

Predictive Value of the International Classification of Diseases, 9th Revision Codes for Identifying Ocular Oncology Diagnoses

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BACKGROUND

Administrative claims in clinical registries and database studies have been increasingly used in ophthalmology research, including ocular oncology.^{1,2} The variable accuracy of billing codes in identifying diagnoses remains a significant limitation. Clinical registries and claims data have been previously utilized in the ocular oncology literature,^{3,5} however no studies to date have assessed the accuracy of claims data for capturing ocular neoplasms to the best of our knowledge.

OBJECTIVES

To determine the predictive value of International Classification of Diseases, 9th Revision (ICD-9) billing codes for identifying ocular oncology diagnoses.

METHODS



patients of any age residing in Olmsted County, Minnesota diagnosed with any ocular neoplasm from January 1, 2006, to October 1, 2015, in the Rochester Epidemiology Project (REP) database.

Participants: All

Data: Extensive diagnostic code search utilizing 45 ocular neoplasm-related ICD-9 codes was performed to identify all potential patients diagnosed with any ocular neoplasm. All medical records identified via the diagnostic code search were retrospectively reviewed to assess diagnoses and demographic data.

Primary Outcomes: Positive predictive value (PPV) and negative predictive value (NPV) of ICD-9 codes for each diagnosis. PPV= True positive/(True positive+false positive); NPV = True negative/(True negative+false negative)

Statistical Analysis: Data analysis was performed using SAAS Version 9 (SAS Institute; Cary, North Caroline).

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RESULTS

Table 1: Number of cases identified via medical record review versus diagnostic code search, with positive and negative predictive values

	Medical record data versus ICD-9 code search data				Positive	Negative
	Congruent		Incong	uent	Predictive	Predictive
Diagnosis	Present in both	Absent in both	Present in	Absent in	Value (PPV)	Value (NPV
	medical record	medical record	medical record,	medical record,		
	and ICD-9 code	and ICD-9 code	absent in ICD-9	present in ICD-9		
	search (True	search (True	code search	code search		
	positives)	negatives)	(False negatives)	(False positives)		
Intraocular						
Choroidal melanoma	6	3905	3	18	25.0%	99.9%
Choroidal nevus	710	2665	114	443	61.6%	95.9%
Congenital hypertrophy of	0	3926	6	0	-	99.8%
the retinal pigment						
epithelium (CHRPE)						
Iris nevus	0	3856	76	0	-	98.1%
Extraocular/Orbital						
Dermoid cyst	6	3441	6	479	25.0%	99.9%
Ductal epithelial cyst	1	3920	8	3	61.6%	95.9%
lacrimal gland						
Epidermal inclusion cyst	250	3434	13	235	-	99.8%
Eyelid actinic keratosis	0	3924	8	0	-	98.1%
Eyelid basal cell carcinoma	62	3729	119	22	25.0%	99.9%
Eyelid cutaneous nevus	0	3924	8	0	61.6%	95.9%
Evelid hidrocystoma	0	3873	59	0	-	99.8%
Evelid neurofibroma	0	3927	5	0	-	98.1%
Evelid papilloma	0	3907	25	0	25.0%	99.9%
Evelid sebaceous cvst	40	3447	0	445	61.6%	95.9%
Eyelid seborrheic keratosis	0	3920	12	0	-	99.8%
Eyelid squamous cell	7	3877	40	8	-	98.1%
carcinoma						
Ocular Surface						
Conjunctival complexion- associated melanosis	6	3818	10	98	5.8%	99.7%
Conjunctival cyst	0	3708	5	219	0.0%	99.9%
Conjunctival nevus	36	3797	38	61	37.1%	99.0%
Ocular surface squamous	0	3913	6	13	0.0%	99.8%
Primary acquired melanosis	38	3804	24	66	36.5%	99.4%

iagnosis	Sensitivity	Specificity
horoidal melanoma	66.7%	99.5%
horoidal nevus	86.2%	85.7%
ermoid cyst	50.0%	87.8%
uctal epithelial cyst	11.1%	99.9%
crimal gland		
pidermal inclusion cyst	95.1%	93.6%
yelid basal cell	34.3%	99.4%
arcinoma		
yelid sebaceous cyst	100.0%	88.6%
yelid squamous cell	14.9%	99.8%
arcinoma		
onjunctival	37.5%	97.5%
omplexion-associated		
elanosis		
onjunctival cyst	0.0%	94.4%
onjunctival nevus	48.6%	98.4%
rimary acquired	61.3%	98.3%
elanosis		

RESULTS

CONCLUSION

There was wide variation in predictive value of ocular neoplasm-related ICD-9 billing codes, which suggests that ocular oncology-related claims data alone may overestimate the true number of ocular oncology diagnoses.

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SUPPORT

This publication was supported by CTSA Grant Number KL2 TR002379 from the National Center for Advancing Translational Science (NCATS)

DISCLOSURES

The authors of this project report no disclosures.