

Claims/Authorization Data That Could Be Used to Model SB 1004 Eligibility

	Data Element	Source
Qualifying diagnosis		
All four specified conditions	Primary diagnosis (dx) associated with claim(s)	<ul style="list-style-type: none"> Claims data (see spreadsheet file of diagnosis codes for the four eligible conditions)
Evidence of advanced disease		
All four specified conditions	ED visit or hospitalization associated with qualifying condition in prior 12 months	<ul style="list-style-type: none"> Authorization or claims data
All four specified conditions	Hospice enrollment (and disenrollment) in prior 12 months	<ul style="list-style-type: none"> Authorization or claims data
All four specified conditions	Authorization for hospital bed or other DME (shower grab bars, bedside commode, etc.)	<ul style="list-style-type: none"> Authorization or claims data
All four specified conditions	Authorization for home oxygen	<ul style="list-style-type: none"> Authorization or claims data
CHF	Presence of "significant co-morbidities"; could classify according to plan medical director preference, or as any of the other three SB 1004 conditions plus other cardiac conditions / coronary artery disease, peripheral vascular disease, stroke, HIV/AIDS, renal failure, diabetes with end organ damage, dementia and other neurodegenerative diseases	<ul style="list-style-type: none"> Primary dx for ambulatory or ED visit or admission in prior 12 months Secondary dx from claims with primary dx of CHF in prior 12 months
COPD	Authorization for home oxygen	<ul style="list-style-type: none"> Authorization or claims data
Advanced cancer	Received chemotherapy	<ul style="list-style-type: none"> Medication claims/authorization data (use local formulary flags for chemotherapy agents, or the list of chemo drugs available at: https://www.cancer.gov/about-cancer/treatment/drugs) ICD 9/10 procedure or dx codes for delivery of chemotherapy in prior 12-24 months
Liver disease	Comorbid conditions: ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices	<ul style="list-style-type: none"> Ambulatory, ED, or hospital claims with any of the specified comorbidities as a primary or secondary diagnosis