



Office of the
Provincial Health Officer

British Columbia Chronic Disease Registries (BCCDR) Case Definitions
(Last Update: March 2023)

Population Health Surveillance and Epidemiology Branch

Office of the Provincial Health Officer

British Columbia (BC) Ministry of Health

(Contact: hlth.cdrwg@gov.bc.ca)

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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 hospitalization with a transient ischemic attack diagnostic code.

Signed-off BC Case Definition: Yes - V2021 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"/>

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				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

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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