

Environmental Health Hazards Checklist

Medicare Coverage for Individuals Exposed to Environmental Health Hazards

Step 1: Identify the individual. (Completed by the field office.)			
First Name – Middle Initial – Last Name			
Social Security Number		Date of Birth	

Step 2: Identify the asbestos-related condition(s) and its date of diagnosis. (Completed by the provider.)			
Check the box next to the diagnosed impairment(s) and print the date of diagnosis.			
Impairment	Diagnosis Code	Minimum Medical Evidence Required	
<input type="checkbox"/> Asbestosis	5010	Interpretation by a B reader qualified physician of a plain chest x-ray <u>or</u> interpretation of computed tomographic radiograph of the chest by a qualified physician	
<input type="checkbox"/> Pleural thickening Pleural plaques	5010	Interpretation by a B reader qualified physician of a plain chest x-ray <u>or</u> interpretation of computed tomographic radiograph of the chest by a qualified physician	
<input type="checkbox"/> Mesothelioma	1630	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage	
<input type="checkbox"/> Malignancy of the lung	1620	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage	
<input type="checkbox"/> Malignancy of the colon	1530	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage	
<input type="checkbox"/> Malignancy of the rectum	1530	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage	
<input type="checkbox"/> Malignancy of the larynx	1950	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage	
<input type="checkbox"/> Malignancy of the stomach	1510	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage	
<input type="checkbox"/> Malignancy of the esophagus	1500	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage	
<input type="checkbox"/> Malignancy of the pharynx	1950	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage	
<input type="checkbox"/> Malignancy of the ovary	1830	Established by pathologic examination of biopsy tissue <u>or</u> cytology from bronchioalveolar lavage	
<input type="checkbox"/>	<i>Individual does <u>not</u> have an impairment listed above</i>		
Date of Diagnosis:			

Step 3: Identify presence in Lincoln County, Montana. (Completed by the provider.)	
This individual was present in Lincoln County, Montana, during the following time period(s):	
Do your records dated prior to March 23, 2010, indicate the individual was present in Lincoln County, Montana, for a total of at least 6 months during a period ending 10 years or more before the date of his or her diagnosis of the impairment(s) checked above? <input type="checkbox"/> Yes <input type="checkbox"/> No (SSA will develop presence.)	

Printed Name	Physician's Signature	Date