

## LETTERS TO THE EDITOR

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*To the Editor:*

Re: Reker, D., Hamilton, B., Duncan, P., Yeh, S., Rosen, A. "Stroke: Who's counting what?" *Journal of Rehabilitation Research and Development*, 38,2:281–289. March/April, 2001.

It has been brought to my attention that an ICD-9 algorithm published in the above manuscript should be modified based on results presented in the manuscript. Specifically, the methods in the above manuscript used an existing ICD-9 stroke algorithm based on prior research to identify a "high sensitivity" cohort of stroke patients. The new research in the above manuscript created a new ICD-9 algorithm that identifies a "high specificity" cohort of stroke patients. The next logical step in the sequence, however, should have been to modify the existing "high sensitivity" algorithm based on new information provided by the "high specificity" (i.e., patients identified by a "high specificity" algorithm should be a subset of a "high sensitivity" algorithm). Unfortunately, this was not done in the manuscript. This modification does not alter the factual content of the manuscript in any way; however, it will provide the reader a higher performance "high sensitivity" ICD-9 algorithm to identify stroke patients.

The new high sensitivity algorithm should be (new codes underlined):

If admission or discharge primary diagnosis is 430.xx, 431.xx, 432.xx, 434.xx, 436.xx, 433.01, 433.11, 433.21, 433.31, 433.81, or 433.91

OR

Admission or discharge primary diagnosis is V57.xx (Rehabilitation) and any secondary diagnosis is 342.xx (hemiparesis), 430.xx, 431.xx, 432.xx, 433.xx, 434.xx, 435.xx, 436.xx, 437.xx or 438.xx

OR

Admission or discharge primary diagnosis is 433.xx or 435.xx and any secondary diagnosis code is 342.xx, 430.xx, 431.xx, 432.xx, 434.xx, or 436.xx.

Please make this information available to the readers of the *Journal of Rehabilitation Research and Development*.

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