

30 CCW Chronic Conditions Algorithms

MBSF_CHRONIC_{YYYY} FILE | REVISED 02/2022

Cataract

Reference Period:

1 year

Number/Type of Claims to Qualify¹:

At least 1 HOP or carrier claim with DX codes

Valid ICD-10 Codes²:

E08.36, E09.36, E10.36, E11.36, E13.36, H25.011, H25.012, H25.013, H25.019, H25.031, H25.032, H25.033, H25.039, H25.041, H25.042, H25.043, H25.049, H25.091, H25.092, H25.093, H25.099, H25.10, H25.11, H25.12, H25.13, H25.20, H25.21, H25.22, H25.23, H25.811, H25.812, H25.813, H25.819, H25.89, H25.9, H26.001, H26.002, H26.003, H26.009, H26.011, H26.012, H26.013, H26.019, H26.031, H26.032, H26.033, H26.039, H26.041, H26.042, H26.043, H26.049, H26.051, H26.052, H26.053, H26.059, H26.061, H26.062, H26.063, H26.069, H26.09, H26.101, H26.102, H26.103, H26.109, H26.111, H26.112, H26.113, H26.119, H26.121, H26.122, H26.123, H26.129, H26.131, H26.132, H26.133, H26.139, H26.20, H26.211, H26.212, H26.213, H26.219, H26.221, H26.222, H26.223, H26.229, H26.30, H26.31, H26.32, H26.33, H26.40, H26.411, H26.412, H26.413, H26.419, H26.491, H26.492, H26.493, H26.499, H26.8, H26.9, Q12.0 (any DX on the claim)

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. Researchers may be interested in confirming the code(s) of interest in the accompanying claims data files.