



British Columbia Chronic Disease Registries (BCCDR) Case Definitions
(Last Update: April 2024)

Population Health Surveillance and Epidemiology Branch

Office of the Provincial Health Officer

British Columbia (BC) Ministry of Health

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STROKE, HOSPITALIZED TRANSIENT ISCHEMIC ATTACK (TIA)

Case Definition Type: Health Service Contact Prevalence Incidence Rate Lifetime Prevalence

Case Definition:

One or more hospitalizations with a transient ischemic attack diagnostic code.

Signed-off BC Case Definition: Yes - V2022 No

Notes: See Traumatic Brain Injury exclusions in Diagnostic Code section below.

Age Restriction: 20+ years

Data Sources:

| Data Source | ICD Code/Procedure Code/Rx | ICD Code/Procedure Code Position | Diagnosis Type | Hospital Care Level |
|-----------------|---|--|---|---|
| Hospital ICD-10 | H34.0 G45.0 G45.1 G45.2 G45.3 G45.8 G45.9 | First Position Only <input type="checkbox"/> All positions <input checked="" type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/> | M-Most Responsible Diagnosis <input checked="" type="checkbox"/> 1-Pre-Admit Comorbidity <input checked="" type="checkbox"/> 2-Post-Admit Comorbidity <input checked="" type="checkbox"/> 3-Secondary Diagnosis <input checked="" type="checkbox"/> 4-Morphology Code <input checked="" type="checkbox"/> 5-Admitting Diagnosis <input checked="" type="checkbox"/> 6-Proxy Most Responsible Diagnosis <input checked="" type="checkbox"/> 9-External Cause of Injury Code <input checked="" type="checkbox"/> 0-Newborn <input checked="" type="checkbox"/> W,X,Y- Service Transfer Diagnosis <input checked="" type="checkbox"/> | Acute Care <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Day Surgery <input checked="" type="checkbox"/> |
| Hospital ICD-9 | 435 | First Position Only <input type="checkbox"/> All positions <input checked="" type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/> | M-Most Responsible Diagnosis <input checked="" type="checkbox"/> 1-Pre-Admit Comorbidity <input checked="" type="checkbox"/> 2-Post-Admit Comorbidity <input checked="" type="checkbox"/> 3-Secondary Diagnosis <input checked="" type="checkbox"/> 4-Morphology Code <input checked="" type="checkbox"/> 5-Admitting Diagnosis <input checked="" type="checkbox"/> 6-Proxy Most Responsible Diagnosis <input checked="" type="checkbox"/> 9-External Cause of Injury Code <input checked="" type="checkbox"/> 0-Newborn <input checked="" type="checkbox"/> | Acute Care <input checked="" type="checkbox"/> Rehabilitation <input checked="" type="checkbox"/> Day Surgery <input checked="" type="checkbox"/> |

| | | | | | |
|---------------------|--------|-----|--|---|-----|
| | | | | W,X,Y- Service Transfer Diagnosis <input checked="" type="checkbox"/> | |
| Practitioner ICD-9 | Claims | N/A | First Position Only <input type="checkbox"/> All Positions <input type="checkbox"/> Others <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | N/A | N/A |
| Practitioner ICD-10 | Claims | N/A | First Position Only <input type="checkbox"/> All Positions <input type="checkbox"/> Others <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | N/A | N/A |
| PharmaNet History | Drug | N/A | N/A | N/A | N/A |

Diagnostic Codes:

| ICD-9/10 | Description |
|---|--|
| H34.0 | Transient retinal artery occlusion |
| G45.0 | Vertebro-basilar artery syndrome |
| G45.1 | Carotid artery syndrome (hemispheric) |
| G45.2 | Multiple and bilateral precerebral artery syndromes |
| G45.3 | Amaurosis fugax |
| G45.8 | Other transient cerebral ischemic attacks and related syndromes |
| G45.9 | Transient cerebral ischemic attack, unspecified |
| 435 | Transient cerebral ischemia |
| Exclusions: any traumatic brain injury | |
| S02.x | Fracture of skull and facial bones, except S02.5 fracture of tooth * |
| S06.x | Intracranial injury |
| Z50.x | Care involving use of rehabilitation procedures |
| 800 | Fracture of vault of skull |
| 801 | Fracture of base of skull |
| 802 | Fracture of face bones |
| 803 | Other and unqualified skull fractures |
| 804 | Multiple fractures involving skull or face with other bones |
| 850 | Concussion |

| | |
|-------|--|
| 851 | Cerebral laceration and contusion |
| 852 | Subarachnoid subdural and extradural hemorrhage following injury |
| 853 | Other and unspecified intracranial hemorrhage following injury |
| 854 | Intracranial injury of other and unspecified nature |
| V57.x | Care involving use of rehabilitation procedures. Only excluded stroke diagnoses on the same day, and the code is the primary hospital discharge diagnosis. |

Procedure Code: N/A

Drug List: N/A