# Congestive Heart Failure (CHF): Case Definition

**Goal:**  Identify **prevalent and incident congestive heart failure** in administrative data (Alberta Health and Wellness data April 1, 1994 to March 31, 2009).

**Validated Algorithm:** 1 hospitalization data with CHF coded as most responsible diagnosis1

**Datasets:** Hospitalization discharge database, Diagnosis type indicator ‘M’ (Most responsible diagnosis)

Ambulatory Care Classification System (ACCS), Diagnosis type indicator ‘M’ (Most responsible diagnosis)from Emergency Room (ER) visits only (MIS codes - 71310 (Emergency) or 7131020 (General Emergency)).

Physician claims, all fields

**Case Definition:**

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| --- | --- | --- | --- | --- |
| **Congestive Heart Failure** | **ICD-9-CM Codes** | **ICD-9-CM Description** | **ICD-10-CA Codes** | **ICD-10-CA Description** |
| **Codes** | 428.x | Heart failure | I50.x | Heart failure |

**CHF Date of Onset:** The first date of either the hospitalisation, ACCS or physician claim

**Wash-out Period:**

There will be a wash-out period of ***at least*** 3 years. Therefore, if the first CHF (by definition) occurs on or after April 1, 1997, CHF will be considered an **incident** case. If the first CHF (by definition) occurs between April 1, 1994 and March 31, 1997, there will not be a wash-out period of at least 3 years available. In this case, CHF will be considered **prevalent**.

*Note: ACCS data is available from 1997, whereas hospitalization and claims data are available from 1994.* If the first CHF (by definition) is identified from the ACCS dataset and occurs before April 1, 2000, then CHF will be considered **prevalent**. This ensures at least a 3 year wash-out period for ACCS.

**References to cite:**

1. Lee DS, Donovan L, Austin PC, et al. Comparison of coding of heart failure and comorbidities in administrative and clinical data for use in outcomes research. *Med Care* 2005; 43: 182 - 188.