

## DRAFT REVIEW FORM PART B LUNG CASES

Reviewer \_\_\_\_\_

Date \_\_\_\_\_

Case ID \_\_\_\_\_

Case brief (<10 words) summary:

Age, main job, location, alive, diseases

1) What Part B (and Part E) lung diagnosis (diagnoses) claim made for?

i

ii

iii

2) For each diagnosis:

Diagnosis 1: \_\_\_\_\_

A) Criteria used make diagnosis (DOL criteria or other /modified criteria)

B) Claim accepted / denied

If denied reason denied

Patient doesn't have the disease

Patient no / inadequate exposure

Disease possible but lack medical evidence

Exposure possible but lack exposure info

C) Do you agree with decision / diagnosis? If not - why not

Diagnosis 2: \_\_\_\_\_

3) Comments on Claims / Review process:

Information adequate?

Claims process clear?

Who made diagnosis?

Referred to CMC?

SEM used?

Other: