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Data obtained through Sentinel are intended to complement other types of evidence such as preclinical studies, clinical trials, postmarket studies, and adverse event reports, all of which are used by FDA to inform regulatory decisions regarding medical product safety. The information contained in this report is provided as part of FDA's commitment to place knowledge acquired from Sentinel in the public domain as soon as possible. Any public health actions taken by FDA regarding products involved in Sentinel queries will continue to be communicated through existing channels.

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The following report contains a description of the request, request specifications, and results from the modular program run(s).

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Overview

Date Run: October 19, 2017

Request Description: The purpose of this report was to compare the frequency of diagnoses for blindness using International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes. ICD-10-CM code definitions were determined by mapping from ICD-9-CM code definitions using the Centers for Medicare and Medicaid Services (CMS) General Equivalence Mappings (GEMs). Forward-backward mapping (FBM) was used to map ICD-9-CM to ICD-10-CM codes.¹

Sentinel Modular Program Tool Used: Cohort Identification and Descriptive Analysis (CIDA) tool, version 5.0.4

Data Source: This request was run against the IBM® MarketScan® Commercial Claims and Encounters Database and Medicare Supplemental Database, which included 121 million members. Data from October 1, 2010 to September 30, 2016 were included in this report. The report includes three separate time periods: 1) October 1, 2010 to September 30, 2016, 2) April 1, 2015 to September 30, 2015, and 3) April 1, 2016 to September 30, 2016. See Appendix A for the dates of available data used in this report.

Study Design: We examined the incidence and prevalence of blindness across the ICD-9-CM era (October 2010 to September 2015) and ICD-10-CM era (October 2015 to September 2016) in the US. Incidence was additionally evaluated from April 2015 to September 2015 and April 2016 to September 2016. See Appendix B for specific codes used to define blindness in this request.

Cohort Eligibility Criteria: Members included in the cohorts were required to be enrolled in health plans with medical and drug coverage. The following age groups were included in the cohorts: 0-18, 19-24, 25-64, and 65+ years

Incident Cohorts: Members included in the incident cohorts were required to be continuously enrolled in health plans with medical and drug coverage for at least 183 days prior to blindness diagnosis, during which gaps in coverage of up to 45 days were allowed. Incident blindness was defined as no previous blindness diagnosis in the 183 days preceding the index date with respect to ICD-9-CM and ICD-10-CM codes.

Prevalent Cohorts: There was no enrollment time requirement for members in the prevalent cohorts. All qualifying diagnosis codes that occurred between October 1, 2010 and September 30, 2016 were included.

Please see Appendix C for detailed specifications of parameters used in the analyses for this request.

Limitations: Algorithms used to define outcomes are imperfect; thus, it is possible that there may be misclassification. Therefore, data should be interpreted with this limitation in mind. The MarketScan claims databases are based on a large convenience sample. Because the sample is not random, it may contain biases or fail to generalize well to other populations. Data come mostly from large employers; medium and small firms may be underrepresented.²

Notes: Please contact the Sentinel Operations Center Query Fulfillment Team (qf@sentinelssystem.org) for questions and to provide comments/suggestions for future enhancements to this document.

¹Fung, K. W., et al. (2016). "Preparing for the ICD-10-CM Transition: Automated Methods for Translating ICD Codes in Clinical Phenotype Definitions." EGEMS (Wash DC) 4(1): 1211.

²IBM Watson Health (2018). [online] ibm.com. Available at: <https://www.ibm.com/downloads/cas/OWZWJ0QO> [Accessed 01 Mar. 2019].

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Glossary of Terms for Analyses Using Cohort Identification and Descriptive Analysis (CIDA) Tool*

Amount Supplied - number of units (pills, tablets, vials) dispensed. Net amount per NDC per dispensing.

Blackout Period - number of days at the beginning of a treatment episode that events are to be ignored. If an event occurs during the blackout period, the episode is excluded.

Care Setting - type of medical encounter or facility where the exposure, event, or condition code was recorded. Possible care settings include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA). For laboratory results, possible care settings include: Emergency department (E), Home (H), Inpatient (I), Outpatient (O), or Unknown or Missing (U). Along with the Principal Diagnosis Indicator, forms the Care Setting/PDX parameter.

Ambulatory Visit (AV) - includes visits at outpatient clinics, same-day surgeries, urgent care visits, and other same-day ambulatory hospital encounters, but excludes emergency department encounters.

Emergency Department (ED) - includes ED encounters that become inpatient stays (in which case inpatient stays would be a separate encounter). Excludes urgent care visits.

Inpatient Hospital Stay (IP) - includes all inpatient stays, same-day hospital discharges, hospital transfers, and acute hospital care where the discharge is after the admission date.

Non-Acute Institutional Stay (IS) - includes hospice, skilled nursing facility (SNF), rehab center, nursing home, residential, overnight non-hospital dialysis and other non-hospital stays.

Other Ambulatory Visit (OA) - includes other non overnight AV encounters such as hospice visits, home health visits, skilled nursing facility visits, other non-hospital visits, as well as telemedicine, telephone and email consultations.

Cohort Definition (drug/exposure) - indicates how the cohort will be defined: (1): Cohort includes only the first valid treatment episode during the query period; (2): Cohort includes all valid treatment episodes during the query period; (3): Cohort includes all valid treatment episodes during the query period until an event occurs.

Days Supplied - number of days supplied for all dispensings in qualifying treatment episodes.

Eligible Members - number of members eligible for an incident treatment episode (defined by the drug/exposure and event washout periods) with drug and medical coverage during the query period.

Enrollment Gap - number of days allowed between two consecutive enrollment periods without breaking a "continuously enrolled" sequence.

Episodes - treatment episodes; length of episode is determined by days supplied in one dispensing or consecutive dispensings bridged by the episode gap.

Episode Gap - number of days allowed between two (or more) consecutive exposures (dispensings/procedures) to be considered the same treatment episode.

Event Deduplication - specifies how events are counted by the MP algorithm: (0): Counts all occurrences of an HOI during an exposure episode; (1): de-duplicates occurrences of the same HOI code and code type on the same day; (2): de-duplicates occurrences of the same HOI group on the same day (e.g., de-duplicates at the group level).

Exposure Episode Length - number of days after exposure initiation that is considered "exposed time."

Exposure Extension Period - number of days post treatment period in which the outcomes/events are counted for a treatment episode. Extensions days are added after any episode gaps have been bridged.

Lookback Period - number of days wherein a member is required to have evidence of pre-existing condition (diagnosis/procedure/drug dispensing).

Maximum Episode Duration - truncates exposure episodes after a requester-specified number of exposed days. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

Member-Years - sum of all days of enrollment with medical and drug coverage in the query period preceded by an exposure washout period all divided by 365.25.

Minimum Days Supplied - specifies a minimum number of days in length of the days supplied for the episode to be considered.

Minimum Episode Duration - specifies a minimum number of days in length of the episode for it to be considered. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

Monitoring Period - used to define time periods of interest for both sequential analysis and simple cohort characterization requests.

Principal Diagnosis (PDX) - diagnosis or condition established to be chiefly responsible for admission of the patient to the hospital. 'P' = principal diagnosis, 'S' = secondary diagnosis, 'X' = unspecified diagnosis, '.' = blank. Along with the Care Setting values, forms the Caresetting/PDX parameter.

Query Period - period in which the modular program looks for exposures and outcomes of interest.

Treatment Episode Truncation Indicator - indicates whether the exposure episode will be truncated at the occurrence of a requester-specified code.

Washout Period (drug/exposure) - number of days a user is required to have no evidence of prior exposure (drug dispensing/procedure) and continuous drug and medical coverage prior to an incident treatment episode.

Washout Period (event/outcome) - number of days a user is required to have no evidence of a prior event (procedure/diagnosis) and continuous drug and medical coverage prior to an incident treatment episode.

Years at Risk - number of days supplied plus any episode gaps and exposure extension periods all divided by 365.25.

*all terms may not be used in this report

Table 1. Comparison of Incident* Blindness Diagnoses in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Eras (April 1, 2015 - September 30, 2015 and April 1, 2016 - September 30, 2016)

	Members with Diagnosis	Eligible Members	Members with Diagnosis per 10,000 Eligible Members
Blindness			
ICD-9-CM: April 1, 2015 - September 30, 2015	18,778	23,967,894	7.83
ICD-10-CM: April 1, 2016 - September 30, 2016	22,176	23,720,324	9.35

* Incidence defined by 183 day washout

Figure 1. Incidence of Blindness Diagnoses per 10,000 Eligible Members from October 2010 - September 2016 by Code Type, 183-Day Washout

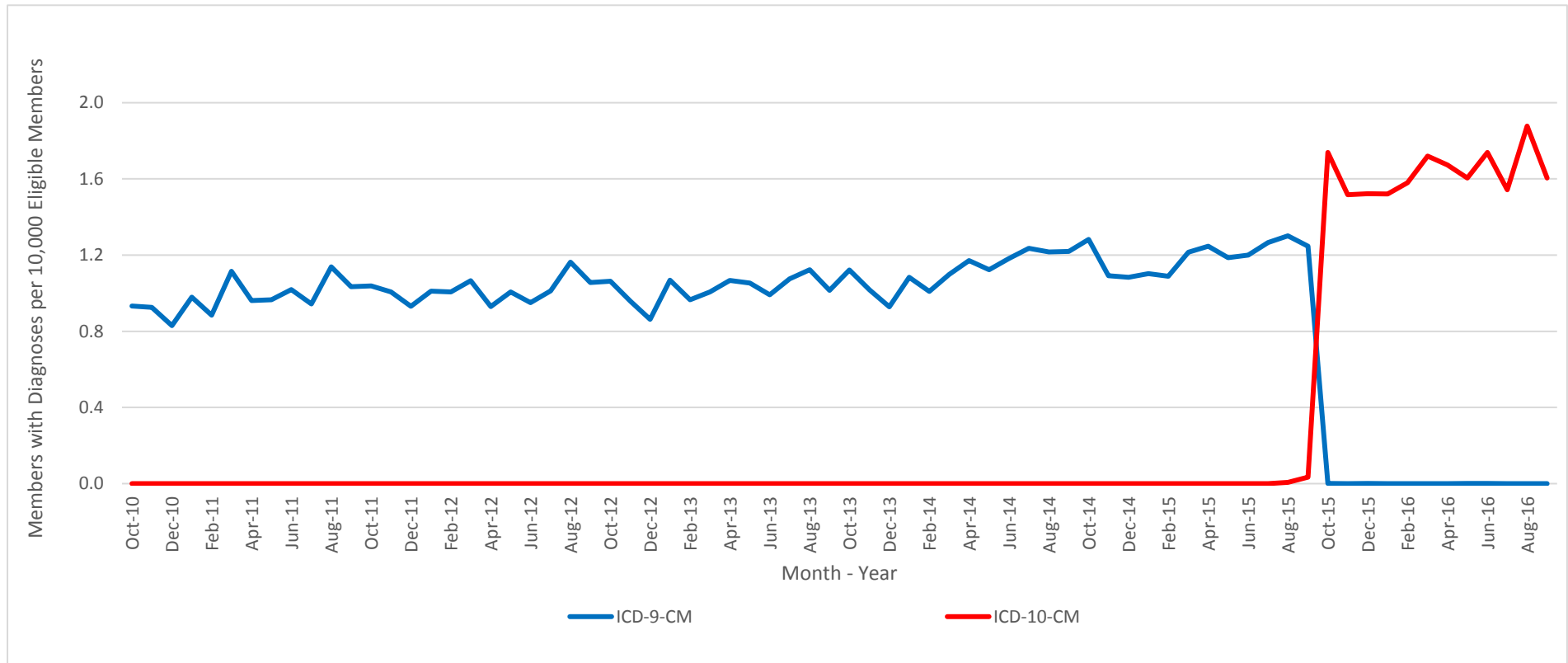
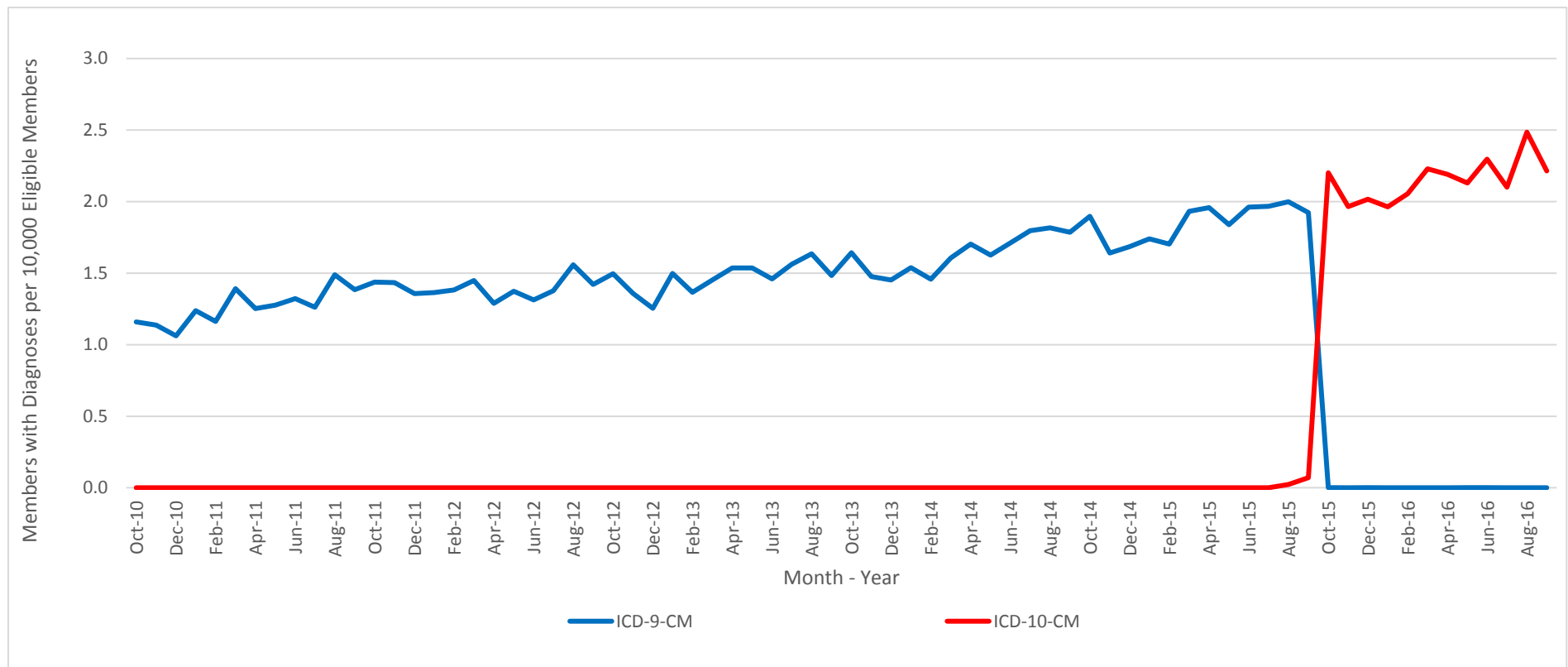


Figure 2. Prevalence of Blindness Diagnoses per 10,000 Eligible Members from October 2010 - September 2016 by Code Type, 0-Day Washout





Appendix A. Dates Available for IBM® MarketScan® Commercial and Medicare Supplemental Databases

Databases	Start Date	End Date
IBM MarketScan Commercial and Medicare Supplemental Databases ¹	1/1/2010	9/30/2016

¹ The IBM MarketScan Databases includes a sample of 121 million employees, dependents, and retirees in the United States with primary or Medicare supplemental coverage through privately insured fee-for-service, point-of-service, or capitated health plans. The IBM MarketScan claims databases are based on a large convenience sample. Because the sample is not random, it may contain biases or fail to generalize well to other populations. Data come mostly from large employers; medium and small firms may be underrepresented. For more information on the IBM MarketScan Databases, please review the White Paper here: <https://www.ibm.com/downloads/cas/OWZWJ0QO>

Appendix B. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Blindness

Code	Description	Code Type
ICD-9-CM		
369	Blindness and low vision	ICD-9-CM Diagnosis
369.0	Profound impairment, both eyes	ICD-9-CM Diagnosis
369.00	Blindness of both eyes, impairment level not further specified	ICD-9-CM Diagnosis
369.01	Better eye: total vision impairment; lesser eye: total vision impairment	ICD-9-CM Diagnosis
369.02	Better eye: near-total vision impairment; lesser eye: not further specified	ICD-9-CM Diagnosis
369.03	Better eye: near-total vision impairment; lesser eye: total vision impairment	ICD-9-CM Diagnosis
369.04	Better eye: near-total vision impairment; lesser eye: near-total vision impairment	ICD-9-CM Diagnosis
369.05	Better eye: profound vision impairment; lesser eye: not further specified	ICD-9-CM Diagnosis
369.06	Better eye: profound vision impairment; lesser eye: total vision impairment	ICD-9-CM Diagnosis
369.07	Better eye: profound vision impairment; lesser eye: near-total vision impairment	ICD-9-CM Diagnosis
369.08	Better eye: profound vision impairment; lesser eye: profound vision impairment	ICD-9-CM Diagnosis
369.1	Moderate or severe impairment, better eye; profound vision impairment of lesser eye	ICD-9-CM Diagnosis
369.10	Profound, moderate or severe vision impairment, not further specified	ICD-9-CM Diagnosis
369.11	Better eye: severe vision impairment; lesser eye: blind, not further specified	ICD-9-CM Diagnosis
369.12	Better eye: severe vision impairment; lesser eye: total vision impairment	ICD-9-CM Diagnosis
369.13	Better eye: severe vision impairment; lesser eye: near-total vision impairment	ICD-9-CM Diagnosis
369.14	Better eye: severe vision impairment; lesser eye: profound vision impairment	ICD-9-CM Diagnosis
369.15	Better eye: moderate vision impairment; lesser eye: blind, not further specified	ICD-9-CM Diagnosis
369.16	Better eye: moderate vision impairment; lesser eye: total vision impairment	ICD-9-CM Diagnosis
369.17	Better eye: moderate vision impairment; lesser eye: near-total vision impairment	ICD-9-CM Diagnosis
369.18	Better eye: moderate vision impairment; lesser eye: profound vision impairment	ICD-9-CM Diagnosis
369.2	Moderate or severe vision impairment, both eyes	ICD-9-CM Diagnosis
369.20	Vision impairment, both eyes, impairment level not further specified	ICD-9-CM Diagnosis
369.21	Better eye: severe vision impairment; lesser eye; impairment not further specified	ICD-9-CM Diagnosis
369.22	Better eye: severe vision impairment; lesser eye: severe vision impairment	ICD-9-CM Diagnosis
369.23	Better eye: moderate vision impairment; lesser eye: impairment not further specified	ICD-9-CM Diagnosis
369.24	Better eye: moderate vision impairment; lesser eye: severe vision impairment	ICD-9-CM Diagnosis
369.25	Better eye: moderate vision impairment; lesser eye: moderate vision impairment	ICD-9-CM Diagnosis
369.3	Unqualified visual loss, both eyes	ICD-9-CM Diagnosis
369.4	Legal blindness, as defined in USA	ICD-9-CM Diagnosis
369.6	Profound vision impairment, one eye	ICD-9-CM Diagnosis
369.60	Impairment level not further specified	ICD-9-CM Diagnosis
369.61	One eye: total vision impairment; other eye: not specified	ICD-9-CM Diagnosis
369.62	One eye: total vision impairment; other eye: near-normal vision	ICD-9-CM Diagnosis
369.63	One eye: total vision impairment; other eye: normal vision	ICD-9-CM Diagnosis
369.64	One eye: near-total vision impairment; other eye: vision not specified	ICD-9-CM Diagnosis
369.65	One eye: near-total vision impairment; other eye: near-normal vision	ICD-9-CM Diagnosis
369.66	One eye: near-total vision impairment; other eye: normal vision	ICD-9-CM Diagnosis
369.67	One eye: profound vision impairment; other eye: vision not specified	ICD-9-CM Diagnosis
369.68	One eye: profound vision impairment; other eye: near-normal vision	ICD-9-CM Diagnosis
369.69	One eye: profound vision impairment; other eye: normal vision	ICD-9-CM Diagnosis
369.7	Moderate or severe vision impairment, one eye	ICD-9-CM Diagnosis
369.70	Low vision, one eye, not otherwise specified	ICD-9-CM Diagnosis

Appendix B. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Codes Used to Define Blindness

Code	Description	Code Type
369.71	One eye: severe vision impairment; other eye: vision not specified	ICD-9-CM Diagnosis
369.72	One eye: severe vision impairment; other eye: near-normal vision	ICD-9-CM Diagnosis
369.73	One eye: severe vision impairment; other eye: normal vision	ICD-9-CM Diagnosis
369.74	One eye: moderate vision impairment; other eye: vision not specified	ICD-9-CM Diagnosis
369.75	One eye: moderate vision impairment; other eye: near-normal vision	ICD-9-CM Diagnosis
369.76	One eye: moderate vision impairment; other eye: normal vision	ICD-9-CM Diagnosis
369.8	Unqualified visual loss, one eye	ICD-9-CM Diagnosis
369.9	Unspecified visual loss	ICD-9-CM Diagnosis
ICD-10-CM		
H54.0	Blindness, both eyes	ICD-10-CM Diagnosis
H54.10	Blindness, one eye, low vision other eye, unspecified eyes	ICD-10-CM Diagnosis
H54.11	Blindness, right eye, low vision left eye	ICD-10-CM Diagnosis
H54.12	Blindness, left eye, low vision right eye	ICD-10-CM Diagnosis
H54.2	Low vision, both eyes	ICD-10-CM Diagnosis
H54.3	Unqualified visual loss, both eyes	ICD-10-CM Diagnosis
H54.8	Legal blindness, as defined in USA	ICD-10-CM Diagnosis
H54.40	Blindness, one eye, unspecified eye	ICD-10-CM Diagnosis
H54.41	Blindness, right eye, normal vision left eye	ICD-10-CM Diagnosis
H54.42	Blindness, left eye, normal vision right eye	ICD-10-CM Diagnosis
H54.50	Low vision, one eye, unspecified eye	ICD-10-CM Diagnosis
H54.51	Low vision, right eye, normal vision left eye	ICD-10-CM Diagnosis
H54.52	Low vision, left eye, normal vision right eye	ICD-10-CM Diagnosis
H54.60	Unqualified visual loss, one eye, unspecified	ICD-10-CM Diagnosis
H54.61	Unqualified visual loss, right eye, normal vision left eye	ICD-10-CM Diagnosis
H54.62	Unqualified visual loss, left eye, normal vision right eye	ICD-10-CM Diagnosis
H54.7	Unspecified visual loss	ICD-10-CM Diagnosis

Appendix C. Specifications for Parameters for this Request

Sentinel's Cohort Identification and Descriptive Analysis (CIDA) tool, version 5.0.4 was used to compare the frequency of diagnoses for blindness using International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) codes.

Enrollment Gap: 45 days

Age Groups: 0-18, 19-24, 25-64, 65+ years

Enrollment Requirement: 183 days for incidence scenarios; 0 days for prevalence scenarios

Coverage Requirement: Medical and drug coverage

Event

Scenario	Query Start Date	Query End Date	Event	Incidence/ Prevalence Code Type	Incident with Respect To	Washout (days)	Cohort Definition	Care Setting
1	4/1/2015	9/30/2015	Blindness	ICD-9-CM	ICD-9-CM	183	First valid event only	Any
2	4/1/2016	9/30/2016	Blindness	ICD-10-CM	ICD-10-CM	183	First valid event only	Any
3	10/1/2010	9/30/2016	Blindness	ICD-9-CM	ICD-9-CM or ICD-10-CM	183	First valid event only	Any
4	10/1/2010	9/30/2016	Blindness	ICD-10-CM	ICD-9-CM or ICD-10-CM	183	First valid event only	Any
5	10/1/2010	9/30/2016	Blindness	ICD-9-CM	N/A	0	All valid events	Any
6	10/1/2010	9/30/2016	Blindness	ICD-10-CM	N/A	0	All valid events	Any

ICD-9-CM and ICD-10-CM are provided by Optum360. ICD-10-CM codes were mapped from ICD-9-CM codes using the Centers for Medicare and Medicaid Services General Equivalence Mappings.