

27 CCW Chronic Conditions Algorithms

MBSF_CC_{YYYY} FILE | REVISED 02/2022

Stroke/Transient Ischemic Attack

Reference Period:

1 year

Number/Type of Claims to Qualify¹:

At least 1 inpatient claim **OR** 2 HOP/Carrier claims with DX codes

Valid ICD-10 Codes²:

G45.0, G45.1, G45.2, G45.8, G45.9, G46.0, G46.1, G46.2, G46.3, G46.4, G46.5, G46.6, G46.7, G46.8, G97.31, G97.32, I60.00, I60.01, I60.02, I60.10, I60.11, I60.12, I60.20, I60.21, I60.22, I60.30, I60.31, I60.32, I60.4, I60.50, I60.51, I60.52, I60.6, I60.7, I60.8, I60.9, I61.0, I61.1, I61.2, I61.3, I61.4, I61.5, I61.6, I61.8, I61.9, I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.343, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.8, I63.81, I63.89, I63.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.841, I67.848, I67.89, I97.810, I97.811, I97.820, I97.821 (any DX on the claim)

EXCLUSION: If any of the qualifying claims have any of the following codes in any DX position then EXCLUDE:

S01.90XA, S02.0XXA, S02.0XXB, S02.101A, S02.101B, S02.102A, S02.102B, S02.109A, S02.109B, S02.10XA, S02.10XB, S02.110A, S02.110B, S02.111A, S02.111B, S02.112A, S02.112B, S02.113A, S02.113B, S02.118A, S02.118B, S02.119A, S02.119B, S02.11GA, S02.11GB, S02.11HA, S02.11HB, S02.121A, S02.121B, S02.121D, S02.121G, S02.121K, S02.121S, S02.122A, S02.122B, S02.122D, S02.122G, S02.122K, S02.122S, S02.129A, S02.129B, S02.129D, S02.129G, S02.129K, S02.129S, S02.19XA, S02.19XB, S02.2XXA, S02.2XXB, S02.30XA, S02.30XB, S02.31XA, S02.31XB, S02.32XA, S02.32XB, S02.3XXA, S02.3XXB, S02.400A, S02.400B, S02.401A, S02.401B, S02.402A, S02.402B, S02.40AA, S02.40AB, S02.40BA, S02.40BB, S02.40CA, S02.40CB, S02.40DA, S02.40DB, S02.40EA, S02.40EB, S02.40FA, S02.40FB, S02.411A, S02.411B, S02.412A, S02.412B, S02.413A, S02.413B, S02.42XA, S02.42XB, S02.600A, S02.600B, S02.601A, S02.601B, S02.602A, S02.602B, S02.609A, S02.609B, S02.610A, S02.610B, S02.611A, S02.611B, S02.612A, S02.612B, S02.61XA, S02.61XB, S02.620A, S02.620B, S02.621A, S02.621B, S02.622A, S02.622B, S02.62XA, S02.62XB, S02.630A, S02.630B, S02.631A, S02.631B, S02.632A, S02.632B, S02.63XA, S02.63XB, S02.640A, S02.640B, S02.641A, S02.641B, S02.642A, S02.642B, S02.64XA, S02.64XB, S02.650A, S02.650B, S02.651A, S02.651B, S02.652A, S02.652B, S02.65XA, S02.65XB, S02.66XA, S02.66XB, S02.670A, S02.670B, S02.671A, S02.671B, S02.672A, S02.672B, S02.67XA, S02.67XB, S02.69XA, S02.69XB, S02.80XA, S02.80XB, S02.81XA, S02.81XB, S02.82XA, S02.82XB, S02.831A, S02.831B, S02.831D, S02.831G, S02.831K, S02.831S, S02.832A, S02.832B, S02.832D, S02.832G, S02.832K, S02.832S, S02.839A, S02.839B, S02.839D, S02.839G, S02.839K, S02.839S, S02.841A, S02.841B, S02.841D, S02.841G, S02.841K, S02.841S, S02.842A, S02.842B, S02.842D, S02.842G, S02.842K, S02.842S, S02.849A, S02.849B, S02.849D, S02.849G, S02.849K, S02.849S, S02.85XA, S02.85XB, S02.85XD, S02.85XG, S02.85XK,

S02.85XS, S02.8XXA, S02.8XXB, S02.91XA, S02.91XB, S02.92XA, S02.92XB, S06.0X0A, S06.0X1A, S06.0X2A, S06.0X3A, S06.0X4A, S06.0X5A, S06.0X6A, S06.0X7A, S06.0X8A, S06.0X9A, S06.1X0A, S06.1X1A, S06.1X2A, S06.1X3A, S06.1X4A, S06.1X5A, S06.1X6A, S06.1X7A, S06.1X8A, S06.1X9A, S06.2X0A, S06.2X1A, S06.2X2A, S06.2X3A, S06.2X4A, S06.2X5A, S06.2X6A, S06.2X7A, S06.2X8A, S06.2X9A, S06.300A, S06.301A, S06.302A, S06.303A, S06.304A, S06.305A, S06.306A, S06.307A, S06.308A, S06.309A, S06.310A, S06.311A, S06.312A, S06.313A, S06.314A, S06.315A, S06.316A, S06.317A, S06.318A, S06.319A, S06.320A, S06.321A, S06.322A, S06.323A, S06.324A, S06.325A, S06.326A, S06.327A, S06.328A, S06.329A, S06.330A, S06.331A, S06.332A, S06.333A, S06.334A, S06.335A, S06.336A, S06.337A, S06.338A, S06.339A, S06.340A, S06.341A, S06.342A, S06.343A, S06.344A, S06.345A, S06.346A, S06.347A, S06.348A, S06.349A, S06.350A, S06.351A, S06.352A, S06.353A, S06.354A, S06.355A, S06.356A, S06.357A, S06.358A, S06.359A, S06.360A, S06.361A, S06.362A, S06.363A, S06.364A, S06.365A, S06.366A, S06.367A, S06.368A, S06.369A, S06.370A, S06.371A, S06.372A, S06.373A, S06.374A, S06.375A, S06.376A, S06.377A, S06.378A, S06.379A, S06.380A, S06.381A, S06.382A, S06.383A, S06.384A, S06.385A, S06.386A, S06.387A, S06.388A, S06.389A, S06.4X0A, S06.4X1A, S06.4X2A, S06.4X3A, S06.4X4A, S06.4X5A, S06.4X6A, S06.4X7A, S06.4X8A, S06.4X9A, S06.5X0A, S06.5X1A, S06.5X2A, S06.5X3A, S06.5X4A, S06.5X5A, S06.5X6A, S06.5X7A, S06.5X8A, S06.5X9A, S06.6X0A, S06.6X1A, S06.6X2A, S06.6X3A, S06.6X4A, S06.6X5A, S06.6X6A, S06.6X7A, S06.6X8A, S06.6X9A, S06.810A, S06.811A, S06.812A, S06.813A, S06.814A, S06.815A, S06.816A, S06.817A, S06.818A, S06.819A, S06.820A, S06.821A, S06.822A, S06.823A, S06.824A, S06.825A, S06.826A, S06.827A, S06.828A, S06.829A, S06.890A, S06.891A, S06.892A, S06.893A, S06.894A, S06.895A, S06.896A, S06.897A, S06.898A, S06.899A, S06.9X0A, S06.9X1A, S06.9X2A, S06.9X3A, S06.9X4A, S06.9X5A, S06.9X6A, S06.9X7A, S06.9X8A, S06.9X9A, **OR** Z51.89 as the principal DX Code then EXCLUDE.

Valid ICD-9 Codes²:

430, 431, 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.00, 434.01, 434.10, 434.11, 434.90, 434.91, 435.0, 435.1, 435.3, 435.8, 435.9, 436, 997.02 (any DX on the claim)

EXCLUSION: If any of the qualifying claims have: 800 <= DX Code <= 804.99, 850 <= DX Code <= 854.19 in any DX position **OR** DX V57xx as the principal DX Code, then EXCLUDE.

¹ SNF refers to skilled nursing facility; HHA refers to home health agency; HOP refers to hospital outpatient. Carrier claims refer to claim types 71 and 72 (not durable medical equipment [DME] claim types 81 or 82), and excludes any claims for which line item Berenson-Eggers Type of Service (BETOS) code variable equals D1A, D1B, D1C, D1D, D1E, D1F, D1G (which is DME), or O1A (which is ambulance services). The intent of the algorithm is to exclude claims where the services do not require a licensed health care professional. When two claims are required, they must occur at least one day apart.

² ICD-10 codes are effective 10/2015; effective dates for ICD-9 codes vary, but are valid through 09/2015. Researchers may be interested in confirming the code(s) of interest in the accompanying claims data files.