# Indication Crosswalk

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#### Goal:

Match descriptive condition categories to dataset of drug approvals.

#### Issues:

Cortellis indication categories are too fine, as are 3-digit ICD-9 groupings, and it is not obvious how we should proceed in aggregating them into coarser groupings.

### What we have:

1. Dataset of drug approvals with Cortellis Indications.

```
brandname condition

Nexterone ventricular tachycardia

Cotellic stage iv melanoma
Opana IR pain

Myozyme pompes disease

Vectibix colorectal tumor

Elaprase hunter syndrome
```

#### 2. Crosswalk of Cortellis Indications -> 3-digit ICD-9 codes.

```
icd9 condition
46 measles virus infection
706 acne
42 acquired immune deficiency syndrome
253 acromegaly
255 addisons disease
79 adenovirus infection
```

Sorted by ICD-9 code....

#### 3. ICD-9 to HCC or CCS crosswalks.

• ICD-9 -> HCC crosswalk from NBER

The first three digits of each ICD-9 correspond to the three-digit groupings used in the Indication -> ICD-9 crosswalk. Note these 3-digit ICD-9 groupings **do not** in general map to a single HCC. Also note that only HCCs that are included in CMS's risk-adjustment model in a particular year are present.

```
icd
                        icddesc hcc
0031
        Salmonella septicemia
00322
         Salmonella pneumonia
                                115
00323
         Salmonella arthritis
                                 39
00324 Salmonella osteomyelitis
0064
          Amebic lung abscess
                                115
0074
            Cryptosporidiosis
```

• ICD-9 -> CCS crosswalk from NBER

Unlike the HCC crosswalk, the CCS crosswalk is year-invariant (ICD-9 codes map to the same HCC regardless of year) and includes a much larger set of ICD-9 codes. Three-digit ICD-9 groupings **do not** in general map to a single CCS. CCS codes, category labels, and associated ICD-9s are listed *here*. CCS categories tend to be granular enough to distinguish between related conditions while still aggregating into useful categories (e.g. all leukemias are coded CCS 39).

```
icd ccs
              ccsdesc
                                        icddesc
0010 135 Intest infct CHOLERA D/T VIB CHOLERAE
0011 135 Intest infct
                        CHOLERA D/T VIB EL TOR
0019 135 Intest infct
                                    CHOLERA NOS
0020 135 Intest infct
                                  TYPHOID FEVER
0021 135 Intest infct
                           PARATYPHOID FEVER A
0022 135 Intest infct
                           PARATYPHOID FEVER B
0023 135 Intest infct
                           PARATYPHOID FEVER C
0029 135 Intest infct
                         PARATYPHOID FEVER NOS
0030 135 Intest infct
                          SALMONELLA ENTERITIS
0031
       2
           Septicemia
                         SALMONELLA SEPTICEMIA
```

### **Summary Statistics:**

```
There are 1941 unique Cortellis indications in the Indication -> 3-digit ICD-9 Crosswalk.
```

Of these, 307 indications are represented in the drug approval data.

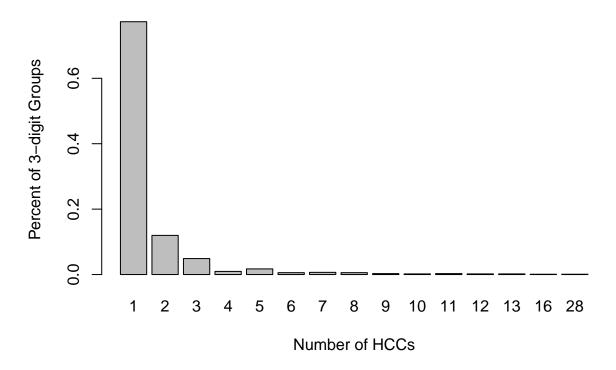
76 drug approvals map to a unique 3-digit ICD-9 code.

10 breakthrough drug approvals map to a unique 3-digit ICD-9 code.

On average, a 3-digit ICD-9 group contains 3.9 drugs, with a median of 2 .

On average, a 3-digit ICD-9 group corresponds to 1.58 unique CCS codes.

# Number of Associated HCCs for 3-digit ICD-9 Groupings



## Recommendation:

I recommend we aggregate indications into CCS codes. Although there are over 1,900 Cortellis indications in the Indication  $\rightarrow$  3-digit ICD-9 crosswalk, only around 300 unique indications are present in the drug approval data.

We can either do this by

- 1. Looking up the entire 4-or-5-digit ICD-9 code for the indication and mapping that to a CCS code using a crosswalk, or
- 2. Looking up the CCS code alone.

I am happy to work on this and don't expect it to take ridiculously long.