

Disclaimer

The FDA chose a specific outcome algorithm that met its need for a given medical product-outcome assessment. The use of a specific outcome algorithm in a Sentinel assessment should not be interpreted as an endorsement from FDA to use the algorithm for all safety assessments. Investigators should always consider the objective, study design, analytic approach, and data source of a given medical product safety assessment when choosing the outcome algorithm. The suitability of an outcome algorithm may change when applied to different scenarios. For additional information, please <u>Best Practices for Conducting and Reporting Pharmacoepidemiologic Safety Studies Using Electronic Healthcare Data</u> guidance document provided by the FDA.



Overview

Title	Severe Uterine Bleed with Transfusion Management Algorithm Defined in "Severe Uterine Bleed following Novel Oral Anticoagulants Use: a Propensity Score Matched Analysis"		
Request ID	cder_mpl2p_wp007, cder_mpl2p_wp018		
Description	This report lists International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Healthcare Common Procedure Coding System (HCPCS), and Revenue Center codes and algorithms used to define severe uterine bleed with transfusion management in this request. For additional information about the algorithm and how it was defined relative to the cohort and exposures of interest in the inferential analysis, see the analysis page here: https://www.sentinelinitiative.org/assessments/drugs/severe-uterine-bleed-following-novel- oral-anticoagulants-use-propensity-score		
Outcome	Severe uterine bleed with transfusion management		
Algorithm to Define Outcome	Evidence of an ICD-9-CM code used to define vaginal bleed in any non-institutional (IS) care setting in any diagnosis position AND evidence of a HCPCS, ICD-9-CM, or Revenue Center code to define red blood cell transfusion management in any non-IS care setting on the same day as the vaginal bleed diagnosis.		
Query Period	October 19, 2010 - September 30, 2015 (cder_mpl2p_wp007, cder_mpl2p_wp018)		
Request Send Date	Send Date February 21, 2019 (cder_mpl2p_wp007); December 30, 2019 (cder_mpl2p_wp018)		



Glossary

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)

Outcome - outcome of interest (either primary or secondary)

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 **Request Send Date** - date the request was sent to Sentinel Data Partners



List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Diagnosis Codes Used to Define Vaginal Bleed in this Request

Codes	Description	Code Type	Code Category
623.8	Other specified noninflammatory disorder of vagina	ICD-9-CM	Diagnosis
623.9	Unspecified noninflammatory disorder of vagina	ICD-9-CM	Diagnosis
626.2	Excessive or frequent menstruation	ICD-9-CM	Diagnosis
626.3	Puberty bleeding	ICD-9-CM	Diagnosis
626.6	Metrorrhagia	ICD-9-CM	Diagnosis
626.8	Other disorder of menstruation and other abnormal bleeding from female genital tract	ICD-9-CM	Diagnosis
626.9	Unspecified disorder of menstruation and other abnormal bleeding from female genital	ICD-9-CM	Diagnosis
	tract		
627.0	Menopausal and postmenopausal disorders	ICD-9-CM	Diagnosis
627.1	Postmenopausal bleeding	ICD-9-CM	Diagnosis
627.4	Symptomatic states associated with artificial menopause	ICD-9-CM	Diagnosis



List of Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), and Revenue Center Codes Used to Define Transfusion Management in this Request

Code	Description	Code Type	Code Category		
Red Blood Cell-Only Transfusion					
C1010	Whole blood or red blood cells, leukoreduced, cmv negative, each unit	HCPCS	Procedure		
C1016	Whole blood or red blood cells, leukoreduced, frozen, deglycerol, washed, each unit	HCPCS	Procedure		
C1020	Each unit red blood cells, frozen/deglycerolized/washed, leukocyte-reduced, irradiated	HCPCS	Procedure		
C1021	Red blood cells, leukocyte-reduced, cmv negative, irradiated, each unit	HCPCS	Procedure		
P9016	Red blood cells, leukocytes reduced, each unit	HCPCS	Procedure		
P9021	Red blood cells, each unit	HCPCS	Procedure		
P9022	Red blood cells, washed, each unit	HCPCS	Procedure		
P9038	Red blood cells, irradiated, each unit	HCPCS	Procedure		
P9039	Red blood cells, deglycerolized, each unit	HCPCS	Procedure		
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	HCPCS	Procedure		
P9051	Whole blood or red blood cells, leukocytes reduced, cmv-negative, each unit	HCPCS	Procedure		
P9054	Each unit whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed	HCPCS	Procedure		
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	HCPCS	Procedure		
P9058	Red blood cells, leukocytes reduced, cmv-negative, irradiated, each unit	HCPCS	Procedure		
9904	Transfusion of packed cells	ICD-9-CM	Procedure		
0381	Blood and blood products-packed red cells	Revenue Center	Procedure		