

# CMS Chronic Conditions Data Warehouse (CCW)

## CCW Condition Algorithms *(rev. 06/2019)*

Algorithms	Reference Period (# of Years) <sup>1</sup>	Valid ICD-9 / MS DRG / HCPCS Codes	Valid ICD-10 Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
Opioid Use Disorder (OUD) #1	2 Years		Any positive result from Indicators OUD#2, OUD#3 or OUD#4, below.	
OUD #2 - Diagnosis- and Procedure-code basis for OUD	2 Years	304.0, 304.00, 304.01, 304.02, 304.7, 304.70, 304.71, 304.72, 305.5, 305.50, 305.51, 305.52, 760.72, 965.0, 965.00, 965.01, 965.02, 965.09, E85.00, E85.01, E85.02, E93.50, E93.51	DX F11.10, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, 11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, T40.0X1A, T40.0X2A, T40.0X3A, T40.0X4A, T40.1X1A, T40.1X2A, T40.1X3A, T40.1X4A, T40.2X1A, T40.2X2A, T40.2X3A, T40.2X4A, T40.3X1A, T40.3X2A, T40.3X3A, T40.3X4A, T40.3X5A, T40.4X1A, T40.4X2A, T40.4X3A, T40.4X4A, T40.601A, T40.602A, T40.603A, T40.604A, T40.691A, T40.692A, T40.693A, T40.694A <b>ICD-10 procedure codes:</b> HZ81ZZZ, HZ84ZZZ, HZ85ZZZ, HZ86ZZZ, HZ91ZZZ, HZ94ZZZ, HZ95ZZZ, HZ96ZZZ (any position on the claim)	At least 1 inpatient OR 2 other non-drug claims of any service type with DX (or ICD-10-PCS procedure) codes
OUD #3 - Opioid-related Hospitalizations/E D Visits	2 Years	<b>Diagnosis Codes from HCUP:</b> 304.00, 304.01, 304.02, 304.70, 304.71, 304.72, 305.50, 305.51, 305.52, 965.00, 965.01, 965.02, 965.09, 970.1, E85.00, E85.01, E85.02, E93.50, E93.51, E93.52, E94.01	DX F11.10, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, T40.0X1A, T40.0X1D, T40.0X1S, T40.0X2A, T40.0X2D, T40.0X2S, T40.0X3A, T40.0X3D, T40.0X3S, T40.0X4A, T40.0X4D, T40.0X4S, T40.0X5A, T40.0X5D, T40.0X5S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X2A, T40.1X2D, T40.1X2S, T40.1X3A, T40.1X3D, T40.1X3S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X2A, T40.2X2D, T40.2X2S, T40.2X3A, T40.2X3D, T40.2X3S, T40.2X4A, T40.2X4D, T40.2X4S, T40.2X5A, T40.2X5D, T40.2X5S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X2A, T40.3X2D, T40.3X2S, T40.3X3A, T40.3X3D, T40.3X3S, T40.3X4A, T40.3X4D, T40.3X4S, T40.3X5A, T40.3X5D, T40.3X5S, T40.4X1A, T40.4X1D, T40.4X1S, T40.4X2A, T40.4X2D, T40.4X2S, T40.4X3A, T40.4X3D, T40.4X3S, T40.4X4A, T40.4X4D, T40.4X4S, T40.4X5A, T40.4X5D, T40.4X5S, T40.601A, T40.601D, T40.601S, T40.602A, T40.602D, T40.602S, T40.603A, T40.603D, T40.603S, T40.604A, T40.604D, T40.604S, T40.605A, T40.605D, T40.605S, T40.691A, T40.691D, T40.691S, T40.692A, T40.692D, T40.692S, T40.693A, T40.693D, T40.693S, T40.694A, T40.694D, T40.694S, T40.695A, T40.695D, T40.695S (any position on the claim)	One inpatient claim OR one emergency department (ED) claim

<sup>1</sup> CCW data begins in 1999. When working with condition files prior to 2003, conditions with a reference period of 2-5 years will not have a sufficient length of data to fully meet the condition criteria in some years.

<sup>2</sup> 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.

<sup>3</sup> When 2 claims are required, they must occur at least one day apart. Note that the claims inclusion rules for these algorithms differ somewhat from the rules for the set of [“CCW Chronic Condition Algorithms.”](#)

<sup>4</sup> The Viral Hepatitis (General) condition includes all other types of hepatitis covered; the variables for each specific type of hepatitis are not included in the Master Beneficiary Summary File (MBSF).

Algorithms	Reference Period (# of Years) <sup>1</sup>	Valid ICD-9 / MS DRG / HCPCS Codes	Valid ICD-10 Codes <sup>2</sup>	Number/Type of Claims to Qualify <sup>3</sup>
<p> <b>Algorithm #4 - Utilization of Medication-Assisted Therapy (MAT)</b> </p>	<p>2 Years</p>	<p>Same as IDC-10</p>	<p> <b>HCPCS codes for MAT:</b>            J0571, J0572, J0573, J0574, J0575, S0109, J1230, J2315  <b>NDCs for Buprenorphine:</b>            54017613, 54017713, 54018813, 54018913, 93537856, 93537956, 93572056, 93572156, 228315303, 228315403, 228315473, 228315503, 228315573, 228315603, 378092393, 378092493, 406192303, 406192403, 490005100, 490005130, 490005160, 490005190, 12496120201, 12496120203, 12496120401, 12496120403, 12496120801, 12496120803, 12496121201, 12496121203, 12496127802, 12496128302, 12496130602, 12496131002, 16590066605, 16590066630, 16590066705, 16590066730, 16590066790, 23490927003, 23490927006, 23490927009, 35356000407, 35356000430, 35356055530, 35356055630, 42291017430, 42291017530, 43063018407, 43063018430, 49999039507, 49999039515, 49999039530, 49999063830, 49999063930, 50383028793, 50383029493, 50383092493, 50383093093, 52959030430, 52959074930, 53217013830, 4123011430, 54123091430, 54123092930, 54123095730, 54123098630, 54569573900, 54569573901, 54569573902, 54569639900, 54569640800, 54569657800, 54868570700, 54868570701, 54868570702, 54868570703, 54868570704, 54868575000, 55045378403, 55700014730, 55700018430, 55700030230, 55700030330, 59385001201, 59385001230, 59385001401, 59385001430, 59385001601, 59385001630, 63629402801, 63629403401, 63629403402, 63629403403, 63629409201, 63874108403, 63874108503, 63874117303, 65162041503, 65162041603, 66336001630, 68071138003, 68071151003, 68258299103, 68258299903, 68308020230, 68308020830  <b>NDCs for Naltrexone (see exclusion criteria, below):</b>            56001122, 56001130, 56001170, 56007950, 56008050, 185003901, 185003930, 406009201, 406009203, 406117001, 406117003,            55509020,555090202,16729008101,16729008110,42291063230,43063059115,47335032683,47335032688,50436010501,51224020630,            51224020650,51285027501,51285027502,52152010502,52152010504,52152010530,54868557400,63459030042,65694010003,            65694010010,65757030001,65757030202,68084029111,68084029121,68094085362,68115068030  <b>Exclude beneficiaries with NDC for Naltrexone, if the CCW Alcohol use disorder indicator = Yes and Opioid use disorder DX indicator (from measure #2 OUD using diagnoses) = No; or CCW Drug use disorder indicator = Yes and Opioid use DX disorder = No</b> </p>	<p>           One or more drug claim (Medicare Part B, Medicare Part D, and/or Medicaid) with an NDC for opioid-MAT <b>OR</b> one or more non-drug claim (Medicare Part B or Medicaid non-drug claim) with a HCPCS code. (Note: Naltrexone NDCs are excluded if there is evidence of an alcohol or other drug use disorder where opioid DX [OUD #2] is not present.)         </p>

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<sup>3</sup> When 2 claims are required, they must occur at least one day apart. Note that the claims inclusion rules for these algorithms differ somewhat from the rules for the set of [“CCW Chronic Condition Algorithms.”](#)

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