

<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.: ____	

1. Date of death: \_\_\_\_-\_\_\_\_-\_\_\_\_ (M/D/Y)

#### ICD-9-CM/ICD-10-CM Codes

2. Cause of death:

2.1. **Underlying cause:** (Disease or injury that initiated events resulting in death.)

\_\_\_\_\_  
\_\_\_\_\_

2.2. \_\_\_\_

**CCC use only**

2.3. \_\_\_\_

**Contributory cause(s) of death.** Events that did not directly cause death but were contributory. (Hierarchical order not required.)

2.4. \_\_\_\_  
\_\_\_\_\_

2.5. \_\_\_\_

2.6. \_\_\_\_

2.7. \_\_\_\_  
\_\_\_\_\_

2.8. \_\_\_\_

2.9. \_\_\_\_

2.10. \_\_\_\_  
\_\_\_\_\_

2.11. \_\_\_\_

2.12. \_\_\_\_

2.13. **Immediate cause:** (Final disease or condition resulting in death.)

\_\_\_\_\_  
\_\_\_\_\_

2.14. \_\_\_\_

2.15. \_\_\_\_

RV

K

V

3. Subclassification of underlying cause of death: **(Select only one underlying cause from the following 4 categories (Cancer, CVD, Accident, Other). One category must be completed.)**

**Cancer**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <sub>1</sub> Breast                | <input type="checkbox"/> <sub>6</sub> Rectum               | <input type="checkbox"/> <sub>39</sub> Leukemia           |
| <input type="checkbox"/> <sub>2</sub> Ovary                 | <input type="checkbox"/> <sub>7</sub> Uterus               | <input type="checkbox"/> <sub>40</sub> Brain              |
| <input type="checkbox"/> <sub>3</sub> Endometrium           | <input type="checkbox"/> <sub>10</sub> Lung                | <input type="checkbox"/> <sub>41</sub> Multiple Myeloma   |
| <input type="checkbox"/> <sub>4</sub> Colon                 | <input type="checkbox"/> <sub>37</sub> Pancreas            | <input type="checkbox"/> <sub>8</sub> Other _____         |
| <input type="checkbox"/> <sub>5</sub> Rectosigmoid junction | <input type="checkbox"/> <sub>38</sub> Lymphoma (NHL only) | <input type="checkbox"/> <sub>9</sub> Unknown cancer site |

**Cardiovascular disease**

- ☐ <sub>11</sub> Definite Coronary Heart Disease (CHD)  
 (No known non-CHD cause and at least one of the following:  
 (1)-chest pain within 72 hours of death and/or (2)-history of  
 chronic ischemic heart disease in the absence of valvular heart  
 disease or non-CHD, and death certificate consistent with CHD  
 as the underlying cause.)
- ☐ <sub>14</sub> Possible Coronary Heart Disease (CHD)  
 (No known non-CHD cause, and death certificate consistent  
 with CHD as the underlying cause.)

→ If box 11 or 14 is marked, complete  
Question 6 on the next page.

- ☐ <sub>12</sub> Cerebrovascular disease
- ☐ <sub>13</sub> Pulmonary Embolism
- ☐ <sub>18</sub> Other cardiovascular disease
- ☐ <sub>19</sub> Unknown cardiovascular disease

**Accident/Injury**

- ☐ <sub>21</sub> Homicide
- ☐ <sub>22</sub> Accident
- ☐ <sub>23</sub> Suicide
- ☐ <sub>28</sub> Other injury

**“Other” Cause of Death**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <sub>31</sub> Alzheimer's Disease | <input type="checkbox"/> <sub>36</sub> Sepsis   | <input type="checkbox"/> <sub>45</sub> Hepatic Cirrhosis             |
| <input type="checkbox"/> <sub>32</sub> COPD                | <input type="checkbox"/> <sub>42</sub> Dementia, NOS (all subtypes except<br>Alzheimer's) | <input type="checkbox"/> <sub>46</sub> COVID-19                      |
| <input type="checkbox"/> <sub>33</sub> Pneumonia           | <input type="checkbox"/> <sub>43</sub> Amyotrophic Lateral Sclerosis (ALS)                | <input type="checkbox"/> <sub>88</sub> Another cause of death, known |
| <input type="checkbox"/> <sub>34</sub> Pulmonary Fibrosis  | <input type="checkbox"/> <sub>44</sub> Parkinson's  | <input type="checkbox"/> <sub>99</sub> Unknown cause of death        |
| <input type="checkbox"/> <sub>35</sub> Renal Failure       |   |  |

4. Was an autopsy performed? (**Mark one.**)

- ☐<sub>0</sub> No  
☐<sub>1</sub> Yes  
☐<sub>9</sub> Unknown

5. Documentation used for death adjudication: (**Mark all that apply.**)

- |  |  |
|--|--|
| <input type="checkbox"/> <sub>1</sub> Medical records documentation<br>(current case only) | <input type="checkbox"/> <sub>6</sub> Informant interview                                  |
| <input type="checkbox"/> <sub>2</sub> Report of autopsy findings                           | <input type="checkbox"/> <sub>7</sub> Form 120 – Initial Notification of Death             |
| <input type="checkbox"/> <sub>3</sub> Death certificate                                    | <input type="checkbox"/> <sub>9</sub> <b>NDI Search (CCC use only)</b>                     |
| <input type="checkbox"/> <sub>4</sub> ER record  | <input type="checkbox"/> <sub>10</sub> Coroner's report                                    |
| <input type="checkbox"/> <sub>5</sub> EMS report   | <input type="checkbox"/> <sub>8</sub> Other _____<br>(e.g., a previously adjudicated case) |

6. Coronary Death (**In and out of hospital deaths**)6.1. Coronary death based on: (**Mark all that apply.**)

- ☐<sub>1</sub> Hospitalized myocardial infarction within 28 days of death
- ☐<sub>2</sub> Previous angina, myocardial infarction, or revascularization procedure and no known potentially-lethal non-coronary disease process
- ☐<sub>3</sub> Coronary heart disease (CHD) diagnosed as cause of death at post-mortem examination
- ☐<sub>4</sub> Death resulting from a CHD-related procedure, such as coronary bypass grafting (CABG) or percutaneous transluminal coronary angioplasty (PTCA) **[For any death resulting from a revascularization procedure or an in hospital death, complete Form 121 – Report of Cardiovascular Outcome]**
- ☐<sub>8</sub> Other (none of the above)

6.2. Coronary death subclassification: (**Mark the one category that applies best.**)

- ☐<sub>1</sub> Definite fatal MI: no known non-atherosclerotic cause (and death within 28 days of definite MI) or autopsy evidence of acute MI
- ☐<sub>2</sub> Definite fatal CHD: no known non-atherosclerotic cause and at least one of the following:  
(1) chest pain within 72 hours of death, or (2) history of chronic ischemic heart disease in the absence of valvular heart disease or non-ischemic cardiomyopathy
- ☐<sub>3</sub> Possible fatal CHD: no known non-atherosclerotic cause, and death certificate consistent with CHD as the underlying cause

6.3. Timing of coronary death: (**Mark one.**)

- ☐<sub>1</sub> Sudden death: death occurring within one hour of symptom onset or after the participant was last seen without symptoms, and death occurs in the absence of potentially lethal non-coronary disease process
- ☐<sub>2</sub> Rapid death: death occurs within 1-24 hours of symptom onset
- ☐<sub>3</sub> Other coronary death (Does not fulfill criteria for sudden or rapid coronary death.)

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Responsible Adjudicator Signature7. Editor Code