

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

Yes No
☐₁ ☐₀

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

1.1 Date of Diagnosis/Admission:

____ - ____ - ____ (M/D/Y)

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

☐₁ Deep vein thrombosis of lower extremities **not resulting from a procedure** within 60 days

☐₂ 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.)**

☐₁ Hospital discharge summary with a diagnosis of deep vein thrombosis

☐₂ Positive findings on a venogram

☐₃ Positive findings using impedance plethysmography

☐₄ Positive findings on doppler duplex, ultrasound, sonogram, or other non-invasive test examination

☐₅ 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.)**

☐₁ Hospital inpatient

☐₂ Hospital outpatient facility or clinic

☐₃ Radiology or imaging facility

☐₄ Physician's office/private medical practitioner

☐₅ Nursing/convalescent home/hospice

☐₆ Autopsy only

☐₇ Death Certificate only

☐₈ Other

1.5 Was a work up for pulmonary embolism performed?

☐₁ Yes ☐₀ No ☐₈ Unknown

RV _____ K _____ V _____

Yes No
☐₁ ☐₀

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.)**

☐₁ Pulmonary embolism **not resulting from a procedure** within 60 days

☐₂ Pulmonary embolism **during or following a procedure** within 60 days

2.3 Diagnosis of pulmonary embolism is based on:

(Mark all that apply.)

☐₁ Hospital discharge summary with a diagnosis of pulmonary embolism

☐₂ High probability on ventilation-perfusion lung scan (exclude moderate, intermediate, or low probability on ventilation-perfusion lung scan)

☐₃ Positive findings on pulmonary angiogram or spiral CT

☐₄ Diagnosis of deep vein thrombosis (DVT) based on ≥ 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)

☐₈ Other, including autopsy

Responsible Adjudicator Signature