# MMCC COMMUNITY FINAL DIAGNOSIS FORM

ID NUMBER: ☐☐☐☐☐☐☐

FORM CODE: | M | D | X |

DATE: 4/7/2016

Version J

## PART A: ADMINISTRATIVE INFORMATION

1a. Batch Number: ☐☐☐

1b. Type of Review: ☐☐

1c. Date of CDX Completion: ☐☐ / ☐☐ / ☐☐
  Month   Day   Year

2. Code number of person completing this form: ☐☐☐

2b. Complete Part B:
Yes.............................................Y
No ...............................................N

2c. Is the event linked?
Yes.............................................Y
No ...............................................N

## PART B: REVIEW OF COMPUTER'S DIAGNOSIS

3: ARIC Cardiac Pain Criterion:
Present.......................................P
Absent.........................................A

4. ARIC ECG Criterion:
Evolving Diagnostic....................A
Diagnostic ..................................B
Evolving ST-T .............................C
Equivocal ...................................D
Absent, Uncodable or other ........E

5. ARIC Enzyme Criterion:
Abnormal......................................A
Equivocal ....................................E
Incomplete ..................................I
Normal ........................................N

6. Assign an overall MI Diagnosis using ARIC algorithm (see the ARIC MI Diagnosis Table in the CDX Instructions).
Definite MI....................................D
Probable MI..................................P
Suspect MI ...................................S
No MI ...........................................N

7a. Do you agree with the ARIC algorithm MI diagnosis?
→**If Yes, go to item 7c.**   Yes..............................................Y
No ...............................................N

7a1. If no, please indicate reason for disagreement.

_____

_____

7a2. If no, cite relevant Case Law. ☐☐

7b. If no, assign letter from Item 6 that corresponds to your preferred Diagnosis
(D,P,S, N). ☐

7c. Was this event a death?
→**If Yes, go to item 8.**   Yes.............................................Y
→**If No, STOP.**   No ...............................................N

PART C: CLASSIFICATION OF TYPE OF DEATH

8. Is there evidence of non-atherosclerotic or non-cardiac atherosclerotic process that was probably the cause of death:

Yes.............................................Y

→ **If No, go to item 9.** No .............................................N

If yes, comment and specify reasons, referring to the Event Summary Form.

_____

_____

9. Was there a definite MI within 4 weeks of death?

Yes.............................................Y

No .............................................N

10. Was there chest pain within 72 hours of death (out-of-hospital death) or cardiac pain (in-hospital death)?

Yes.............................................Y

No .............................................N

11. Is there a history of ever having had chronic ischemic heart disease such as MI, coronary insufficiency, or angina pectoris?

Yes.............................................Y

No .............................................N

12. Is the underlying cause of death included in ICD-10 Code: I11, I20, I21, I22, I23, I24, I25, I46, I51.6, I51.9, R99

Yes.............................................Y

No .............................................N

I11-Hypertensive Heart Disease With or Without Congestive Heart Failure
I20- Angina pectoris
I21- Acute myocardial infarction
I22- Subsequent myocardial infarction
I23- Certain current complications following acute myocardial infarction
I24- Other acute ischaemic heart diseases
I25- Chronic ischaemic heart disease
I46- Cardiac arrest
I51.6- Cardiovascular disease, unspecified
I51.9- Heart disease, unspecified
R99- Other ill-defined and unspecified causes of mortality

13. Assign Death Classification using ARIC algorithm (circle first diagnosis that meets criteria indicated).

Definite fatal MI ...........................A
(Item 8=N and Item 9=Y)
Definite fatal CHD .......................B
(Item 8=N, Item 10=Y and/or Item 11=Y)
Possible fatal CHD......................C
(Item 8=Y)
Non-CHD Death..........................D
(Item 8=N and Item 12=N)
Unclassifiable……………………..E
(Item 8=N and Item 12=N)

14a. Do you agree with the algorithm classification?

→ **If Yes, go to item 15a.** Yes.............................................Y

No .............................................N

14a1. If no, please indicate reason for disagreement.

_____

_____

14a2. If no, cite relevant Case Law.

14b. If no, assign letter from Item 13 that corresponds to your preferred Diagnosis

(A, B, C, D, E).

15a. Is the response to Item 13. or 14.b. "A" or "B" or "C" and the type of event Out-of-Hospital Death?

→ **If Yes, go to item 15b.** Yes.............................................Y
→ **If No, STOP.** No .............................................N

15b. Time to death from onset of acute symptoms (or time to death since the decedant was last known to be alive and free of acute symptoms). Circle letter corresponding to shortest interval known to be true.

Instantaneous .............................A

5 minutes or less.........................B

1 hour or less .............................C

24 hours or less ..........................D

More than 24 hours.....................E

Unknown .....................................U