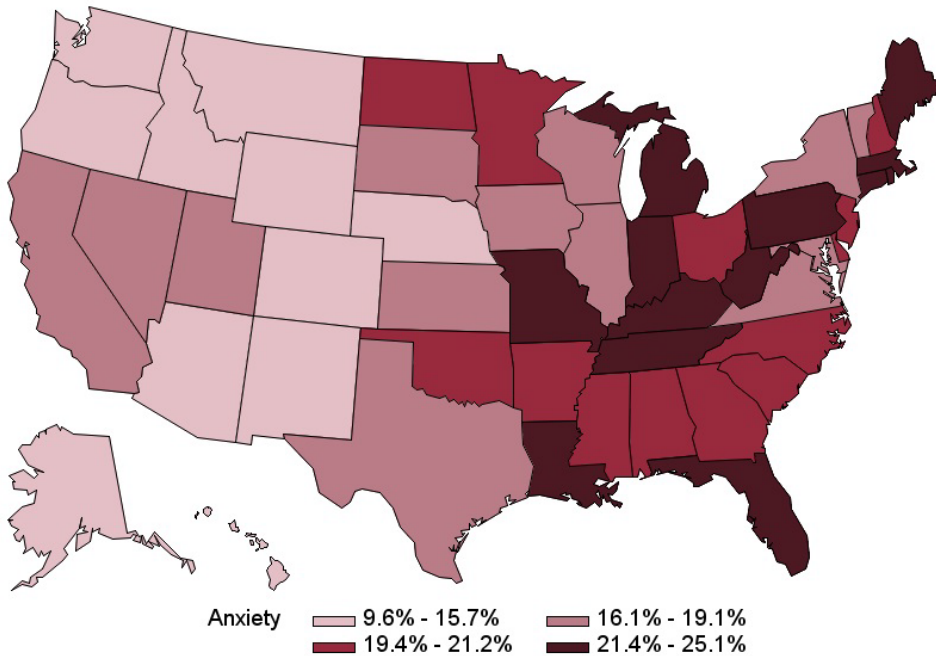
Description:

A total of 17.7% of Medicare fee-for-service (FFS) beneficiaries also had Medicaid coverage in 2022 — 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, 70.0% of beneficiaries treated for schizophrenia and other psychotic disorders (SchizPsychtc), 42.8% of beneficiaries treated for drug use disorders, 39.6% of people treated for opioid use disorder (OUD), and 34.3% of beneficiaries treated for alcohol use disorders (AlcoAbuse) 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, 2022, 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 health maintenance organization [HMO] coverage). Beneficiaries may be counted in more than one condition category.

ANXIETY DISORDERS PERIOD PREVALENCE BY STATE, 2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

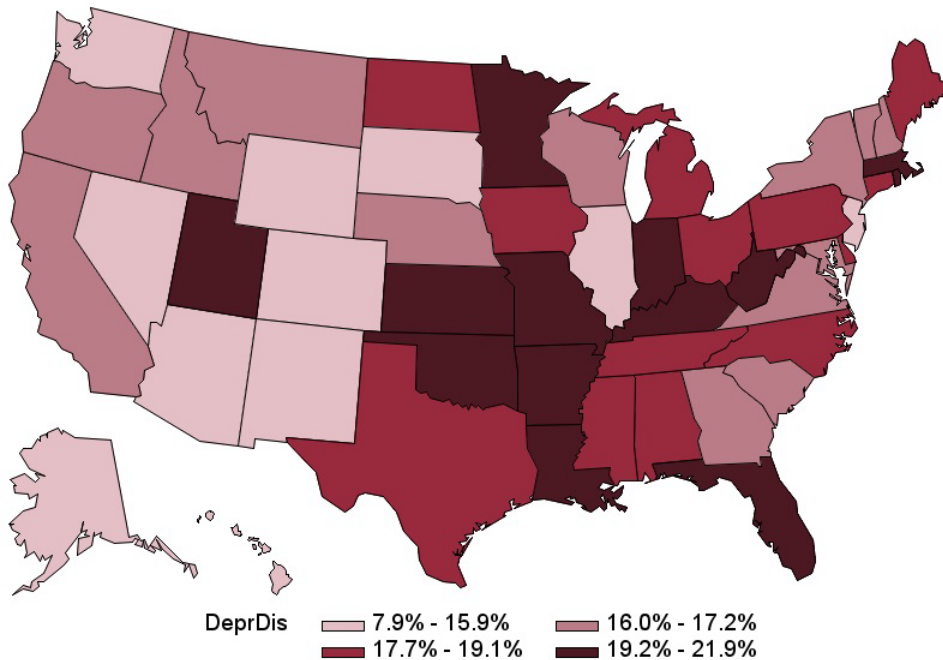
Description:

The number of Medicare fee-for-service (FFS) enrollees with anxiety disorders varied by state. Hawaii had the lowest rate (9.6%), and Rhode Island had the highest (25.13%).

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, 2022, 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 health maintenance organization [HMO] coverage).

DEPRESSIVE DISORDERS PERIOD PREVALENCE BY STATE, 2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

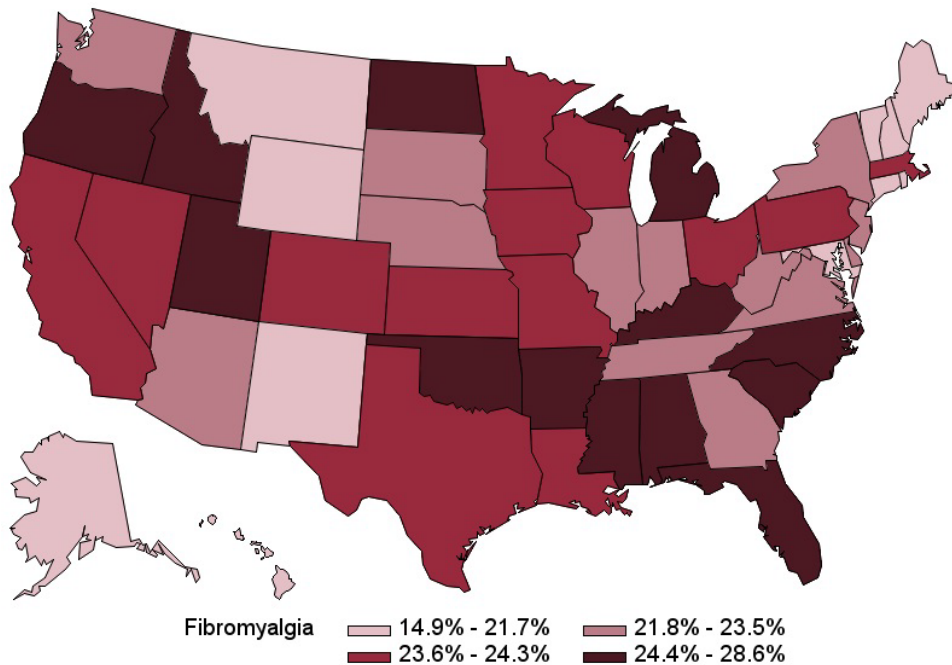
Description:

The number of Medicare fee-for-service (FFS) enrollees with depressive disorders varied by state. Hawaii had the lowest rate (7.85%), and Utah had the highest (21.94%).

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, 2022, 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 health maintenance organization [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, 2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

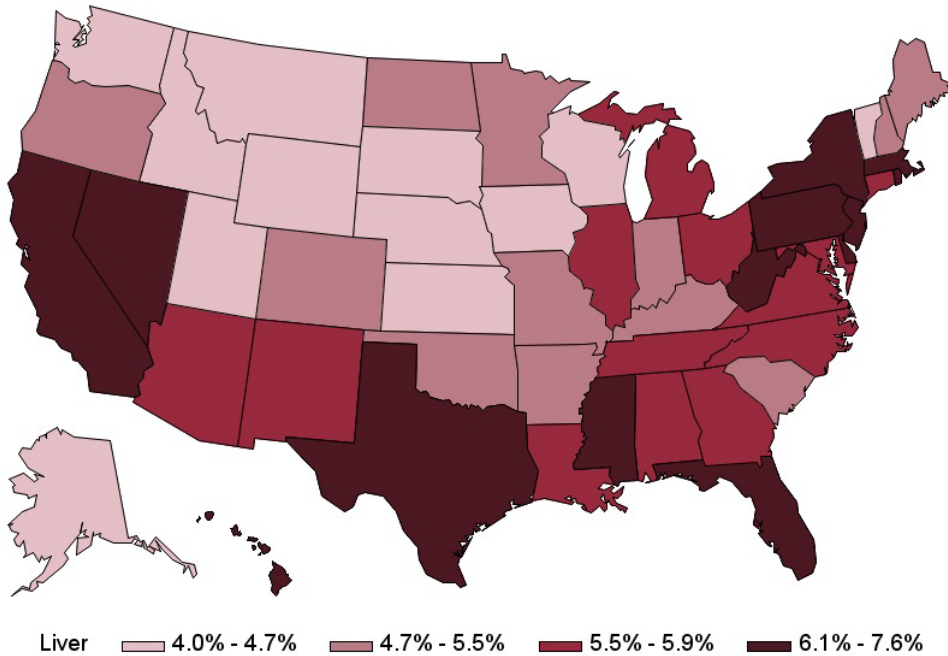
Description:

The number of Medicare fee-for-service (FFS) enrollees with fibromyalgia, chronic pain or fatigue varied by state. Hawaii had the lowest rate (14.9%), and Oklahoma had the highest (28.62%).

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, 2022, 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 health maintenance organization [HMO] coverage).

LIVER DISEASE, CIRRHOSIS, AND OTHER LIVER CONDITIONS PERIOD PREVALENCE BY STATE, 2022



SOURCE: Chronic Conditions Warehouse (CCW), Medicare Beneficiary Summary Files, August 2024.

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 (4.0%), and Hawaii had the highest (7.6%).

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, 2022, 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 health maintenance organization [HMO] coverage).

CHART ABBREVIATIONS

The 2022 Medicare Other Chronic and Disabling Conditions charts use the following abbreviations or shortened terms for conditions names:

Abbreviation/Term	CCW other chronic condition full name
ADHD	ADHD, conduct disorders, and Hyperkinetic Syndrome
AlcoAbuse	Alcohol use disorders
Bipolar	Bipolar disorder
Blind	Sensory — blindness and visual impairment
BrainInj	Traumatic brain injury and nonpsychotic mental disorders due to brain damage
CerPalsy	Cerebral palsy
CysFibrs	Cystic fibrosis and other metabolic developmental disorders
Deaf	Sensory — deafness and hearing impairment
DeprDis	Depressive disorders
DevDelay	Other developmental delays
Drug Abuse	Drug use disorders
Fibromyalgia	Fibromyalgia, chronic pain, and fatigue
Hepatitis	Viral hepatitis (general)
HIV	Human immunodeficiency virus and/or Acquired Immunodeficiency Syndrome (HIV/AIDS)
IntDis	Intellectual disabilities and related conditions
LearnDis	Learning disabilities
Leukemia	Leukemias and lymphomas
Liver Dis	Liver disease, cirrhosis, and other liver conditions (except viral hepatitis)
MD	Muscular dystrophy
Migraine	Migraine and other chronic headache
Mobility	Mobility impairments
MS	Multiple sclerosis and transverse myelitis
OD	Opioid use disorder
PersltyDis	Personality disorders
PressUlc	Pressure ulcers and chronic ulcers
PTSD	Post-traumatic stress disorder
PVD	Peripheral vascular disease
SchizPsychtc	Schizophrenia and other psychotic disorders
SpinaBif	Spina bifida and other congenital anomalies of the nervous system
SpineInj	Spinal cord injury
Tobacco	Tobacco use disorders