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: