

<b>COMMENTS</b>	-Affix label here-
	Member ID: _____ - _____ - _____
<i>To be completed by Physician Adjudicator:</i>	
Date Completed: _____-_____-_____ (M/D/Y)	Central Case No.: _____
Adjudicator Code: _____-_____-_____	Case Copy No.: _____

Yes <sub>1</sub>    No <sub>0</sub>

1. **Deep vein thrombosis (DVT)**

1.1 Date of Diagnosis/Admission:  
 \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ (M/D/Y)

1.2 Diagnosis: **(Mark the one category that applies best.)**

- <sub>1</sub> Deep vein thrombosis of lower extremities **not resulting from a procedure** within 60 days
- <sub>2</sub> Deep vein thrombosis of lower extremities **during or following a procedure** within 60 days

1.3 Diagnosis of deep vein thrombosis is based on: **(Mark all that apply.)**

- <sub>1</sub> Hospital discharge summary with a diagnosis of deep vein thrombosis
- <sub>2</sub> Positive findings on a venogram
- <sub>3</sub> Positive findings using impedance plethysmography
- <sub>4</sub> Positive findings on doppler duplex, ultrasound, sonogram, or other non-invasive test examination
- <sub>5</sub> Positive findings on isotope scan

1.4 Diagnosis of deep vein thrombosis reporting source: **(Mark one. If more than one category applies, mark the first applicable category.)**

- <sub>1</sub> Hospital inpatient
- <sub>2</sub> Hospital outpatient facility or clinic
- <sub>3</sub> Radiology or imaging facility
- <sub>4</sub> Physician's office/private medical practitioner
- <sub>5</sub> Nursing/convalescent home/hospice
- <sub>6</sub> Autopsy only
- <sub>7</sub> Death Certificate only
- <sub>8</sub> Other

1.5 Was a work up for pulmonary embolism performed?

- <sub>1</sub> Yes    <sub>0</sub> No    <sub>8</sub> Unknown

RV \_\_\_\_\_ K \_\_\_\_\_ V \_\_\_\_\_

Yes    No  
<sub>1</sub>   <sub>0</sub>

2. **Pulmonary embolism (PE) requiring hospitalization:**

2.1 Date of Diagnosis/Admission: -- (M/D/Y)

2.2 Diagnosis: **(Mark the one category that applies best.)**

<sub>1</sub> Pulmonary embolism **not resulting from a procedure** within 60 days

<sub>2</sub> Pulmonary embolism **during or following a procedure** within 60 days

2.3 Diagnosis of pulmonary embolism is based on:

**(Mark all that apply.)**

<sub>1</sub> Hospital discharge summary with a diagnosis of pulmonary embolism

<sub>2</sub> High probability on ventilation-perfusion lung scan (exclude moderate, intermediate, or low probability on ventilation-perfusion lung scan)

<sub>3</sub> Positive findings on pulmonary angiogram or spiral CT

<sub>4</sub> Diagnosis of deep vein thrombosis (DVT) based on  $\geq 1$  DVT criteria in 1.3. plus signs and symptoms suggestive of PE (e.g., acute chest pain, dyspnea, tachypnea, hypoxemia, tachycardia, or chest X-ray findings suggestive of PE)

<sub>8</sub> Other, including autopsy

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Responsible Adjudicator Signature