



Multiple Chronic Conditions Chartbook

2010 MEDICAL EXPENDITURE PANEL SURVEY DATA



Agency for Healthcare Research and Quality
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Introduction

In the early 20th century public health advances that addressed infectious diseases and poor nutrition greatly improved life expectancy. Now, as scientific understanding and technological advances have made acute and episodic illness (such as heart attack and stroke) survivable, chronic disease has become one of the most important challenges facing the United States healthcare system. More and more people are living with not just one chronic illness, such as diabetes, heart disease or depression, but with two or more conditions. In fact, 31.5% of all Americans, almost a third of the population, are now living with multiple chronic conditions (MCC). The healthcare needs of people with MCC are often complex. Seventy one percent of all healthcare spending in the US goes towards treating people with MCC. Although MCC affects a large percentage of working aged Americans (49% of those aged 45-64), prevalence increases with age – 80% of people 65 and older live with MCC. And as the US population ages, and people live longer, the number of people with MCC is expected to continue to grow. It will be important to monitor the prevalence of multiple chronic conditions over time, to understand patterns of disease, the costs to the health care system and individuals, and the effect on quality of life.



Background

The Agency for Healthcare Research and Quality (AHRQ) funded the development of the Multiple Chronic Conditions Chartbook: 2010 Medical Expenditure Panel Survey Data to provide policy makers and researchers with up-to-date, nationally representative information about people with MCC. The Chartbook is one of AHRQ's ongoing efforts to support the Department of Health and Human Services' (HHS) [Multiple Chronic Conditions Strategic Framework](#);¹ specifically to facilitate research to fill knowledge gaps about individuals with MCC. An earlier report by Gerard Anderson, funded by the Robert Wood Johnson Foundation, titled, "[Chronic Care: Making the Case for Ongoing Care](#)",² utilized 2006 Medical Expenditure Panel Survey (MEPS) data. This has served as an important and widely cited source of information on MCC. Therefore, we have maintained a similar approach to data analysis while updating the MEPS statistics with 2010 data.

Because MEPS data are publicly available and collected on an ongoing basis, they can be used to examine trends in MCC over time. AHRQ encourages researchers to update and expand upon these findings.

Data Source

The data were drawn from the Household Component of the 2010 and 2006 Medical Expenditure Panel Survey (MEPS), a nationally representative survey administered by AHRQ. The MEPS sample is representative of the civilian, non-institutionalized population of the United States. People residing in institutions, such as nursing homes, are not included in the sample, and therefore the data underestimate the number of people living with MCC in the U.S., and healthcare spending on their behalf. The data include demographic characteristics, health conditions and health status, use of medical care services, charges and payments for those services, access to and satisfaction with care, health insurance coverage, income, and employment.

The MEPS Household Component survey, codebook, documentation, data in ASCII format, and the SAS statement to read the ASCII data into a SAS dataset are all freely available to the public: http://meps.ahrq.gov/mepsweb/data_stats/download_data_files.jsp.

- 1 U.S. Department of Health and Human Services (2010). Multiple Chronic Conditions – A Strategic Framework: Optimum Health and Quality of Life for Individuals with Multiple Chronic Conditions. Washington, D.C. December, 2010.
- 2 Anderson G. Chronic Care: Making the Case for Ongoing Care. Robert Wood Johnson Foundation. February, 2010.

Methodology

A detailed explanation of the data analysis methodology is provided in Appendix A, including a description of the MEPS variables and SAS code used to produce the Chartbook.

To maintain consistency with Anderson's earlier MCC chartbook, the authors used a chronic conditions classification system developed by Hwang and colleagues, described in two papers published in *Health Affairs*.^{3,4} Hwang's definition of a chronic condition was "one that lasted or was expected to last twelve or more months and resulted in functional limitations and/or the need for ongoing medical care."⁵ Publicly available MEPS data include 3-digit ICD-9 codes, not the more detailed 5-digit codes, and Hwang and colleagues offer one of the only grouping systems for 3-digit ICD-9 codes. The chronic condition classification list created by Hwang and colleagues is included, with permission, in Appendix B1, and is available in excel format at <http://www.icpsr.umich.edu/icpsrweb/content/AHRQMCC/shared-code.html>.

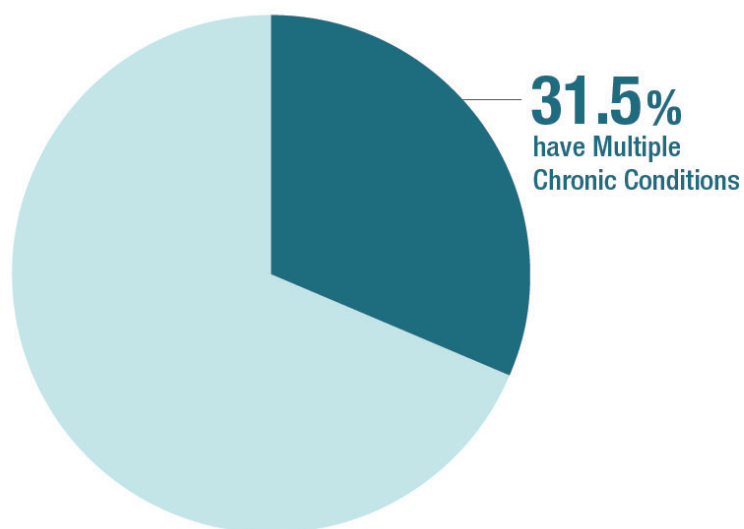
- 3 Hwang W, Weller W, Ireys H, Anderson G. Out-of-Pocket Medical Spending For Care Of Chronic Conditions. *Health Affairs*, 20, no6 (2001):267-278. DOI: 10.1377/hlthaff.20.6.267.
- 4 Paez KA, Zhao L, and Hwang W. Rising Out-Of-Pocket Spending For Chronic Conditions: A Ten-Year Trend. *Health Affairs*, 28, no.1 (2009):15-25. DOI: 10.1377/hlthaff.28.1.15
- 5 Hwang W, 2001.



Prevalence and Scope of MCC

All types of people are affected by chronic disease, although older people and women are the most likely to report one or more chronic condition. The charts below present information about the prevalence of chronic disease and multiple chronic conditions, as well as the most common chronic conditions for adults and children.

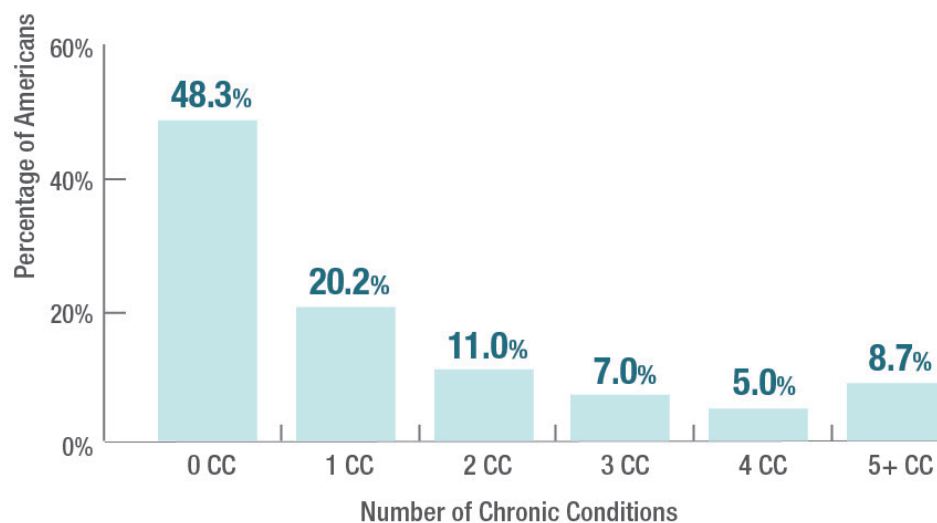
Percentage of All Americans with Multiple Chronic Conditions – 2010



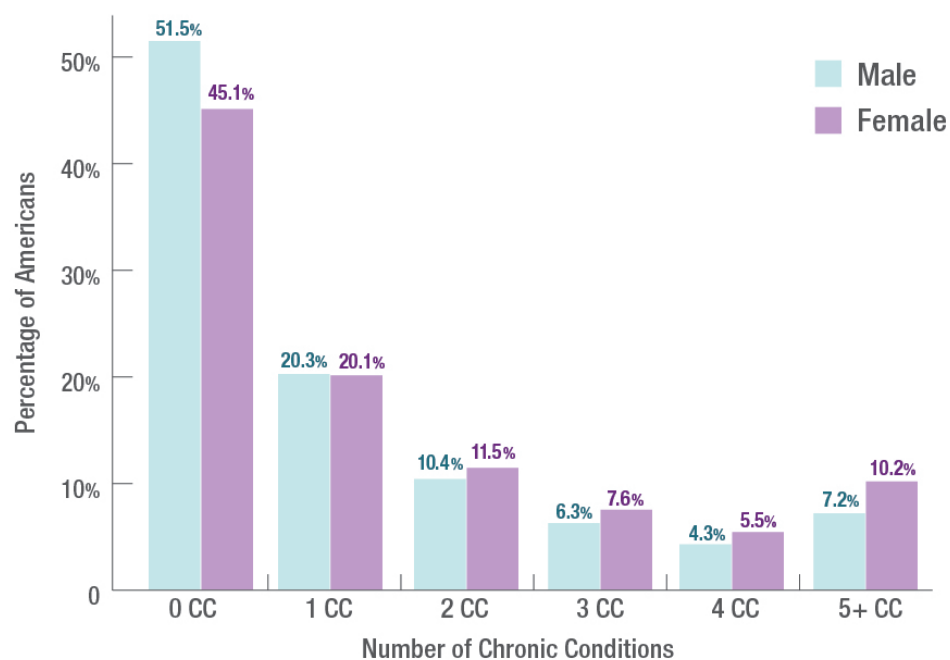
DATA HIGHLIGHT

In 2010, over a half (51.7%) of all Americans had at least one chronic condition and almost 1/3 (31.5%) of all Americans had multiple chronic conditions.

Percentage of All Americans with Chronic Conditions, by Number of Chronic Conditions – 2010



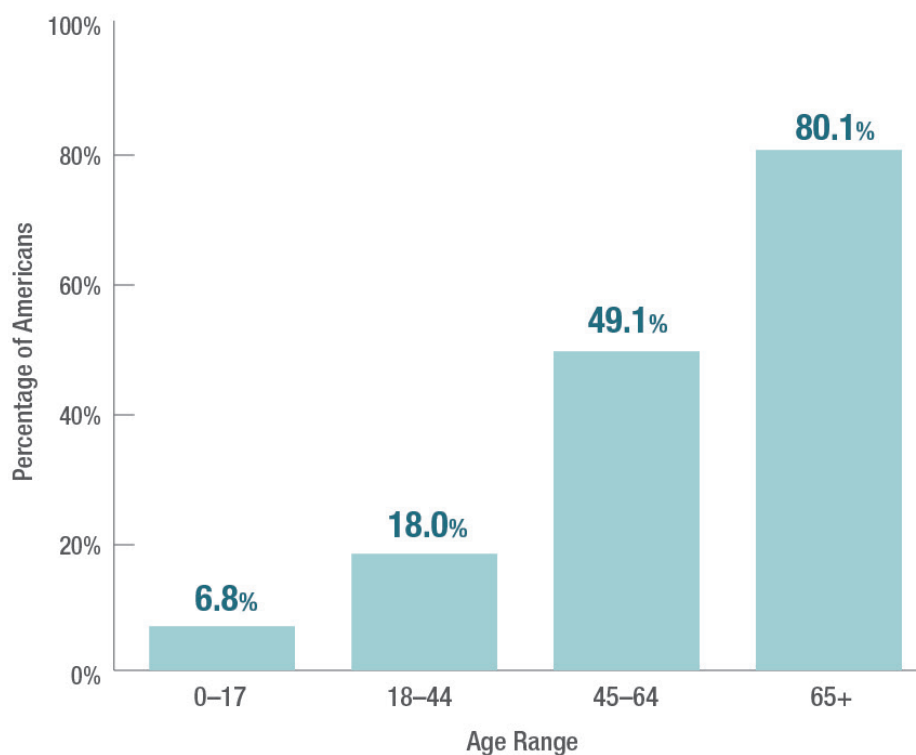
Percent of All Americans with Chronic Conditions, by Number of Chronic Conditions and Gender – 2010



DATA HIGHLIGHT

Women were more likely than men to report multiple chronic conditions (34.7% for women compared to 28.2% for men).

Percent of All Americans with Multiple Chronic Conditions, by Age Group – 2010

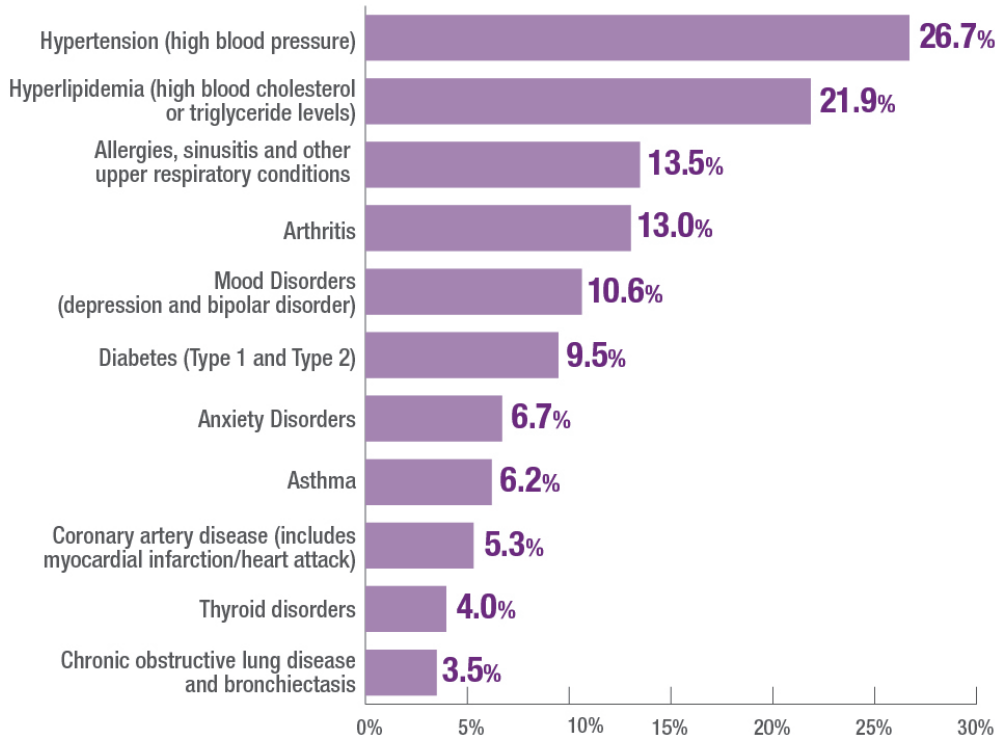


DATA HIGHLIGHTS

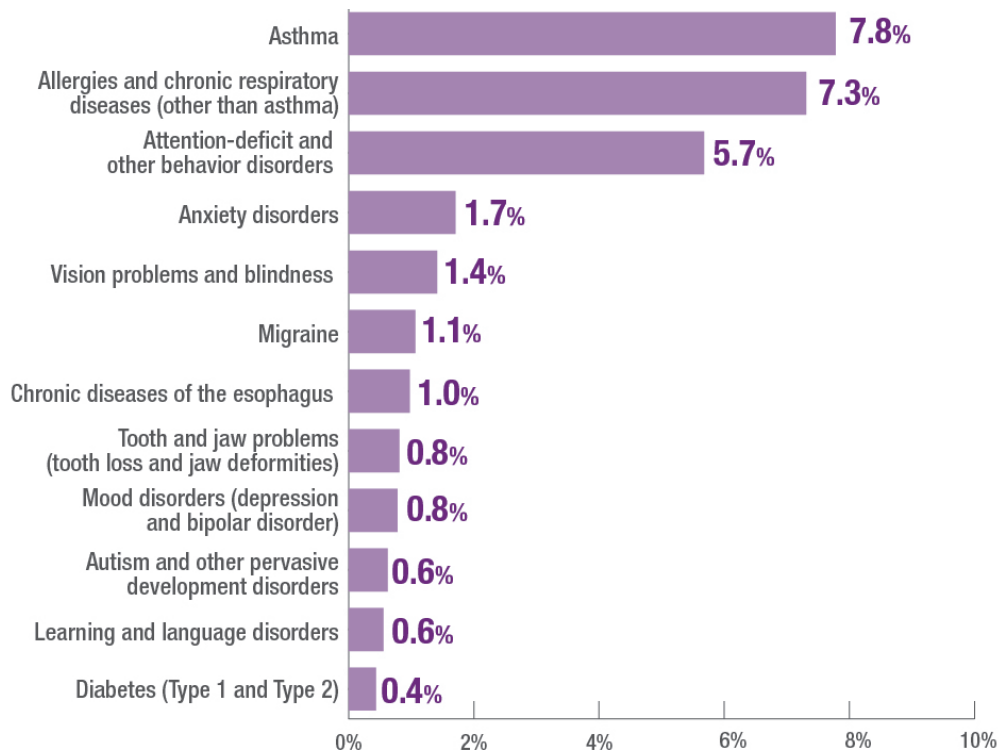
The prevalence of multiple chronic conditions increases dramatically with age.

Almost half of all people aged 45-64, and 80% of those 65 and over, have multiple chronic conditions.

Most Prevalent Chronic Conditions in Adults (18 and older) – 2010



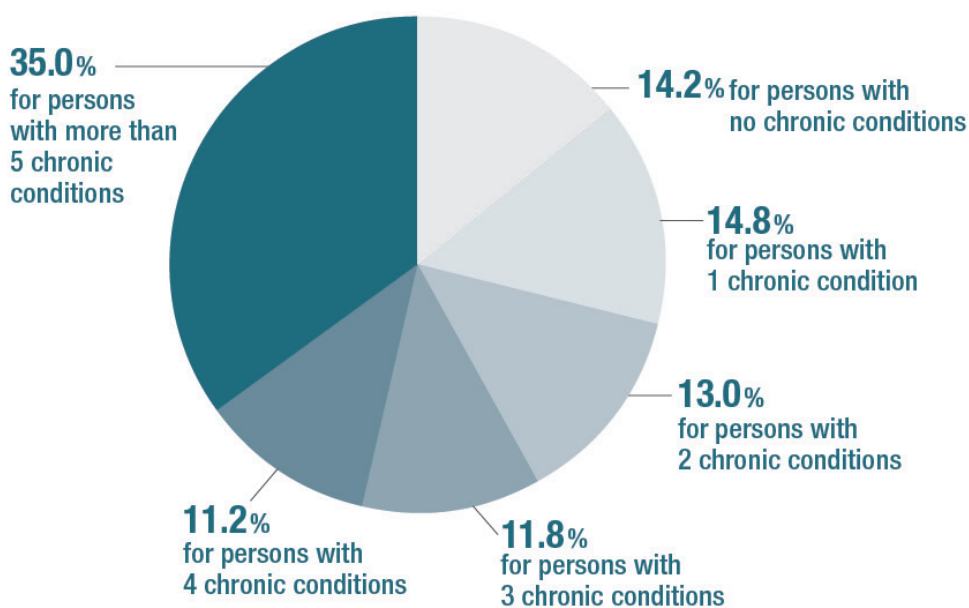
Most Prevalent Chronic Conditions in Children (17 and younger) – 2010



Healthcare Utilization and Costs

People with multiple chronic conditions have complex health needs and therefore need more health care services than those without chronic conditions. Accordingly, persons with multiple chronic conditions are also the costliest patients, and costs increase with the number of chronic conditions. The cost of caring for complex patients strains the budgets of patients and families and health insurance plans. The charts below present data on the use of health care services by patients with multiple chronic conditions, and the costs associated with that care. Additionally, the percentage of enrollees with multiple chronic conditions by type of insurance coverage is presented.

Total U.S. Healthcare Spending by Number of Chronic Conditions in 2010



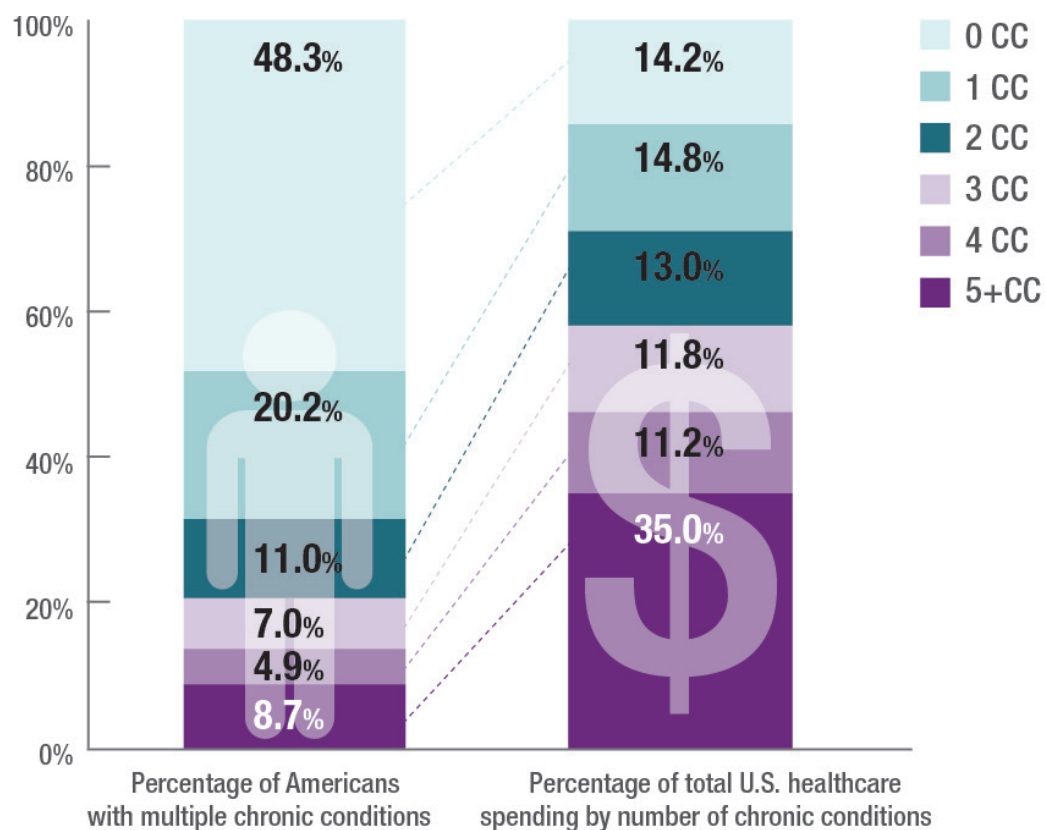
DATA HIGHLIGHTS

86% of healthcare spending is for patients with one or more chronic conditions.

71% of healthcare spending is for patients with multiple chronic conditions

- Said another way, 71¢ of every dollar of healthcare spending goes to treating people with multiple chronic conditions.

US Healthcare Spending Associated with Percent of Population by Number of Chronic Conditions – 2010

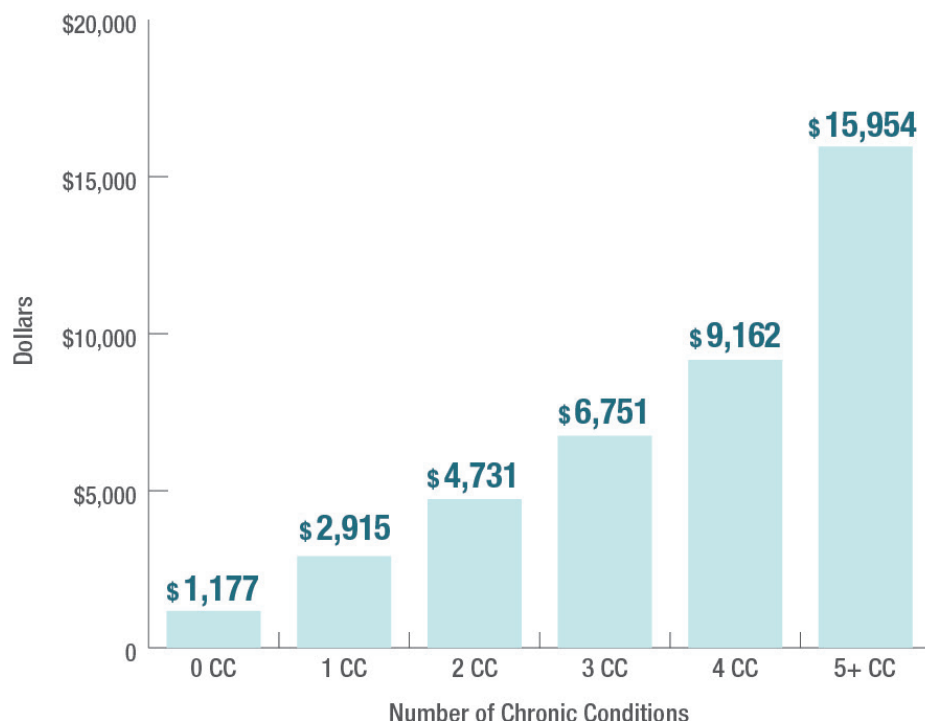


DATA HIGHLIGHT

35% of healthcare spending is for the 8.7% of people with five or more chronic conditions.



Average Healthcare Spending Per Capita, by Number of Chronic Conditions – 2010

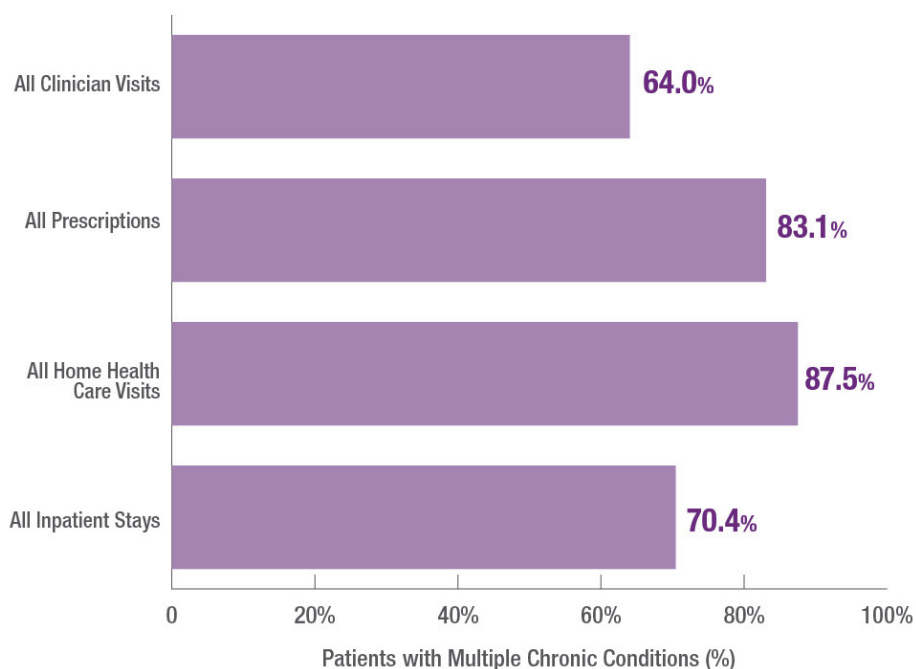


DATA HIGHLIGHTS

Compared to those without any chronic conditions:

- Spending is almost 2.5 times more for those with one chronic condition.
- Spending is almost 6 times more for those with three chronic conditions.
- Spending is 13.5 times more for those with five or more chronic conditions.

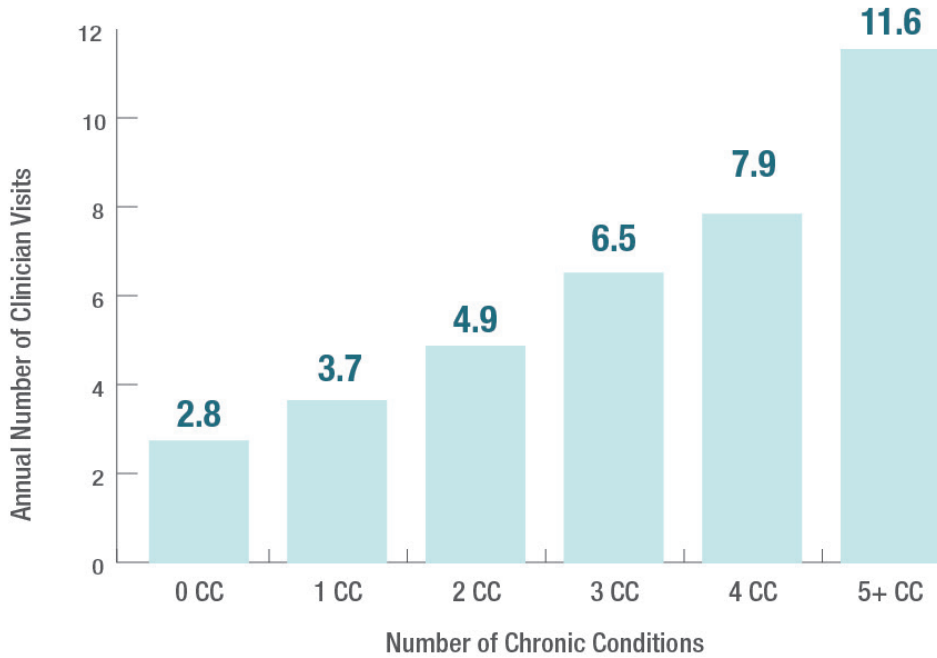
Percent of Healthcare Services Used by People with Multiple Chronic Conditions – 2010



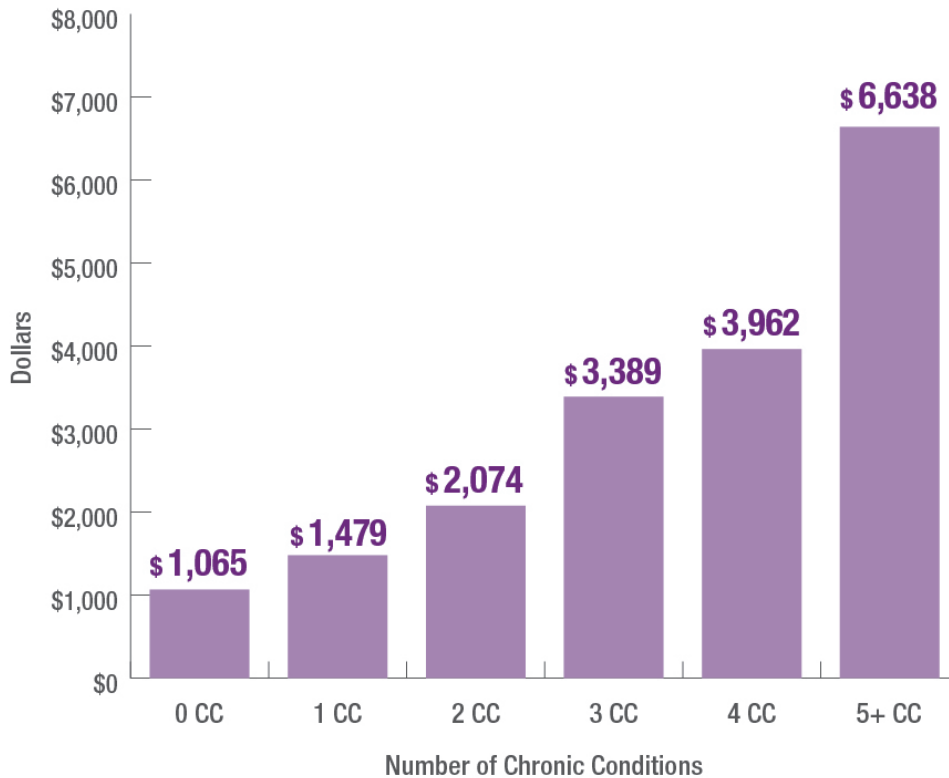
DATA HIGHLIGHT

People with multiple chronic conditions account for the majority of clinician visits, prescriptions, home health visits and inpatient stays.

Average Annual Number of Clinician Visits Per Capita, by Number of Chronic Conditions – 2010



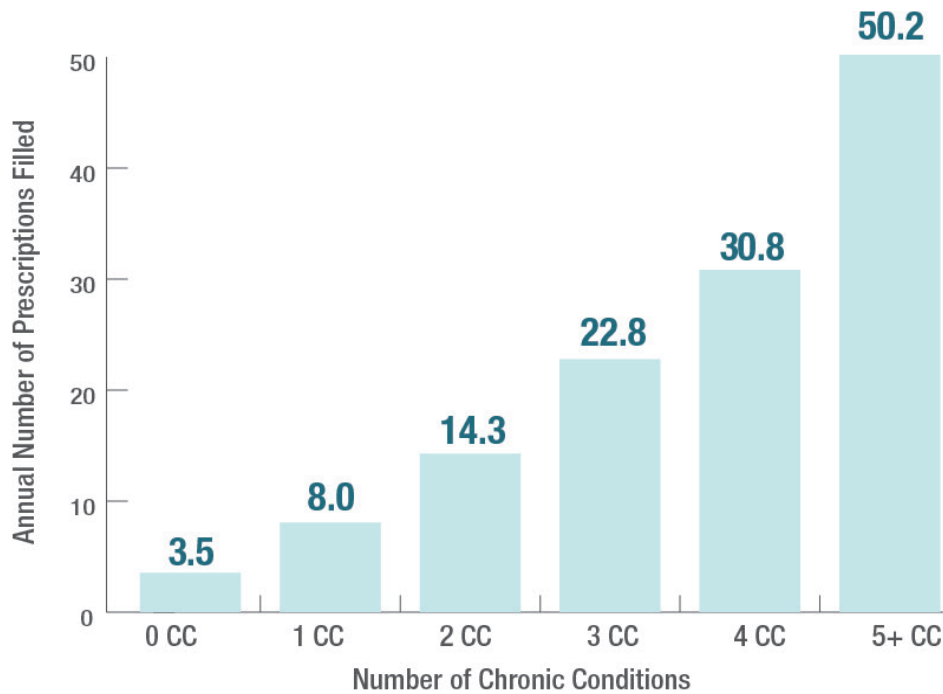
Average Annual Spending on Clinician Visits Per Capita, by Number of Chronic Conditions – 2010



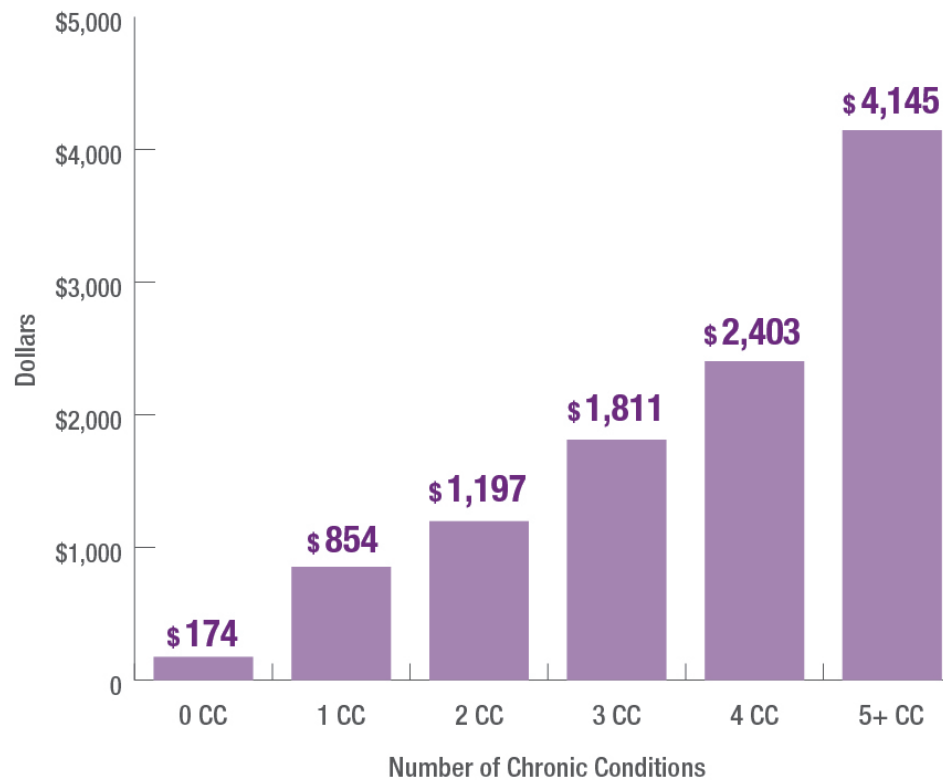
DATA NOTE

Spending here includes all payers, including patients and insurance companies.

Average Annual Number of Prescriptions Filled Per Capita, by Number of Chronic Conditions – 2010



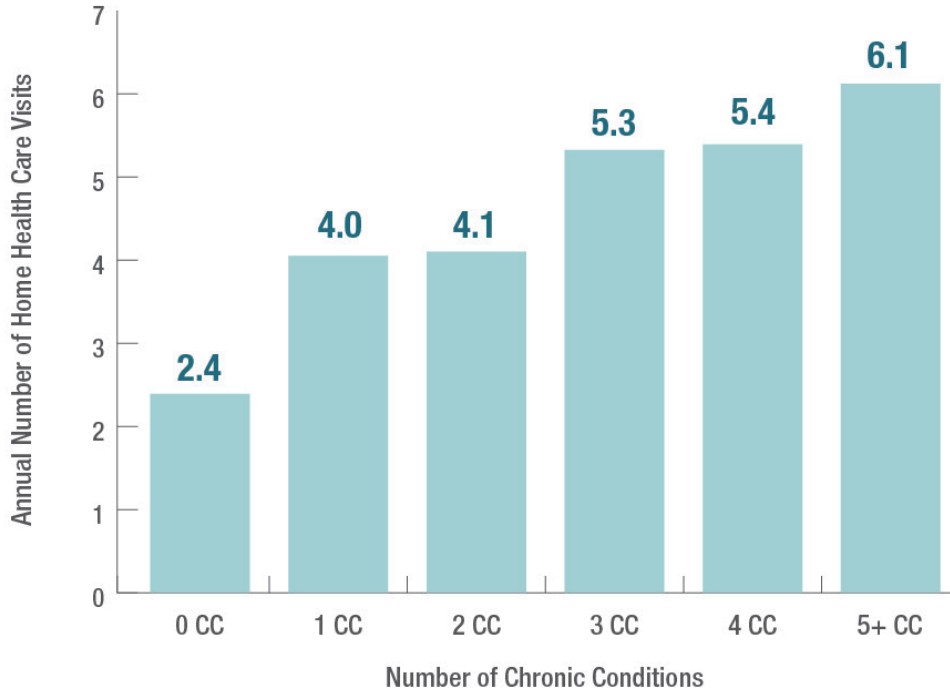
Average Annual Spending on Prescriptions Filled Per Capita, by Number of Chronic Conditions – 2010



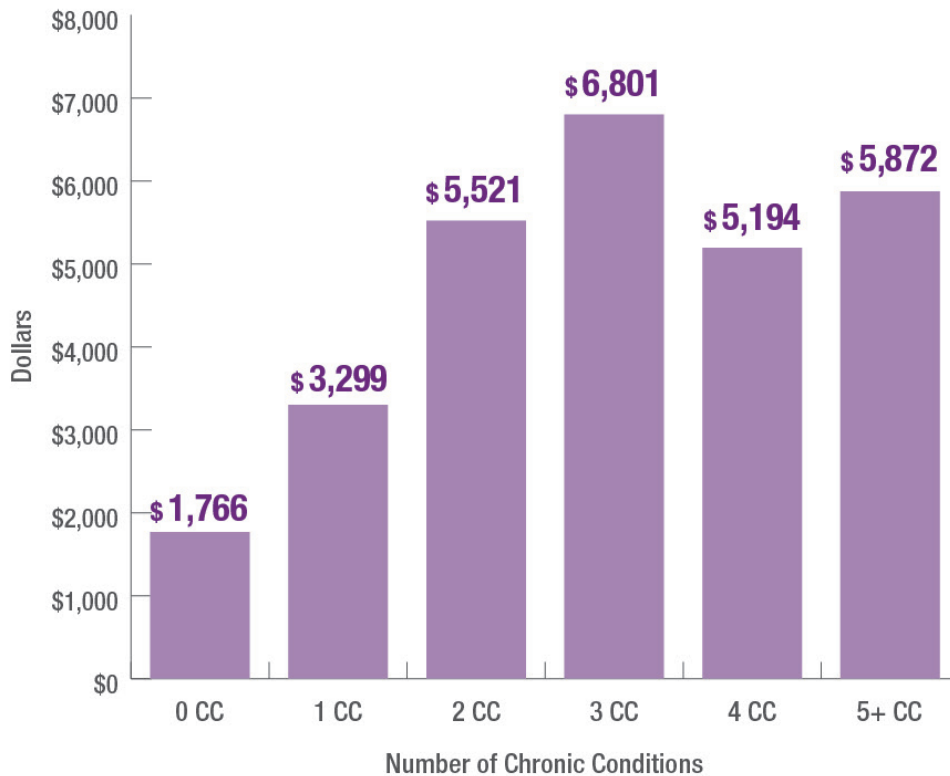
DATA NOTE

Spending here includes all payers, including patients and insurance companies.

Average Annual Number of Home Health Visits Per Capita, by Number of Chronic Conditions – 2010



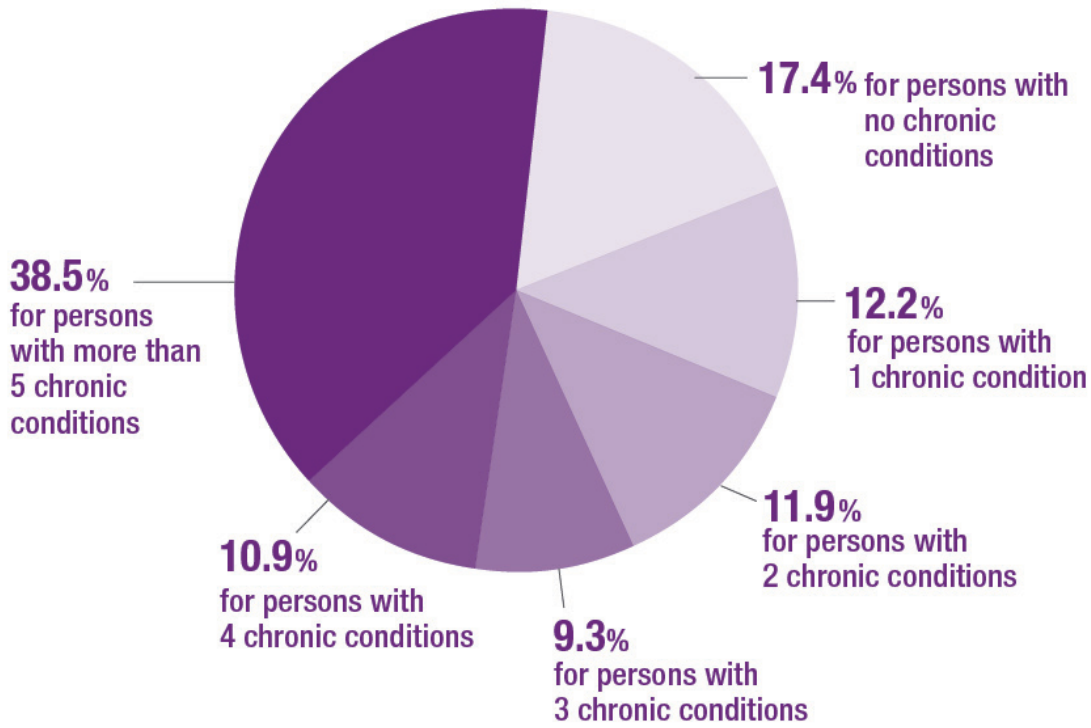
Average Annual Spending on Home Health Visits Per Capita, by Number of Chronic Conditions – 2010



DATA NOTE

Spending here includes all payers, including patients and insurance companies.

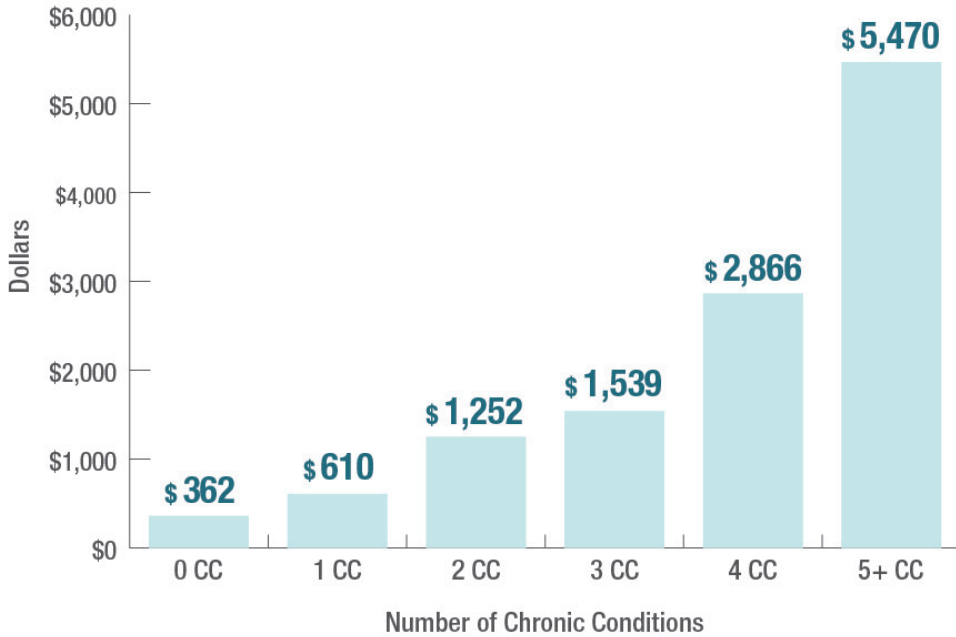
Percent of All Inpatient Stays, by Number of Chronic Conditions – 2010



DATA HIGHLIGHT
38.5% of all inpatient hospital stays are for people with five or more chronic conditions.



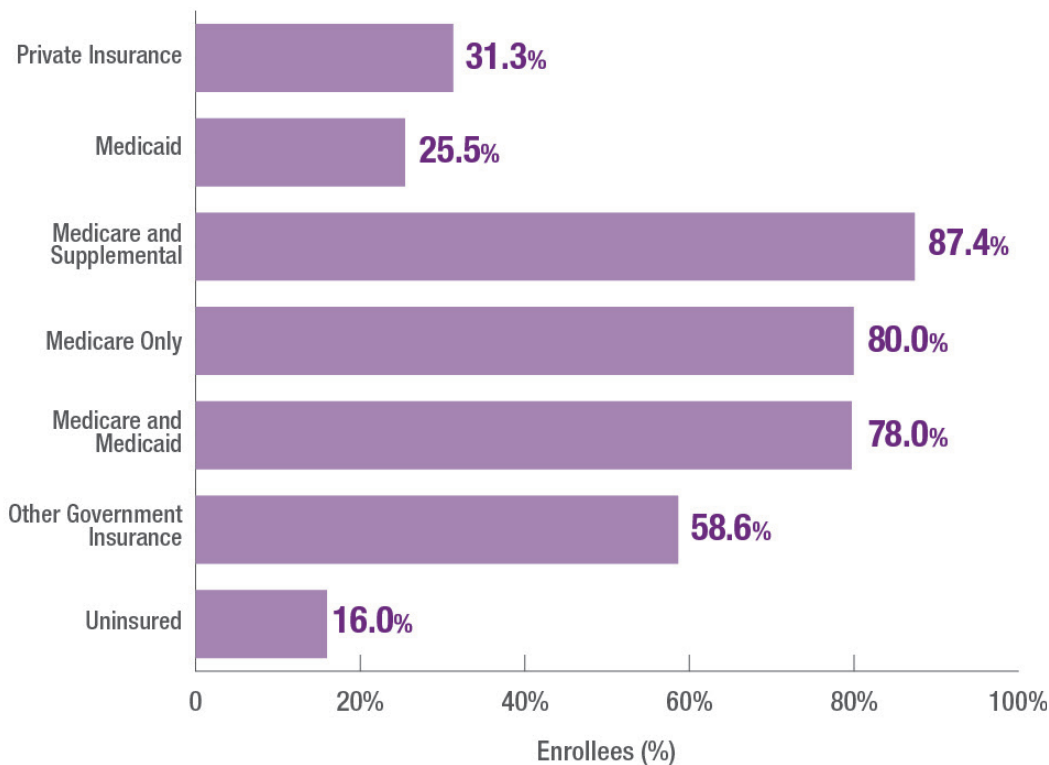
Average Annual Spending on Inpatient Care Per Capita, by Number of Chronic Conditions – 2010



DATA NOTE

Spending here includes all payers, including patients and insurance companies.

Percent of Enrollees with Multiple Chronic Conditions, by Insurance Type – 2010



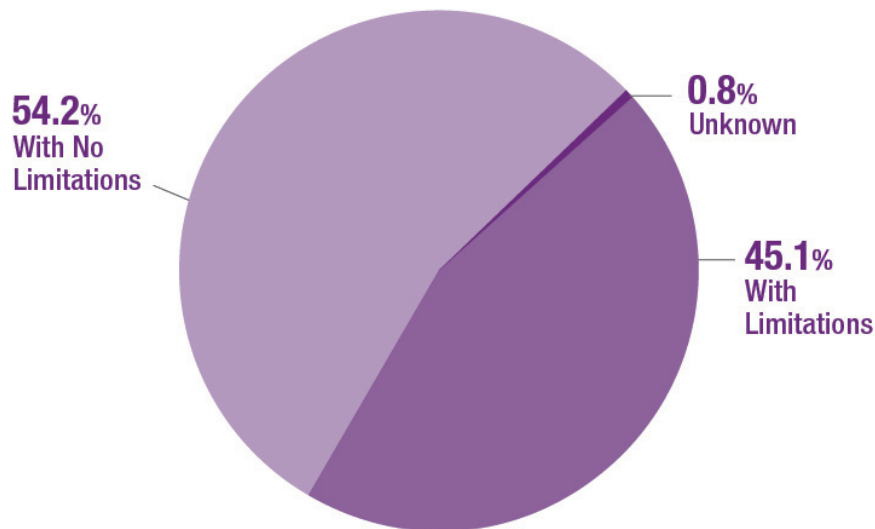
Impact on Patients and Families

Managing multiple chronic conditions can require a great deal of time and effort on the part of patients and families. People with multiple chronic conditions must often take many different medications, each with their own special instructions, and must keep track of numerous medical appointments with various providers.

Many people with multiple chronic conditions have some type of activity limitation, including difficulty walking, dressing, bathing or preparing meals. Activity limitations can necessitate the need for care assistance from family, friends or paid attendants. Additionally, the more chronic conditions a person has, the greater their out-of-pocket medical expenditures, adding additional burden to patients and families.

This section presents data about the percentage of people with multiple chronic conditions who have activity limitations and their health related out-of-pocket costs.

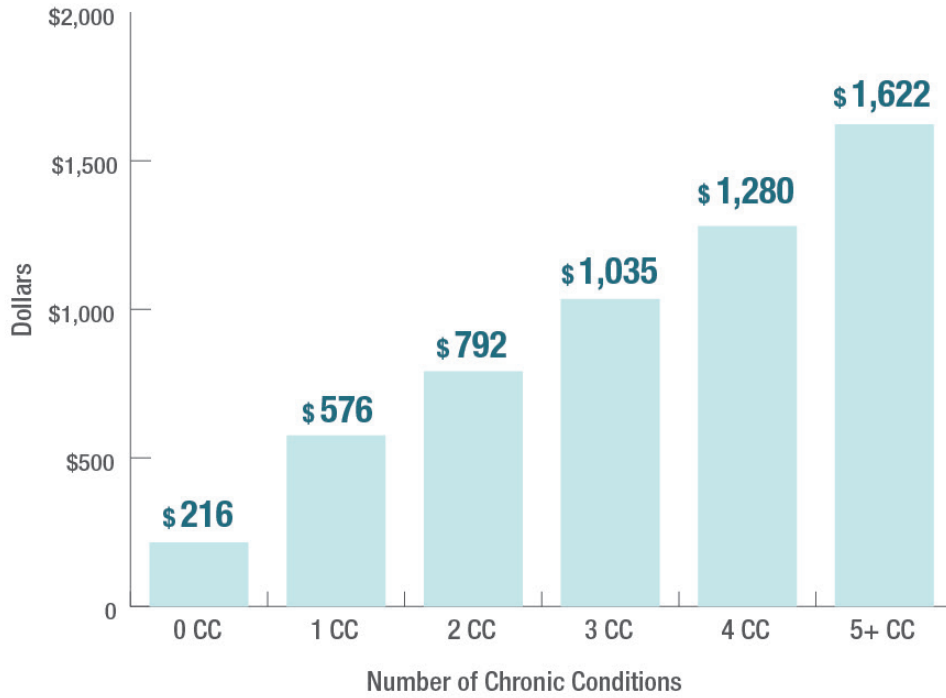
Percent of People with Multiple Chronic Conditions Who Have Activity Limitations – 2010



DATA NOTE

Activity limitations here include limitations to activities of daily living (e.g., bathing, dressing, eating) and instrumental activities of daily living (e.g., housework, shopping, taking medications), as well as any functional, activity or sensory limitations.

Average Annual Out-of-Pocket Expenditure Per Capita, by Number of Chronic Conditions – 2010

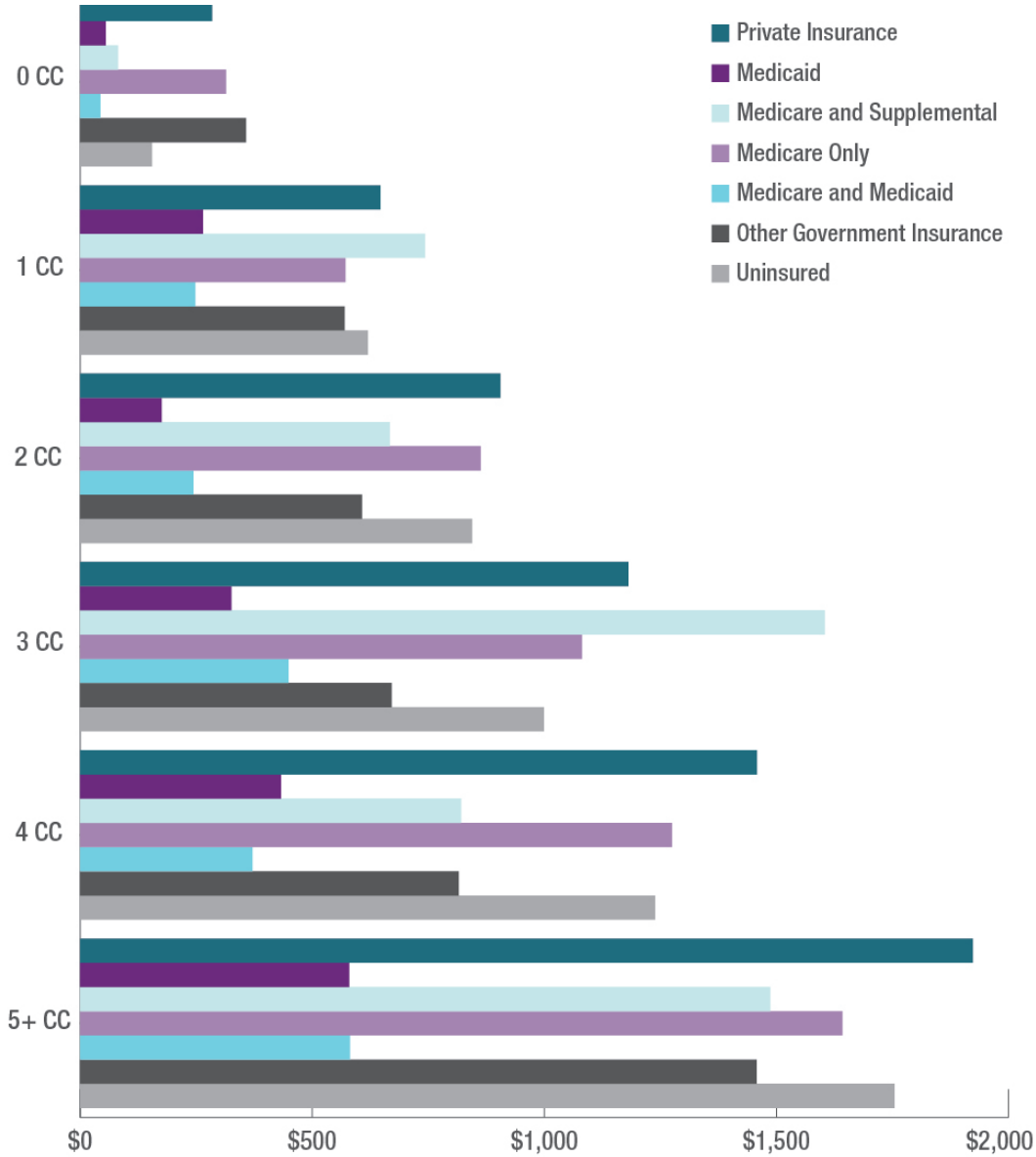


DATA HIGHLIGHT

Out-of-pocket healthcare spending increases with the number of chronic conditions.



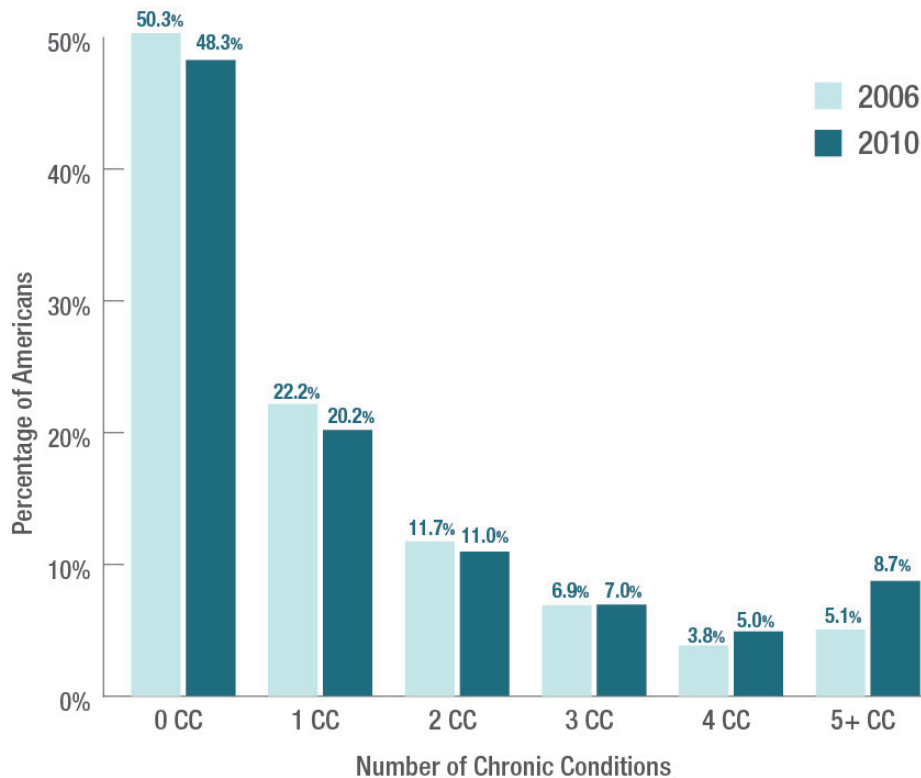
Average Annual Out-of-Pocket Expenditure Per Capita, by Insurance Type – 2010



Recent Trends: Comparing 2006 and 2010 Data

While our analyses cannot explain why changes between 2006 and 2010 occurred, it does suggest that the increases in MCC prevalence and healthcare expenditure is largely driven by an increase in those with many comorbid conditions, and the high cost of caring for these very complex patients. Additional research focused on people with five or more chronic conditions may help illuminate current and future health care system challenges and solutions.

Percent of All Americans with Chronic Conditions, by Number of Chronic Conditions – 2006 and 2010

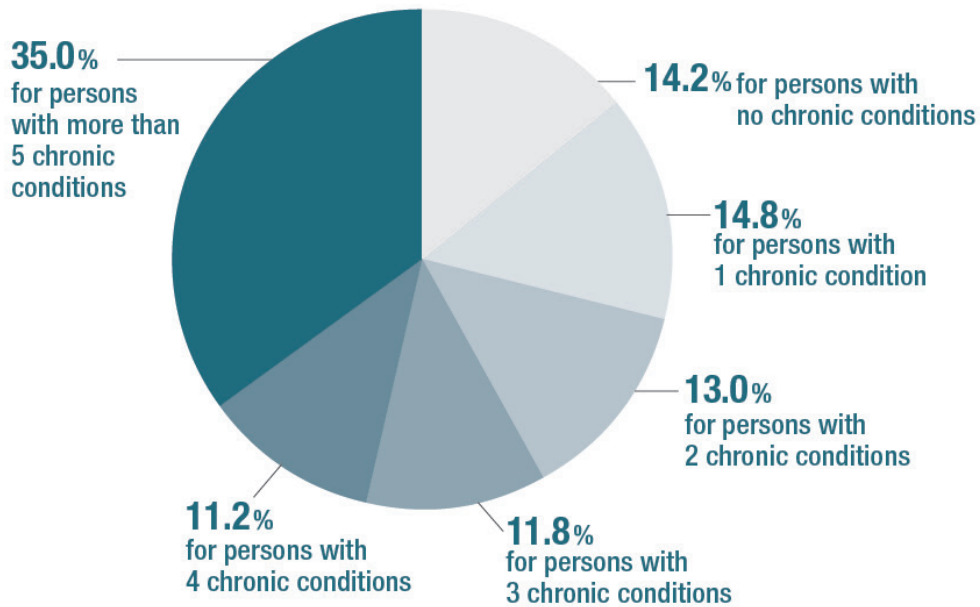


DATA HIGHLIGHTS

Between 2006 and 2010, the percentage of people with chronic conditions increased from 49.7% to 51.7% and the percentage of people with multiple chronic conditions increased from 27.5% to 31.5%.

While the percentage of people living with one or two chronic conditions went down slightly between 2006 and 2010, the percentage of people with five or more chronic conditions increased from 5.1% in 2006 to 8.7% in 2010.

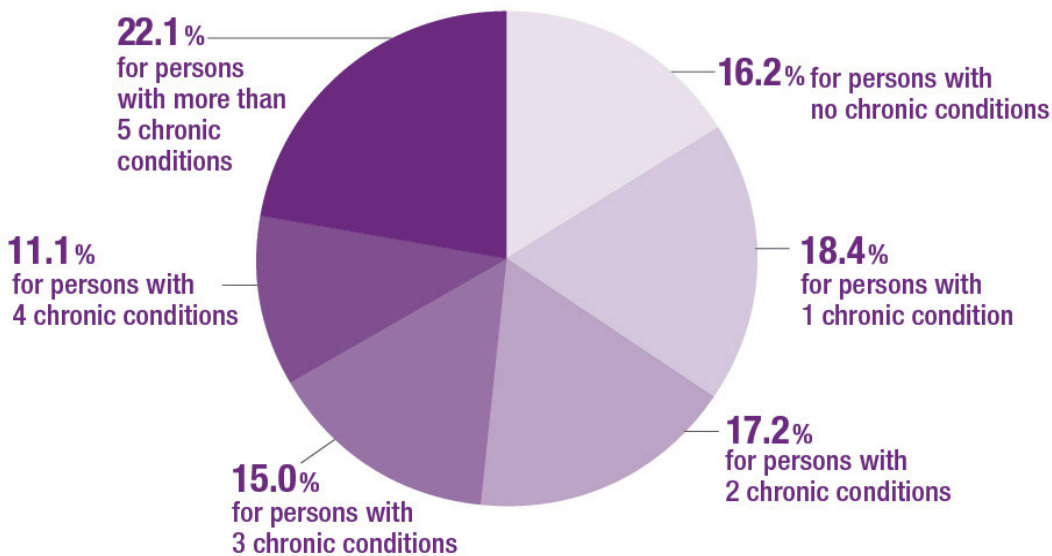
Total U.S. Healthcare Spending by Number of Chronic Conditions in 2010



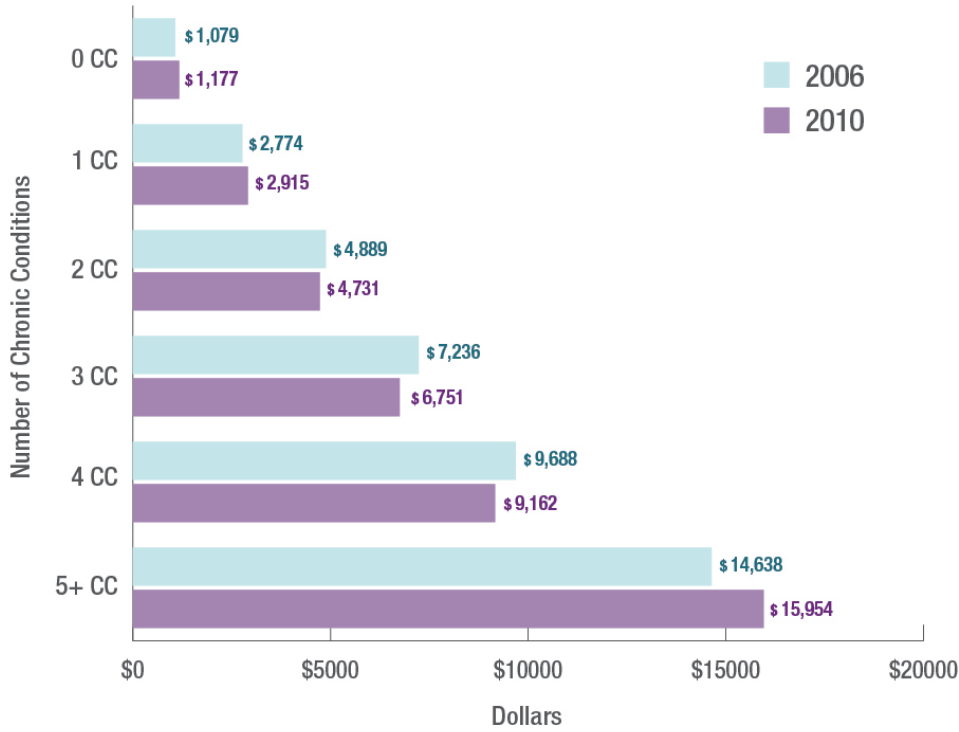
DATA HIGHLIGHT

The percentage of healthcare spending that goes towards caring for people with five of more chronic conditions increased from 22% in 2006 to 35% in 2010.

Total U.S. Healthcare Spending by Number of Chronic Conditions in 2006



Average Annual Healthcare Spending Per Capita, by Number of Chronic Conditions – 2006 and 2010



DATA HIGHLIGHT

The average annual expenditure per patient increased for patients with zero, one and five or more chronic conditions between 2006 and 2010, but decreased for those with two, three and four chronic conditions.



Appendix A: Detailed Methodology and Description of Variables

As the Robert Wood Johnson Foundation (RWJF) did in their 2010 chartbook: “Chronic Care: Making the Case for Ongoing Care”,⁶ we based our analyses on the methods and a classification of chronic conditions developed by Dr. Wenke Hwang and colleagues (as described in two papers published in *Health Affairs*).^{7,8} The HHS Multiple Chronic Conditions (MCC) working group has developed a group of chronic conditions to help standardize MCC analyses.⁹ For this analysis, however, we included all chronic conditions so that results can be compared to RWJF’s 2010 analysis, and so that the full impact of MCC in the US can be described.

Appendix A describes the methods we used to identify MEPS respondents with chronic diseases, determine which chronic conditions were most prevalent in this sample, and specify which MEPS variables and statistical analyses we conducted to produce the output presented in this Chartbook. Each of these steps is described in detail below.

Identifying the Sample

To examine persons with multiple chronic conditions (MCC) within the MEPS Household Component sample we first classified subjects into those with and those without chronic illness using a clinical classification system developed by Dr. Hwang and colleagues in 2001¹⁰, and updated in 2009.¹¹ (Included in Appendix B1, and available in Excel at <http://www.icpsr.umich.edu/icpsrweb/content/AHRQMCC/shared-code.html>). Hwang convened two panels of physicians (one with five internists and another with five pediatricians) to review the ICD-9 codes included in the MEPS data for adults and children respectively and identify a chronic condition defined as one that “lasted or was expected to last twelve or more months and resulted in functional limitations and/or the need for ongoing medical care.”¹²

6 Anderson G, 2010

7 Hwang W, 2001.

8 Paez KA, 2009.

9 Goodman RA, Posner SF, Huang ES, Parekh AK, Koh HK. Defining and Measuring Chronic Conditions: Imperatives for Research, Policy and Practice. *Prev Chron Dis* 2013; 10:120239. DOI:<http://dx.doi.org/10.5888/pcd10.120239>.

10 Hwang W, 2001.

11 Paez KA, 2009.

12 Hwang W, 2001.

We first split the MEPS sample into adults (18 and older) and children (under 18) using the age variable included in the Household Component. We then assigned each three-digit ICD-9 code in the MEPS Medical Conditions File a code of “YES” for chronic or “NO” for not chronic, using the “Internist Panel” column for adults and the “Pediatrician” column for children from Hwang’s classification table. Any condition that was not coded by Hwang’s panels or was coded as “PC” (pediatric consult) or “DC” (dental consult) was assigned “NO” for our analyses.

Next, as Hwang and colleagues did, we calculated the number of unique chronic conditions using the three-digit Clinical Classification System (CCS) included in the MEPS Medical Conditions file (variable CCCODEX). The CCS aggregates conditions into 285 mutually exclusive and clinically homogenous categories.¹³ When an individual case had more than one chronic condition in the same CCS category, we considered them to be one condition. As Hwang explained, “diabetes and asthma were classified as two separate chronic conditions, while spina bifida (ICD-9 code 741) and ‘other congenital anomalies of the nervous system’ (ICD-9 code 742) were aggregated into one chronic condition (nervous system congenital anomalies).”¹⁴

We then created the variable GROUP (0, 1, 2, 3, 4, 5+ chronic conditions) according to the number of CCS categories assigned to each respondent. Cases were classified as MCC (YES/NO) if they had more than one chronic condition and the conditions fell into separate CCS categories. Using this method, the total unweighted sample of people with MCC in the MEPS dataset was 8,624 in 2006 and 8,755 in 2010.

To verify that we had appropriately applied Hwang’s classification system, we replicated our analysis using 2006 MEPS data. Our results were very close to those published by RJWF, but were not exact (see Table A1 below for a comparison.) The small difference is likely due to our use of the updated (2009) version of Hwang’s chronic condition classification spreadsheet, rather than the 2001 version used in the RWJF report. Therefore, to examine trends from 2006 to 2010 in this Chartbook, we apply our updated methodology to both datasets and report our 2006 results, not those from the RWJF report.

13 Elixhauser A, Steiner C, Palmer L. Clinical Classifications Software (CCS), 2013. Agency for Healthcare Research and Quality. Available at: <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp>

14 Hwang, 2001.

Table A1: Percentage of Americans with Chronic Conditions in 2006 - Comparison between RWJF and Our Analyses

Number of conditions	RWJF 2006 Data	Our 2006 Data
0	50.1	50.3
1	22.3	22.2
2	11.8	11.7
3	7.1	6.9
4	3.9	3.8
5+	4.8	5.1

Identifying the Most Prevalent Chronic Conditions

To report the prevalence of specific chronic conditions for adults and children, we reviewed the 3-digit ICD-9 code categories classified by Hwang as chronic that are included in each of the CCS categories. We then combined CCS categories into clinically meaningful groups and developed labels for the groups based on the frequency of the Hwang chronic conditions represented in the sample. Below, we describe our process in more detail:

- If the Hwang chronic condition codes in a CCS category represent a clinically distinct, high prevalence condition (such as in CCS 128 “Asthma”), the CCS is reported separately.
- Multiple CCS categories in which the Hwang chronic condition codes represent a single clinical condition are combined into one group and reported together. For example, CCS 49 “Diabetes mellitus without complication” and CCS 50 “Diabetes mellitus with complication” are reported in the adult prevalence group “Diabetes Type I and II”.
- In some cases, multiple CCS categories that represent related conditions were combined. For example, the adult prevalence group “Allergies, sinusitis and other upper respiratory conditions” consists of the respiratory codes that are identified by Hwang as chronic for adults in CCS 124 “Acute and chronic tonsillitis”, CCS 126 “Other upper respiratory infection” and CCS 134 “Other upper respiratory disease”.

- When determining which CCS categories to combine, we did not include categories where the Hwang-identified chronic conditions in the category were very rare or did not occur in our sample. For example, when creating the adult prevalence group “Allergies, sinusitis and other upper respiratory conditions” we did not include CCS 132 “Lung disease due to external agents”. This is because the only conditions identified as chronic by Hwang in CCS 132 are “Coal workers’ pneumoconiosis” and “Asbestosis.” Since neither of these conditions was found in our sample, this category was excluded from the grouping.
- To create labels for the final condition groupings that would be easily understood by a lay audience, we referenced the custom consumer health vocabulary developed by the National Institutes of Health for their MedlinePlus web site: http://www.nlm.nih.gov/medlineplus/all_healthtopics.html.

Our final list of the most prevalent chronic conditions for both adults and children with the CCS categories that are included in each condition group is presented in Appendix B.

Specific MEPS Variables and SAS Programming Description

The MEPS Full-Year Consolidated Data file contains one record per person and includes demographic, socio-economic, medical care utilization, and health expenditure information. The Medical Condition file, Prescribed Medicine file, Hospital Inpatient Stays file, Office Based Medical Provider Visits file, and Home Health file, contain multiple records per person, where each record represents an event – a doctor’s visit, a prescription, an inpatient event, etc. We merged event observations from these files into a Full-Year file for each person using a person specific identification number (the variable DUPERSID). Final survey person weight, PERWT10F, is provided in every survey data set for a calculation of weighted estimates. The MEPS files documentation describes the weight calculation process with adjustment to the total non-institutionalized, civilian US population in 2010 of 308.5 million.

Below we list the MEPS variables used and the SAS programming analyses we used to create each of the charts and graphs included in the Chartbook.

Prevalence and Scope of MCC

- **Percent of All Americans with Multiple Chronic Conditions – 2010 & Percent of All Americans with Chronic Conditions, by Number of Chronic Conditions - 2010**
 - Simple weighted frequencies of GROUP based on Full Year Consolidated File (2010 data throughout, unless otherwise specified).
- **Percent of All Americans with chronic conditions, by Number of Chronic Conditions and Gender -2010**
 - Simple weighted frequencies of GROUP based on Full Year Consolidated File, by SEX.
- **Percent of All Americans with Multiple Chronic Conditions, by Age Group - 2010**
 - Simple weighted frequencies of people with MCC by the following age groups 0-17, 18-44, 45-64, and 65+.
- **Most Prevalent Chronic Conditions in Adults (18 and older) - 2010 & Most Prevalent Chronic Conditions in Children (17 and younger) - 2010**
 - Separately for children and adults, we calculated weighted number of persons by CCS code (variable CCCODEX in the Medical Conditions file), but only for ICD-9 codes defined by Hwang as chronic (as described in the background section above). This became the numerator for the prevalence. The weighted totals for non-institutionalized US population in 2010 from the Full Year Consolidated file served as denominators. The prevalence in then sorted in descending order.
 - Note: The tables included in the Chartbook present these conditions in an aggregated form, with consumer friendly language. Tables showing what CCS labels were used to create the labels for the most prevalent chronic conditions that we reported are included in Appendix C.

Healthcare Utilization And Costs

- **Total U.S. Healthcare Spending by Number of Chronic Conditions in 2010**
 - Percentage is defined as weighted total spending (variable TOTEXP10) for each GROUP divided by weighted total spending for all the GROUPS.

- **US Healthcare Spending Associated with Percent of Population by Number of Chronic Conditions - 2010**
 - Data from the following two tables were used to make this table: Percent of All Americans with Chronic Conditions, by Number of Chronic Conditions – 2010 & Total U.S. Healthcare Spending by Number of Chronic Conditions in 2010
- **Average Healthcare Spending per Capita, by Number of Chronic Conditions - 2010**
 - Run PROC SURVMEANS where weight= PERWT10F; domain = Group; and the variable is TOTEXP10 (Total expenses).
- **Healthcare Services Used by People with Multiple Chronic Conditions -2010**
 - Clinician visits: Based on Office-based Medical Provider file retrieve clinician's visits using restriction: MEDPTYPE in (4,7) or SEEDOC=1 and DRSPLTY>0 – either have seen a doctor or a specialist or a nurse/nurse practitioner; sum up all visits for each DUPERSID, let's call it Total_Visits ; take simple weighted frequency on MCC where weight = Total_VISITS*PERWT10F
 - Prescriptions: Based on Prescribed Medicine file, sum up all prescriptions for each DUPERSID, let's call it Total_PRESCR; take simple weighted frequency on MCC where weight = Total_PRESCR*PERWT10F
 - Home Health Visits: Based on Home Health Component file sum up all home care visits for each DUPERSID, let's call it Total_Visits; take simple weighted frequency on MCC where weight = Total_VISITS*PERWT10F
 - Inpatient Stays: Based on Hospital Inpatient Stays file, sum up all stays for each DUPERSID, let's call it Total_Stays; take simple weighted frequency on MCC where weight = Total_Stays*PERWT10F
- **Average Annual Number of Clinician Visits Per Capita, by Number of Chronic Conditions – 2010 & Average Annual Spending on Clinician Visits Per Capita, by Number of Chronic Conditions – 2010**
 - Based on Office-based Medical Provider file retrieve clinician's visits using restriction: MEDPTYPE in (4,7) or SEEDOC=1 and DRSPLTY>0 – either have seen a doctor or a specialist or a nurse/nurse practitioner; let's call the sums Total_Visits and Total_Expense respectively; run PROC SURVMEANS where weight= PERWT10F; domain = Group; and the variables are Total_Visits and Total_Expense

- **Average Annual Number of Prescriptions Filled Per Capita, by Number of Chronic Conditions – 2010 & Average Annual Spending on Prescriptions Filled Per Capita, by Number of Chronic Conditions – 2010**
 - Based on Prescribed Medicine file, sum up all prescriptions and cost (variable RXXP10X) for each DUPERSID, let's call the sums Total_RX and Total_Expense respectively; run PROC SURVEMEANS where weight= PERWT10F, domain = Group, and the variables are Total_RX and Total_Expense
- **Average Annual Number of Home Health Visits Per Capita, by Number of Chronic Conditions – 2010 & Average Annual Spending on Home Health Visits Per Capita, by Number of Chronic Conditions - 2010**
 - Based on Home Care File, sum up all visits and cost (variable HHXP10X) for each DUPERSID, let's call the sums Total_Visits and Total_Expense respectively; run PROC SURVEMEANS where weight= PERWT10F, domain = Group, and the variables are Total_Visits and Total_Expense
- **Percent of All Inpatient Stays, by Number of Chronic Conditions -2010 & Average Annual Spending on Inpatient Care Per Capita, by Number of Chronic Conditions - 2010**
 - Based on Hospital Inpatient Stays file, sum up all stays for each DUPERSID, let's call it Total_Stays; take simple weighted frequency on MCC where weight = Total_Stays*PERWT10F.
 - Based on Full-Year Consolidated file run PROC SURVEYMEAN where weight= PERWT10F, domain = Group, and the variable is IPTEXP10
- **Percent of Enrollees with Multiple Chronic Conditions, by Insurance Type - 2010**
 - Define type of insurance based on Full-Year Consolidated file:
 - if prvev10 = 1 then Private = 1; else Private = 0
 - if MCDev10 = 1 then Medicaid =1; else Medicaid = 0
 - if mcrev10 = 1 and TRIEV10=1 then Medicare_and_suppl=1; else Medicare_and_suppl=0;
 - if mcrev10 = 1 then Medicare=1; else Medicare=0;
 - if mcrev10 = 1 and MCDEV10=1 then Medicare_and_medicaid=1; else Medicare_and_medicaid=0;
 - if opaev10 = 1 or OPBEV10=1 then Other_govern = 1; else Other_govern=0;
 - if unins10 = 1 then Uninsured=1; else Uninsured = 0;
 - For each of defined type run simple weighted frequency of MCC

Impact on Patients and Families

- **Percent of People with Multiple Chronic Conditions Who Have Activity Limitations - 2010**
 - Weighted frequency of the variable ANYLIM10 where MCC = 'YES'
- **Average Annual Out-of-Pocket Expenditure Per Capita, by Number of Chronic Conditions - 2010**
 - Based in Full-Year Consolidated file run PROC SURVEYMEANS where weight= PERWT10F, domain = Group, and the variable is TOTSLF10
- **Average Annual Out-of-Pocket Expenditure Per Capita,, by Insurance Type**
 - Based on Full-Year Consolidated file for each type of insurance run PROC SURVEYMEANS where weight= PERWT10F, domain = Group, and the variable is TOTSLF10

Recent Trends: Comparing 2006 and 2010 Data

- **Percent of All Americans with Chronic Conditions, by Number of Chronic Conditions – 2006 and 2010**
 - Simple weighted frequencies of GROUP based on Full Year Consolidated File (2006 and 2010)
- **Total U.S. Healthcare Spending, by Number of Chronic Conditions in 2010**
 - Percentage is defined as weighted total spending (variable TOTEXP10) for each GROUP divided by weighted total spending for all the GROUPS.
- **Total U.S. Healthcare Spending, by Number of Chronic Conditions in 2006**
 - Same as for Table 7, using 2006 data.
- **Average Annual Healthcare Spending Per Capita, by Number of Chronic Conditions - 2006 and 2010**
 - Same as for Table 9, but for both 2006 and 2010 data.

Appendix B. Most Prevalent Chronic Diseases Tables

Most Prevalent Chronic Diseases in Adults

Order	Condition Label	Prevalence	CCS Codes Included in Label Grouping
1	Hypertension (high blood pressure)	26.6956	CCS 98 Essential hypertension CCS 99 Hypertension with complications and secondary hypertension
2	Hyperlipidemia (high blood cholesterol or triglyceride levels)	21.8548	CCS 53 Disorders of lipid metabolism
3	Allergies, sinusitis and other upper respiratory conditions	13.4726	CCS 124 Acute and chronic tonsillitis CCS 126 Other upper respiratory infection CCS 134 Other upper respiratory disease
4	Arthritis	13.0205	CCS 201 Infective arthritis and osteomyelitis CCS 202 Rheumatoid arthritis and related disease CCS 203 Osteoarthritis CCS 204 Other non-traumatic joint disorders
5	Mood Disorders (depression and bipolar disorder)	10.6173	CCS 657 Mood disorders
6	Diabetes (Type 1 and Type 2)	9.4652	CCS 49 Diabetes without complication CCS 50 Diabetes with complications
7	Anxiety Disorders	6.7038	CCS 651 Anxiety Disorders
8	Asthma	6.1954	CCS 128 Asthma
9	Coronary artery disease (includes myocardial infarction/heart attack)	5.3103	CCS 100 Acute myocardial infarction CCS 101 Coronary atherosclerosis and other heart disease
10	Thyroid disorders	3.971	CCS 48 Thyroid disorders
11	Chronic obstructive lung disease and bronchiectasis	3.4999	CCS 127 Chronic obstructive lung disease and bronchiectasis

Most Prevalent Chronic Diseases in Children

Order	Condition Label	Prevalence	CCS Codes Included in Label Grouping
1	Asthma	7.77943	CCS 128 Asthma
2	Allergies and chronic respiratory diseases (other than asthma)	7.31036	CCS 133 Other lower respiratory disease CCS 134 Other upper respiratory disease
3	Attention-deficit and other behavior disorders	5.676	CCS 652 Attention-deficit, conduct, and disruptive behavior disorders
4	Anxiety disorders	1.70561	CCS 651 Anxiety Disorders
5	Vision problems and blindness	1.41309	CCS 89 Blindness and vision defects
6	Migraine	1.06402	CCS 84 Headache; including migraine
7	Chronic diseases of the esophagus	0.97672	CCS 138 Esophageal disorders
8	Tooth and jaw problems (tooth loss and jaw deformities)	0.80876	CCS 136 Disorders of teeth and jaw
9	Mood disorders (depression and bipolar disorder)	0.77891	CCS 657 Mood disorders
10	Autism and other pervasive development disorders	0.62148	CCS 655 Disorders usually diagnosed in infancy, childhood, or adolescence
11	Learning and language disorders	0.55338	CCS 654 Developmental disorders
12	"Diabetes (Type 1 and Type 2)	0.43835	CCS 49 Diabetes without complication CCS 50 Diabetes with complications

Appendix B1. Chronic Condition Classification Table

This classification of chronic conditions was developed by Dr. Hwang and colleagues, as described in Appendix A. Hwang convened two panels of physicians (one with five internists and another with five pediatricians) to review the 3-digit ICD-9 codes included in the MEPS dataset for adults and children respectively to identify chronic conditions. The scores in the table (from 5 to -5) indicate the extent of the agreement across panel members, with a score of -5 indicating that all five panelists rated the diagnosis as “not chronic”, and a score of 5 indicating that all five physicians rated the diagnosis as “chronic”. Any condition that was not coded by the panels, or was coded as “PC” (pediatric consult) or “DC” (dental consult) was considered to be not chronic for our analyses.

This table is available in Excel format at: <http://www.icpsr.umich.edu/icpsrweb/content/AHRQMCC/shared-code.html>.

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
005	INTESTINAL INFECT 001-005	-5	NO	-5	NO
008	OTH INTEST INF 006-008	-5	NO	-5	NO
009	ILL-DEFINED INTEST INF	-5	NO	-4	NO
017	TB 011-017	-4	NO	-3	NO
033	WHOOPING COUGH	-5	NO	-5	NO
034	STREP THROAT/SCARLET FEV	-5	NO	-5	NO
038	SEPTICEMIA	-5	NO	-5	NO
041	BACT INF IN OTH DIS/NOS	-5	NO	-4	NO
042	HUMAN IMMUNO VIRUS DIS	3	YES	5	YES
045	ACUTE POLIOMYELITIS	-5	NO	-3	NO
052	CHICKENPOX	-5	NO	-5	NO
053	HERPES ZOSTER	-5	NO	-4	NO
054	HERPES SIMPLEX	-5	NO	-4	NO
055	MEASLES	-5	NO	-5	NO
057	OTHER VIRAL EXANTHEMATA	-5	NO	-5	NO
070	VIRAL HEPATITIS	-3	NO	-4	NO
072	MUMPS	-5	NO	-5	NO
074	COXSACKIE VIRAL DISEASE	-5	NO	-5	NO
075	INFECTIOUS MONONUCLEOSIS	-5	NO	-5	NO
078	OTHER VIRAL DISEASE	-5	NO	-3	NO
079	VIRAL INF IN OTH DIS/NOS	-5	NO	-3	NO
084	MALARIA	-5	NO	-3	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
088	OTH ARTHROPOD-BORNE DIS	-5	NO	-3	NO
099	VENEREAL DISEASE 91-99	-5	NO	-5	NO
110	DERMATOPHYTOSIS	-3	NO	-4	NO
111	DERMATOMYCOSIS NEC/NOS	-3	NO	-4	NO
112	CANDIDIASIS	-3	NO	-3	NO
117	MYCOSES 114-117	-3	NO	-3	NO
131	INTESTIN & U.G, PARASITES 120-131	-3	NO	-5	NO
132	PEDICULOSIS AND PHTHIRUS	-5	NO	-5	NO
133	ACARIASIS	-4	NO	-5	NO
135	SARCOIDOSIS	5	YES	5	YES
136	INF/PARASITE DIS NEC/NOS	-5	NO	-4	NO
138	LATE EFFECT ACUTE POLIO	5	YES	3	YES
145	MALIG NEO MOUTH NEC/NOS	3	YES	4	YES
149	OTH MALIG NEO OROPHARYNX	3	YES	4	YES
150	MALIGNANT NEO ESOPHAGUS	5	YES	4	YES
151	MALIGNANT NEO STOMACH	5	YES	4	YES
153	MALIGNANT NEOPLASM COLON	3	YES	4	YES
155	MALIGNANT NEOPLASM LIVER	5	YES	4	YES
161	MAL NEO NAS CAV/LARYNX 160-161	5	YES	4	YES
162	MAL NEO TRACHEA/LUNG	5	YES	4	YES
171	MAL NEO BONE/SFT TISSUE 170-171	5	YES	4	YES
172	MALIGNANT MELANOMA SKIN	5	YES	3	YES
173	OTHER MALIG NEOPL SKIN	-3	NO	3	YES
174	MALIG NEO FEMALE BREAST	5	YES	5	YES
179	MALIG NEOPL UTERUS NOS	3	YES	4	YES
180	MALIG NEOPL CERVIX UTERI	-3	NO	5	YES
184	MAL NEO FEM GEN NEC/NOS	5	YES	3	YES
185	MALIGN NEOPL PROSTATE	5	YES	5	YES
189	MAL NEO URINARY NEC/NOS	5	YES	3	YES
191	MALIGNANT NEOPLASM BRAIN	5	YES	4	YES
194	MAL NEO ENDOCRINE 193-194	5	YES	5	YES
195	MAL NEO OTH/ILL-DEF SITE	5	YES	3	YES
198	SEC NEO 197-198	3	YES	3	YES
199	MALIGNANT NEOPLASM NOS	5	YES	4	YES
201	HODGKIN'S DISEASE	5	YES	4	YES
202	OTH MAL NEO LYMPH/HISTIO	5	YES	4	YES
208	LEUKEMIA-UNSPECIF CELL	5	YES	4	YES
211	OTH BENIGN NEOPLASM GI	-5	NO	-5	NO
213	BEN NEO BONE/ARTIC CART	-5	NO	-5	NO
214	LIPOMA	-5	NO	-3	NO
215	OTH BEN NEO SOFT TISSUE	-5	NO	-3	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
216	BENIGN NEOPLASM OF SKIN	-5	NO	-3	NO
217	BENIGN NEOPLASM BREAST	-3	NO	-3	NO
218	BEN NEO UTERUS 218-219	-3	NO	-3	NO
220	BENIGN NEOPLASM OVARY	-5	NO	-3	NO
227	BEN NEO OTH ENDOCRINE	-3	NO	-3	NO
229	BENIGN NEOPLASM NEC/NOS	-5	NO	-3	NO
238	UNC BEHAV/INSITU 234-238	3	YES	4	YES
239	UNSPECIFIED NEOPLASM	5	YES	-3	NO
240	GOITER, SIMPLE/NOS	-3	NO	-3	NO
241	NONTOXIC NODULAR GOITER	-3	NO	-3	NO
242	THYROTOXICOSIS	3	YES	-3	NO
244	ACQUIRED HYPOTHYROIDISM	5	YES	3	YES
245	THYROIDITIS	3	YES	5	YES
246	OTH DISORDERS OF THYROID	-5	NO	-1	NO
250	DIABETES MELLITUS	5	YES	5	YES
251	OTH PANCREATIC DISORDER	3	YES	-3	NO
252	PARATHYROID DISORDER	3	YES	3	YES
253	PITUITARY/HYPOTHALM DIS	5	YES	3	YES
255	ADRENAL GLAND DISORDERS	5	YES	4	YES
256	OVARIAN DYSFUNCTION	3	YES	5	YES
257	TESTICULAR DYSFUNCTION	3	YES	5	YES
259	OTH ENDORINE DISORDERS	-2	YES	5	YES
263	PROT-CAL MALNUTR NEC/NOS	3	YES	-3	NO
266	B-COMPLEX DEFICIENCIES	-5	NO	-3	NO
268	VITAMIN D DEFICIENCY	3	YES	-3	NO
269	OTH NUTRITION DEFICIENCY	-5	NO	-3	NO
271	DIS AMINO/PROT/CAL 270-271	5	YES	4	YES
272	DIS OF LIPOID METABOLISM	3	YES	4	YES
273	DIS PLASMA PROTEIN METAB	3	YES	4	YES
274	GOUT	5	YES	4	YES
275	DIS MINERAL METABOLISM	4	YES	3	YES
276	FLUID/ELECTROLYTE DIS	-4	NO	-3	NO
277	METABOLISM DIS NEC/NOS	5	YES	4	YES
278	OBESITY/HYPERALIMENT	4	YES	3	YES
279	DIS IMMUNE MECHANISM	5	YES	4	YES
280	IRON DEFICIENCY ANEMIAS	-5	NO	-4	NO
281	OTHER DEFICIENCY ANEMIA	-4	NO	-4	NO
282	HEREDIT HEMOLYTIC ANEMIA	3	YES	5	YES
285	ANEMIA NEC/NOS	-5	NO	-3	NO
286	COAGULATION DEFECTS	5	YES	3	YES
287	PURPURA & OTH HEMOR COND	-5	NO	-3	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
288	WBC DISORDERS	3	YES	3	YES
289	OTHER BLOOD DISEASE	-5	NO	-3	NO
290	SENILE/PRESENILE PSYCHOS	5	YES	3	YES
292	ALCHOL/DRUG PSYCHO 291-292	-3	NO	-3	NO
294	OTHER ORGANIC PSYCH COND	3	YES	4	YES
295	SCHIZOPHRENIC DISORDERS	5	YES	5	YES
296	AFFECTIVE PSYCHOSES	5	YES	3	YES
297	PARANOID STATES	5	YES	-3	NO
298	OTH NONORGANIC PSYCHOSES	5	YES	-3	NO
299	PSYCHOSES OF CHILDHOOD	4	YES	4	YES
300	NEUROTIC DISORDERS	3	YES	5	YES
301	PERSONALITY DISORDERS	3	YES	1	YES
302	SEXUAL DISORDERS	3	YES	-3	NO
303	ALCOHOL DEPENDENCE SYNDR	5	YES	4	YES
304	DRUG DEPENDENCE	5	YES	4	YES
305	NONDEPENDENT DRUG ABUSE	5	YES	-3	NO
306	PSYCHOPHYSIOLOGIC DIS	3	YES	-4	NO
307	SPECIAL SYMPTOM NEC	3	YES	-2	NO
308	ACUTE REACTION TO STRESS	-5	NO	-3	NO
309	ADJUSTMENT REACTION	-5	NO	-3	NO
310	NONPSYCHOTIC BRAIN SYND	3	YES	4	YES
311	DEPRESSIVE DISORDER NEC	5	YES	-2	NO
312	CONDUCT DISTURBANCE NEC	3	YES	4	YES
313	EMOTIONAL DIS CHILD/ADOL	4	YES	4	YES
314	HYPERKINETIC SYNDROME	3	YES	4	YES
315	SPECIFIC DEVELOP DELAYS	5	YES	3	YES
317	MILD MENTAL RETARDATION	5	YES	3	YES
319	MENTAL RETARDATION NOS	5	YES	5	YES
322	MENINGITIS, UNSPECIFIED	-4	NO	-4	NO
324	CNS ABSCESS/INF 323-324	-5	NO	-4	NO
331	CEREBRAL DEGENERATION	5	YES	4	YES
332	PARKINSON'S DISEASE	5	YES	5	YES
333	EXTRAPYRAMIDAL DIS NEC	5	YES	3	YES
335	ANT HORN CELL DISEASE	5	YES	5	YES
336	SPINAL CORD DISEASE NEC	5	YES	4	YES
337	AUTONOMIC NERVE DISORDER	5	YES	4	YES
340	MULTIPLE SCLEROSIS	5	YES	5	YES
343	INFANTILE CEREBRAL PALSY	5	YES	4	YES
344	OTH PARALT SYN 342,344	5	YES	3	YES
345	EPILEPSY	5	YES	5	YES
346	MIGRAINE	5	YES	3	YES

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
347	CATAPLEXY AND NARCOLEPSY	5	YES	4	YES
348	OTHER BRAIN CONDITIONS	3	YES	3	YES
349	CNS DISORDER NEC/NOS	-5	NO	-4	NO
351	FACIAL NERVE DISORDERS	-5	NO	-3	NO
353	NERVE ROOT/PLEXUS DIS	4	YES	2	YES
354	MONONEURITIS UPPER LIMB	3	YES	-4	NO
355	MONONEURITIS LEG	-3	NO	-4	NO
357	NEUROPATHY 356-357	3	YES	-2	NO
359	MUSCULAR DYSTROPHIES	5	YES	5	YES
360	DISORDERS OF THE GLOBE	3	YES	-2	NO
361	RETINAL DETACHMENT	2		4	YES
362	RETINAL DISORDERS NEC	3	YES	4	YES
363	CHOROIDAL DISORDERS	3	YES	4	YES
364	IRIS/CILIARY BODY DIS	0		-3	NO
365	GLAUCOMA	5	YES	5	YES
366	CATARACT	3	YES	3	YES
367	DISORDERS OF REFRACTION	-5	NO	3	YES
368	VISUAL DISTURBANCES	-5	NO	2	YES
369	BLINDNESS AND LOW VISION	5	YES	5	YES
370	KERATITIS	3	YES	-5	NO
371	CORNEAL OPACITY/DISORDER	1		3	YES
372	DISORDERS OF CONJUNCTIVA	-5	NO	-4	NO
373	INFLAMMATION OF EYELIDS	-5	NO	-5	NO
374	DISORDERS OF EYELIDS NEC	-5	NO	-4	NO
375	LACRIMAL SYSTEM DISORDER	1		-4	NO
377	DIS ORB/OPTIC NER 376-377	3	YES	3	YES
378	STRABISMUS	-3	NO	-3	NO
379	EYE DISORDERS NEC	3	YES	-3	NO
380	DISORDER OF EXTERNAL EAR	-5	NO	-4	NO
381	NONSUPPUR OTITIS MEDIA	-5	NO	-5	NO
382	OTITIS MEDIA, SUPPUR/NOS	-5	NO	-5	NO
383	MASTOIDITIS ET AL	-3	NO	-4	NO
384	DISORD TYMPANIC MEMB NEC	-5	NO	-3	NO
385	DIS MID EAR/MASTOID NEC	-5	NO	4	YES
386	VERTIGINOUS SYNDROMES	-3	NO	-4	NO
388	DISORDERS OF EAR NEC	-5	NO	-2	NO
389	HEARING LOSS	5	YES	5	YES
390	RHEUM FEV W/O HRT INVOLV	-5	NO	3	YES
397	ENDO DIS NEC 394-398	3	YES	4	YES
401	ESSENTIAL HYPERTENSION	5	YES	5	YES
410	ACUTE MYOCARDIAL INFARCT	3	YES	-4	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
411	OTH AC ISCHEMIC HRT DIS	3	YES	N/A	
412	OLD MYOCARDIAL INFARCT	3	YES	-4	NO
413	ANGINA PECTORIS	5	YES	3	YES
414	OTH CHR ISCHEMIC HRT DIS	5	YES	3	YES
416	ACUT CHR PUL HT DIS 415,416	5	YES	-2	NO
424	OTH ENDOCARDIAL DISEASE	3	YES	3	YES
425	CARDIOMYOPATHY	5	YES	4	YES
426	CONDUCTION DISORDERS	3	YES	3	YES
427	CARDIAC DYSRHYTHMIAS	5	YES	-4	NO
428	HEART FAILURE	5	YES	-2	NO
429	ILL-DEFINED HEART DIS	3	YES	3	YES
431	INTRACEREBRAL HEMORRHAGE	3	YES	1	YES
433	PRECEREBRAL OCCLUSION	4	YES	4	YES
434	CEREBRAL ARTERY OCCLUS	5	YES	4	YES
435	TRANSIENT CEREB ISCHEMIA	3	YES	-4	NO
436	CVA	3	YES	3	YES
437	OTH CEREBROVASC DISEASE	4	YES	4	YES
440	ATHEROSCLEROSIS	5	YES	3	YES
441	AORTIC ANEURYSM	3	YES	1	YES
442	OTHER ANEURYSM	-5	NO	2	YES
443	OTH PERIPH VASCULAR DIS	3	YES	2	YES
444	ARTERIAL EMBOLISM	5	YES	-3	NO
446	POLYARTERIT NODOSA ET AL	5	YES	3	YES
447	OTHER ARTERIAL DISEASE	1	YES	2	YES
448	DISEASE OF CAPILLARIES	-5	NO	-3	NO
451	THROMBOPHLEBITIS	-3	NO	-4	NO
453	OTH VENOUS THROMBOSIS	3	YES	-3	NO
454	VARICOSE VEINS, LEG	-3	NO	-3	NO
456	HEMOR/VARICOSE NEC 455,456	-3	NO	-3	NO
457	NONINFECT LYMPHATIC DIS	3	YES	-2	NO
458	HYPOTENSION	-5	NO	-3	NO
459	OTH CIRCULATORY DISEASE	-4	NO	-3	NO
460	ACUTE NASOPHARYNGITIS	-5	NO	-5	NO
461	ACUTE SINUSITIS	-5	NO	-5	NO
462	ACUTE PHARYNGITIS	-5	NO	-5	NO
463	ACUTE TONSILLITIS	-5	NO	-5	NO
464	AC LARYNGITIS/TRACHEITIS	-5	NO	-5	NO
465	AC URI MULT SITES/NOS	-5	NO	-5	NO
466	AC BRONCHITIS/BRONCHIOL	-5	NO	-5	NO
470	DEVIATED NASAL SEPTUM	-5	NO	-5	NO
471	NASAL POLYPS	-5	NO	-3	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
472	CHR PHARYNG/NASOPHARYNG	-3	NO	-3	NO
473	CHRONIC SINUSITIS	3	YES	-3	NO
474	CHR T & A DIS	2	YES	-3	NO
477	ALLERGIC RHINITIS	3	YES	5	YES
478	OTH UPPR RESPIRATORY DIS	-4	NO	-4	NO
482	VIR/BAC PNEU 480-482	-5	NO	-5	NO
485	BRONCHOPNEUMONIA ORG NOS	-5	NO	-5	NO
486	PNEUMONIA, ORGANISM NOS	-5	NO	-5	NO
487	INFLUENZA	-5	NO	-5	NO
490	BRONCHITIS NOS	-3	NO	-5	NO
491	CHRONIC BRONCHITIS	3	YES	5	YES
492	EMPHYSEMA	5	YES	5	YES
493	ASTHMA	5	YES	5	YES
494	BRONCHIECTASIS	5	YES	5	YES
496	CHR AIRWAY OBSTRUCT NEC	5	YES	5	YES
500	COAL WORKERS' PNEUMOCON	4	YES	5	YES
501	ASBESTOSIS	4	YES	5	YES
511	PLEURISY	-5	NO	-4	NO
514	PULM CONGEST/HYPOSTASIS	-3	NO	2	YES
518	OTHER LUNG DISEASES	-3	NO	-4	NO
519	OTH RESP SYSTEM DISEASES	-3	NO	2	YES
520	TOOTH DEVELOP/ERUPT DIS	-4	NO	-5	NO
521	HARD TISSUE DIS OF TEETH	-4	NO	-5	NO
522	PULP & PERIAPICAL DIS	-4	DC	-5	NO
523	GINGIVAL/PERIODONTAL DIS	0	DC	-4	NO
524	DENTOFACIAL ANOMALIES	0	DC	4	YES
525	OTHER DENTAL DISORDER	-3	DC	2	YES
526	JAW DISEASES	-1	DC	-4	NO
527	SALIVARY GLAND DISEASES	-1	DC	-3	NO
528	ORAL SOFT TISSUE DISEASE	-4	DC	-3	NO
529	TONGUE DISORDERS	-3	NO	-3	NO
530	DISEASES OF ESOPHAGUS	2		3	YES
531	GASTRIC ULCER	-5	NO	-3	NO
532	DUODENAL ULCER	-3	NO	-3	NO
533	PEPTIC ULCER, SITE NOS	-3	NO	-3	NO
535	GASTRITIS AND DUODENITIS	-3	NO	-5	NO
536	STOMACH FUNCTION DISORD	-3	NO	-3	NO
537	OTH GASTRODUODENAL DIS	-3	NO	-3	NO
540	ACUTE APPENDICITIS	-5	NO	-5	NO
541	APPENDICITIS NOS	-5	NO	-5	NO
550	INGUINAL HERNIA	-3	NO	-5	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
553	OTHER ABDOMINAL HERNIA	-3	NO	-4	NO
555	REGIONAL ENTERITIS	3	YES	5	YES
556	IDIOPATHIC PROCTOCOLITIS	3	YES	-2	NO
558	OTH NONINF GASTROENTERIT	-3	NO	-3	NO
560	INTESTINAL OBSTRUCTION	-5	NO	-4	NO
562	DIVERTICULA OF INTESTINE	3	YES	N/A	
564	FUNCT DIGESTIVE DIS NEC	-3	NO	-3	NO
565	ANAL FISSURE & FISTULA	-3	NO	-3	NO
566	ANAL & RECTAL ABSCESS	-3	NO	-4	NO
567	PERITONITIS	-5	NO	-3	NO
568	OTH PERITONEAL DISORDERS	-5	NO	-3	NO
569	OTH INTESTINAL DISORDERS	-4	NO	-4	NO
571	CHR LIVER DIS/CIRRHOSIS	5	YES	5	YES
573	OTH LIVER DISORDERS	2	YES	-4	NO
574	CHOLELITHIASIS	-5	NO	-5	NO
575	OTH GALLBLADDER DISORDER	-4	NO	-3	NO
576	OTH DIS OF BILIARY TRACT	2	YES	-3	NO
577	DISEASES OF PANCREAS	-3	NO	2	YES
578	GASTROINTESTINAL HEMORR	-5	NO	-4	NO
579	INTESTINAL MALABSORPTION	5	YES	4	YES
583	NEPHRITIS 580-583	5	YES	-4	NO
586	RENAL FAILURE NOS	4	YES	4	YES
588	IMPAIRED RENAL FUNCTION	4	YES	3	YES
590	KIDNEY INFECTION	-4	NO	-4	NO
592	RENAL/URETERAL CALCULUS	-5	NO	-4	NO
593	OTH RENAL & URETERAL DIS	-3	NO	2	YES
595	CYSTITIS	-5	NO	-5	NO
596	OTHER BLADDER DISORDERS	2	YES	2	YES
599	OTH URINARY TRACT DISOR	-4	NO	-2	NO
600	HYPERPLASIA OF PROSTATE	5	YES	N/A	
601	PROSTATIC INFLAMMATION	-3	NO	-5	NO
602	OTH PROSTATIC DISORDERS	-3	NO	-3	NO
604	HYDROCELE/ORCHIT/EPID 603-604	-5	NO	-4	NO
607	DISORDERS OF PENIS	2	YES	-4	NO
608	MALE GENITAL DIS NEC	-3	NO	-4	NO
610	BENIGN MAMMARY DYSPLASIA	-3	NO	-3	NO
611	OTHER BREAST DISORDERS	-3	NO	-3	NO
614	FEMALE PELVIC INFLAM DIS	-5	NO	-5	NO
615	UTERINE INFLAMMATORY DIS	-3	NO	-5	NO
616	OTH FEMALE GEN INFLAM	-5	NO	-4	NO
617	ENDOMETRIOSIS	5	YES	5	YES

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
618	GENITAL PROLAPSE	5	YES	-4	NO
620	NONINFLAM DIS OVAR/ADNEX	-5	NO	-3	NO
621	DISORDERS OF UTERUS NEC	-5	NO	-3	NO
622	NONINFLAMM DIS CERVIX	-5	NO	-3	NO
623	NONINFLAMM DIS VAGINA	-5	NO	-3	NO
625	FEMALE GENITAL SYMPTOMS	-5	NO	-3	NO
626	DISORDER OF MENSTRUATION	3	YES	-2	NO
627	MENOPAUSAL DISORDERS	3	YES	4	YES
628	FEMALE INFERTILITY	3	YES	3	YES
629	OTH FEMALE GENITAL DIS	-3	NO	2	YES
633	ECTOPIC PREGNANCY	-5	NO	-5	NO
634	SPONTANEOUS ABORTION	-5	NO	-5	NO
637	LEGAL/UNSP AB 635-637	-5	NO	-3	NO
641	ANTEPART HEM & PLAC PREV	-5	NO	-4	NO
643	EXCESS VOMITING IN PREG	-5	NO	-5	NO
644	EARLY/THREATENED LABOR	-5	NO	-5	NO
646	OTHER COMPL OF PREGNANCY	-5	NO	-5	NO
648	OTH CURRENT COND IN PREG	-5	NO	-5	NO
650	NORMAL DELIVERY	-5	NO	-5	NO
659	OTH INDICAT CARE DELIVER	-5	NO	-5	NO
669	OTH COMPL LABOR/DELIVERY	-5	NO	-5	NO
674	PUERPERAL COMPL NEC/NOS	-5	NO	-5	NO
676	OTH BREAST/LACT DIS PREG	-5	NO	-5	NO
680	CARBUNCLE AND FURUNCLE	-5	NO	-5	NO
681	CELLULITIS, FINGER/TOE	-5	NO	-5	NO
682	OTHER CELLULITIS/ABSCESS	-5	NO	-5	NO
683	ACUTE LYMPHADENITIS	-5	NO	-5	NO
684	IMPETIGO	-5	NO	-5	NO
685	PILONIDAL CYST	-3	NO	-5	NO
686	OTH LOCAL SKIN INFECTION	-5	NO	-5	NO
690	ERYTHEMATOSQUAMOUS DERM	-3	NO	-4	NO
691	ATOPIC DERMATITIS	3	YES	-1	NO
692	CONTACT DERMATITIS	-5	NO	-5	NO
693	DERMAT D/T INTERN AGENT	-3	NO	-5	NO
695	ERYTHEMATOUS CONDITIONS	-3	NO	-3	NO
696	PSORIASIS/LIKE DISORDERS	5	YES	3	YES
698	LICHEN	-5	NO	-4	NO
700	CORNS AND CALLOSITIES	-5	NO	-5	NO
701	OTH SKIN HYPERTRO/ATROPH	-5	NO	-3	NO
702	OTHER DERMATOSES	-5	NO	-4	NO
703	DISEASES OF NAIL	-5	NO	-3	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
704	HAIR & FOLLICLE DISEASE	-4	NO	-3	NO
705	DISORDERS OF SWEAT GLAND	-5	NO	-3	NO
706	SEBACEOUS GLAND DISEASE	-3	NO	-3	NO
707	CHRONIC ULCER OF SKIN	3	YES	4	YES
708	URTICARIA	-5	NO	-5	NO
709	OTHER SKIN DISORDERS	-5	NO	-4	NO
710	DIFF CONNECTIVE TISS DIS	3	YES	3	YES
711	ARTHROPATHY W INFECTION	-5	NO	-3	NO
714	OTH INFLAMM POLYARTHROP	5	YES	2	YES
715	OSTEOARTHRISIS ET AL	5	YES	5	YES
716	ARTHROPATHIES NEC/NOS	5	YES	-3	NO
717	INTERNAL DERANGEMNT KNEE	1	YES	-5	NO
718	OTHER JOINT DERANGEMENT	-5	NO	-5	NO
719	JOINT DISORDER NEC & NOS	-4	NO	-2	NO
720	INFLAM SPONDYLOPATHIES	5	YES	4	YES
721	SPONDYLOSIS ET AL	3	YES	3	YES
722	INTERVERTEBRAL DISC DIS	3	YES	4	YES
723	OTHER CERVICAL SPINE DIS	-3	NO	-4	NO
724	BACK DISORDER NEC & NOS	-1	NO	-3	NO
725	POLYMYALGIA RHEUMATICA	5	YES	4	YES
726	PERIPH ENTHESOPATHIES	-2	NO	-3	NO
727	OTH DIS SYNOV/TEND/BURSA	-4	NO	-4	NO
728	DIS OF MUSCLE/LIG/FASCIA	-5	NO	-3	NO
729	OTHER SOFT TISSUE DIS	-5	NO	-3	NO
730	OSTEOMYELITIS	1	YES	-4	NO
731	OSTEITIS DEFORMANS	3	YES	3	YES
732	OSTEOCHONDROPATHIES	5	YES	3	YES
733	OTH BONE & CARTILAGE DIS	-4	NO		NO
734	FLAT FOOT	-5	NO	-4	NO
735	ACQ DEFORMITIES OF TOE	-5	NO	-3	NO
736	OTH ACQ LIMB DEFORMITIES	-3	NO		YES
737	CURVATURE OF SPINE	-3	NO		YES
738	OTHER ACQUIRED DEFORMITY	-3	NO		YES
741	SPINA BIFIDA	3	YES	4	YES
742	OTH NERVOUS SYSTEM ANOM	2	YES	4	YES
743	CONGENITAL EYE ANOMALY	3	YES	5	YES
744	CONG ANOM EAR/FACE/NECK	3	PC	5	YES
745	CARDIAC SEPTAL CLOS ANOM	3	PC	5	YES
746	OTHER CONGEN HEART ANOM	3	PC	5	YES
747	OTH CONG CIRC SYST ANOM	3	PC	3	YES
749	CLEFT PALATE & CLEFT LIP	3	PC	5	YES

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752	GENITAL ORGAN ANOMALIES	0	PC	5	YES
753	URINARY SYSTEM ANOMALIES	-1	PC	5	YES
754	CONG MUSCULOSKEL DEFORM	2	PC	3	YES
755	OTH CONGEN LIMB ANOMALY	0	PC		NO
756	OTH MUSCULOSKELET ANOMAL	-1	PC	4	YES
757	CONGEN SKIN ANOMALIES	-1	PC		YES
758	CHROMOSOMAL ANOMALIES	5	PC	4	YES
759	CONGEN ANOMALIES NEC/NOS	0	PC	3	YES
765	EXTREME IMMATURITY	0	PC	3	YES
767	BIRTH TRAUMA	-4	NO	-4	NO
770	OTH NB RESPIRATORY COND	-4	NO	-3	NO
779	OTH PERINATAL CONDITION	-4	NO	-3	NO
780	GENERAL SYMPTOMS	-4	NO	-3	NO
781	NERV/MUSCULSKEL SYS SYMP	-4	NO	-3	NO
782	SKIN/OTH INTEGUMENT SYMP	-4	NO	-3	NO
783	NUTRIT/METAB/DEVEL SYMP	-4	NO	-3	NO
784	SYMPTOMS INVOL HEAD/NECK	-3	NO	-3	NO
785	CARDIOVASCULAR SYS SYMP	-3	NO	-3	NO
786	RESP SYS/OTH CHEST SYMP	-3	NO	-3	NO
787	GI SYSTEM SYMPTOMS	-3	NO	-3	NO
788	URINARY SYSTEM SYMPTOMS	-3	NO	-3	NO
789	OTH ABDOMEN/PELVIS SYMP	-3	NO	-3	NO
790	ABNORMAL BLOOD FINDINGS	-3	NO	-4	NO
791	ABNORMAL URINE FINDINGS	-3	NO	-4	NO
792	ABN FIND-OTH BODY SUBST	-3	NO	-4	NO
793	ABN FIND-BODY STRUCT NOS	-3	NO	-3	NO
794	ABNORMAL FUNCTION STUDY	-3	NO	-4	NO
795	ABN HISTOLOG/IMMUNO FIND	-3	NO	-4	NO
796	OTHER ABNORMAL FINDINGS	-3	NO	-4	NO
797	SENILITY W/O PSYCHOSIS	3	YES	3	YES
799	OTH ILL-DEF MORBID/MORTL	-3	NO		NO
803	FACE/SKULL FX 802-803	-3	NO	-5	NO
805	VERTEBRL FX W/O CORD INJ	-5	NO	-5	NO
807	FX RIB/STERN/LARYN/TRACH	-5	NO	-5	NO
808	PELVIC FRACTURE	-5	NO	-5	NO
810	CLAVICLE FRACTURE	-5	NO	-5	NO
812	HUMERUS FRACTURE	-5	NO	-5	NO
813	RADIUS & ULNA FRACTURE	-5	NO	-5	NO
814	CARPAL FRACTURE	-5	NO	-5	NO
815	METACARPAL FRACTURE	-5	NO	-5	NO
816	FRACTURE PHALANGES, HAND	-5	NO	-5	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
818	FRACTURE ARM MULT/NOS	-5	NO	-5	NO
820	FRACTURE NECK OF FEMUR	-5	NO	-5	NO
821	OTHER FEMORAL FRACTURE	-5	NO	-5	NO
822	PATELLA FRACTURE	-5	NO	-5	NO
823	TIBIA & FIBULA FRACTURE	-5	NO	-5	NO
824	ANKLE FRACTURE	-5	NO	-5	NO
825	FX OF TARSAL/METATARSAL	-5	NO	-5	NO
826	FRACTURE PHALANGES, FOOT	-5	NO	-5	NO
827	LOWER LIMB FRACTURE NEC	-5	NO	-5	NO
829	FRACTURE NOS	-5	NO	-5	NO
831	SHOULDER DISLOCATION	-5	NO	-5	NO
832	ELBOW DISLOCATION	-5	NO	-5	NO
833	WRIST DISLOCATION	-5	NO	-5	NO
834	DISLOCATION OF FINGER	-5	NO	-5	NO
835	DISLOCATION OF HIP	-5	NO	-3	NO
836	DISLOCATION OF KNEE	-5	NO	-3	NO
838	DISLOCATION OF FOOT	-5	NO	-3	NO
839	DISLOCATION NEC	-5	NO	-5	NO
840	SPRAIN SHOULDER & ARM	-5	NO	-5	NO
841	SPRAIN ELBOW & FOREARM	-5	NO	-5	NO
842	SPRAIN WRIST & HAND	-5	NO	-5	NO
843	SPRAIN OF HIP & THIGH	-5	NO	-5	NO
844	SPRAIN OF KNEE & LEG	-5	NO	-5	NO
845	SPRAIN OF ANKLE & FOOT	-5	NO	-5	NO
846	SPRAIN SACROILIAC REGION	-5	NO	-5	NO
847	SPRAIN OF BACK NEC/NOS	-5	NO	-5	NO
848	SPRAIN NEC	-5	NO	-5	NO
850	CONCUSSION	-5	NO	-5	NO
854	OTHER BRAIN INJURY	-4	NO		YES
861	HEART & LUNG INJURY	-5	NO	-4	NO
863	GI TRACT INJURY	-4	NO	-3	NO
864	LIVER INJURY	-3	NO	-3	NO
869	INTERNAL INJURY NOS	-3	NO	-3	NO
871	EYEBALL OPEN WOUND	-3	NO	-4	NO
872	OPEN WOUND OF EAR	-3	NO	-5	NO
873	OTHER OPEN WOUND OF HEAD	-5	NO	-5	NO
879	OPEN WOUND SITE NEC	-5	NO	-5	NO
881	OPEN WOUND OF LOWER ARM	-5	NO	-5	NO
882	OPEN WOUND OF HAND	-5	NO	-5	NO
883	OPEN WOUND OF FINGER	-5	NO	-5	NO
884	OPEN WOUND ARM MULT/NOS	-5	NO	-5	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
886	TRAUM AMP THUM/FING 885,886	-3	NO		NO
890	OPEN WOUND OF HIP/THIGH	-5	NO	-5	NO
891	OPEN WND KNEE/LEG/ANKLE	-5	NO	-5	NO
892	OPEN WOUND OF FOOT	-5	NO	-5	NO
893	OPEN WOUND OF TOE	-5	NO	-5	NO
904	BLOOD VESSEL INJURY NEC	-5	NO	-4	NO
908	LATE EFF INJURY NEC/NOS	-4	NO		NO
910	SUPERFICIAL INJURY HEAD	-5	NO	-5	NO
911	SUPERFICIAL INJURY TRUNK	-5	NO	-5	NO
913	SUPERFICIAL INJ FOREARM	-5	NO	-5	NO
915	SUPERFICIAL INJ FINGER	-5	NO	-5	NO
916	SUPERFICIAL INJ HIP/LEG	-5	NO	-5	NO
917	SUPERFICIAL INJ FOOT/TOE	-5	NO	-5	NO
918	SUPERFIC INJ EYE/ADNEXA	-5	NO	-5	NO
919	SUPERFICIAL INJ OTH SITE	-5	NO	-5	NO
920	CONTUSION FACE/SCALP/NCK	-5	NO	-5	NO
921	CONTUSION EYE & ADNEXA	-5	NO	-5	NO
922	CONTUSION OF TRUNK	-5	NO	-5	NO
923	CONTUSION OF UPPER LIMB	-5	NO	-5	NO
924	CONTUSION LEG & OTH SITE	-5	NO	-5	NO
926	CRUSHING INJURY OF TRUNK	-3	NO		YES
927	CRUSHING INJ UPPER LIMB	-3	NO		YES
928	CRUSHING INJURY OF LEG	-3	NO		YES
930	FOREIGN BODY EXTERN EYE	-5	NO	-5	NO
931	FOREIGN BODY IN EAR	-5	NO	-5	NO
932	FOREIGN BODY IN NOSE	-5	NO	-5	NO
933	FB PHARYNX & LARYNX	-5	NO	-5	NO
939	FB GI, GU TRACT 935-939	-5	NO	-5	NO
940	BURN OF EYE & ADNEXA	-5	NO	-3	NO
941	BURN OF HEAD/FACE/NECK	-4	NO	-5	NO
942	BURN OF TRUNK	-4	NO	-4	NO
943	BURN OF ARM	-4	NO	-4	NO
944	BURN OF HAND & WRIST	-4	NO	-4	NO
945	BURN OF LEG	-4	NO	-4	NO
949	BURN UNSPECIFIED	-4	NO	-4	NO
952	SPINAL CORD INJ W/O FX	3	YES	5	YES
955	INJ PERIPH NERV SHLD/ARM	-3	NO	-4	NO
957	INJURY TO NERVE NEC/NOS	-4	NO	-4	NO
958	EARLY COMPLIC OF TRAUMA	-4	NO	-3	NO
959	INJURY NEC/NOS	-4	NO	-3	NO
977	POIS-MEDICINAL NEC/NOS	-5	NO	-4	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
984	TOXIC EFF LEAD & COMPND	3	YES		YES
985	TOXIC EFFECT OTH METALS	3	YES	-2	NO
986	TOX EFF CARBON MONOXIDE	-4	NO	-4	NO
987	TOXIDE EFF GAS/VAPOR NEC	-3	NO	-3	NO
989	TOX EFF OTH NONMED SUBST	-3	NO		NO
992	EFF HEAT/LGT/RAD 990-992	-3	NO	-4	NO
993	EFFECTS OF AIR PRESSURE	-3	NO	-4	NO
994	EFFECT EXTERNAL CAUS NEC	-4	NO	-4	NO
995	CERTAIN ADVERSE EFF NEC	-4	NO	-4	NO
996	REPLACE & GRAFT COMPLIC	-4	NO	-3	NO
997	SURG COMPL-BODY SYST NEC	-4	NO	-3	NO
998	OTH SURGICAL COMPL NEC	-4	NO	-3	NO
999	COMPLIC MEDICAL CARE NEC	-4	NO	-3	NO
V01	COMMUNICABLE DIS CONTACT	-5	NO	-5	NO
V03	VACCIN FOR BACTERIAL DIS	-5	NO	-5	NO
V04	VACCIN FOR VIRAL DISEASE	-5	NO	-5	NO
V05	OTH VACCIN FOR SINGL DIS	-5	NO	-5	NO
V06	VAC FOR DIS COMBINATION	-5	NO	-5	NO
V07	PROPHYLACTIC MEASURES	-5	NO	-5	NO
V08	ASYMP HIV INFECTN STATUS	3	YES	5	YES
V10	HX OF MALIGNANT NEOPLASM	-4	NO	4	YES
V12	HX OF DISEASE NEC	-5	NO		YES
V15	OTH HX OF HEALTH HAZARDS	-5	NO		YES
V18	FAM HX OF DIS V16-V18	-5	NO	-3	NO
V20	HEALTH SUPERVISION CHILD	-5	NO	-5	NO
V22	NORMAL PREGNANCY	-5	NO	-5	NO
V24	POSTPARTUM CARE/EXAM	-5	NO	-5	NO
V25	CONTRACEPTIVE MANAGEMENT	-4	NO	-4	NO
V26	PROCREATIVE MANAGEMENT	-5	NO	-3	NO
V30	SINGLE LIVEBORN	-5	NO	-3	NO
V40	MENTAL/BEHAVIORAL PROB	3	YES		YES
V41	PROB W SPECIAL FUNCTIONS	-4	NO		YES
V42	ORGAN TRANSPLANT STATUS	5	YES	5	YES
V43	ORGAN REPLACEMENT NEC	3	YES	3	YES
V45	POSTSURGICAL STATES V44-V46	-5	NO		NO
V47	OTH PROBL W INTERNAL ORG	-5	NO		YES
V48	HEAD/NECK/TRUNK PROBLEMS	-5	NO		YES
V49	LIMB PROBLEM/PROBLEM NEC	-5	NO		YES
V50	OTHER ELECTIVE SURGERY	-5	NO	-4	NO
V52	FITTING OF PROSTHESIS	-1	NO		NO
V53	ADJUSTMENT OF OTH DEVICE	-4	NO	-3	NO

3-Digit ICD9 Grp	Label	Internist Panel Rating	Chronic	Pediatrician Panel Rating	Chronic
V54	OTH ORTHOPEDIC AFTERCARE	-5	NO	-4	NO
V55	ATTEN TO ARTIFICIAL OPEN	-4	NO	4	YES
V56	DIALYSIS ENCOUNTER	3	YES	3	YES
V57	REHABILITATION PROCEDURE	-3	NO		YES
V58	ENCOUNTR PROC/AFTRCR NEC	-4	NO		NO
V61	OTH FAMILY CIRCUMSTANCES	-5	NO		YES
V62	OTH PSYCHOSOCIAL CIRCUM	-5	NO	-4	NO
V65	OTHER REASON FOR CONSULT	-5	NO	-3	NO
V66	CONVALESCENCE	-5	NO	-4	NO
V67	FOLLOW-UP EXAMINATION	-5	NO	-5	NO
V68	ADMINISTRATIVE ENCOUNTER	-5	NO	-5	NO
V69	LACK OF PHYSICAL EXERCISE	-5	NO	-3	NO
V70	GENERAL MEDICAL EXAM	-5	NO	-4	NO
V71	OBSERVATION-SUSPECT COND	-5	NO	-3	NO
V72	SPECIAL EXAMINATIONS	-5	NO	-5	NO
V75	SCREEN-INFECT DIS V73-V75	-5	NO	-5	NO
V76	SCREENING-MALIG NEOPLASM	-5	NO	-5	NO
V77	SCREEN-ENDO/NUTR/METAB	-5	NO	-5	NO
V81	SCREEN-HEART/RESP/GU DIS	-5	NO	-5	NO
V82	SCREEN-OTHER CONDITIONS	-5	NO	-5	NO



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