

Radiologic Interpretation

U.S. DEPARTMENT OF LABOR
OFFICE OF WORKERS' COMPENSATION PROGRAMS
DIVISION OF COAL MINE WORKERS' COMPENSATION



Note: This report is authorized by law (30 USC 901 et. seq.) and required to obtain a benefit. The results of this interpretation will aid in determining the miner's eligibility for black lung benefits. Disclosure of a Social Security number is voluntary. The failure to disclose such number will not result in the denial of any right, benefit, or privilege to which the claimant may be entitled. This method of collecting information complies with the Freedom of Information Act, the Privacy Act of 1974, and OMB Circular No. 108.

OMB No. 1240-0023
Expires: XX/XX/XXXX

Please record your interpretation of a single image by placing "X" in the appropriate boxes on the form and return it promptly to the office that requested the interpretation. The form must be completed as per instructions, signed by a physician, and contain the miner's name, and social security number. The Department of Labor will pay only for images of acceptable quality (1, 2 and 3). Images of inferior quality (U/R) must be retaken without cost to the Department.

1. Miner's Name (Print)
1A. Date of X-Ray
1B. Miner's Social Security Number
1C. Image Quality (if not Grade 1. Give Reason):

1D. Is Image Completely Negative?
2A. Any Parenchymal Abnormalities Consistent with Pneumoconiosis?

2B. Small Opacities Consistent With Pneumoconiosis
a. SHAPE/SIZE
b. ZONES
c. PROFUSION
2C. Large Opacities Consistent With Pneumoconiosis

3A. ANY PLEURAL ABNORMALITIES
CONSISTENT WITH PNEUMOCONIOSIS?

3B. PLEURAL PLAQUES (mark site, calcification, extent and width)
Extent (chest wall; combined for in profile and face on)
Width (in profile only) (3mm minimum width required)

3C. COSTOPHRENIC ANGLE OBLITERATION

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)
Extent (chest wall; combined for in profile and face on)
Width (in profile only) (3m minimum width required)

4A. ANY OTHER ABNORMALITIES?

4B. OTHER SYMBOLS (OBLIGATORY)

REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION

4C. OTHER COMMENTS

SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C?

5A. FACILITY PROVIDING RADIOLOGIC EXAMINATION:
DOL Medical Provider Number (if applicable):
Was image taken by a registered radiographer/radiographic technologist?
Name Registration No. State

5B. Physician Interpreting Image (Print Name):
Are you: Board-Certified Radiologist? Board-eligible radiologist? B-reader?

5C. I certify that this image has been interpreted in accordance with the instructions provided on Form CM-954a and/or 20 CFR 718. Subpart B, 718.102 and Appendix A. I also certify that the information furnished is correct and am aware that my signature attests to the accuracy of the results reported. I am aware that any person who willfully makes any false or misleading statements or representation in support of an application for benefits under Title 30 USC 941 shall be guilty of a misdemeanor and subject to a fine of up to \$1,000, or to imprisonment for up to one year, or both.

PHYSICIAN'S SIGNATURE DATE OF READING

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this information collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding these estimates or any other aspect of this survey, including suggestions for reducing this burden, send them to the Division of Coal Mine Workers' Compensation, U. S. Department of Labor, Room N-3464, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

For Purpose of Coding for the Department of Labor, the following codes will be used
ILO 2000 INTERNATIONAL CLASSIFICATION OF RADIOGRAPHS OF THE PNEUMOCONIOSES

FEATURES		CODES		DEFINITIONS
Technical Quality		1 2 3 4		Good Acceptable, with no technical defect likely to impair classification of the radiograph for pneumoconiosis. Poor, with some technical defect but still acceptable for classification purposes. Unacceptable.
Parenchymal Abnormalities Small Opacities	Profusion	0/- 0/0 0/1 1/0 1/1 1/2 2/1 2/2 2/3 3/2 3/3 3/+		The category of profusion is based on the assessment of concentration of opacities by comparison with the standard radiographs. Category 0 – small opacities absent or less profuse than the lower limit of Category 1. Categories 1, 2 and 3 – represent increasing profusion of small opacities as defined by the corresponding standard radiographs. The zones in which the opacities are seen are recorded. The right (R) and left (L) thorax are both divided into three zones – upper (U), middle (M) and lower (L).
	Extent	RU RM RL LU LM LL		
	Shape and Size rounded	p/p q/q r/r		The category of profusion is determined by considering the profusion as a whole over the affected zones of the lung and by comparing this with the standard radiographs. The letters p, q, and r denote the presence of small rounded opacities. Three sizes are defined by the appearances on standard radiographs. p = diameter up to about 1.5 mm. q = diameter exceeding about 1.5 mm and up to about 3 mm. r = diameter exceeding about 3 mm and up to about 10 mm.
	irregular	s/s t/t u/u		The letters s, t and u denote the presence of small irregular opacities. Three sizes are defined by the appearance on standard radiographs. s = width up to about 1.5 mm. t = width exceeding about 1.5 mm and up to about 3 mm. u = width exceeding 3 mm and up to about 10 mm.
	mixed	p/s p/t p/u p/q p/r q/w q/t q/u q/p q/r r/s r/t r/u r/p r/q s/p s/q s/r s/t s/u t/p t/q t/r t/s t/u u/p u/q u/r u/s u/t		For mixed shapes (or sizes) of small opacities the predominant shape and size is recorded first. The presence of a significant number or another shape and size is recorded after the oblique stroke.
Large Opacities		A B C		The categories are defined in terms of dimensions of the opacities. Category A – an opacity having a greatest diameter exceeding about 10 mm and up to and including 50 mm, or several opacities each greater than about 10 mm, the sum of whose greatest diameters does not exceed 50 mm. Category B – one or more opacities larger or more numerous than those in category A whose combined area does not exceed the equivalent of the right upper zone. Category C – one or more opacities whose combined area does not exceed the equivalent of the right upper zone.
Pleural Abnormalities	Type			Two types of pleural thickening of the chest wall are recognized: circumscribed (plaques) and diffuse. Both types may occur together.
Pleural Thickening Chest Wall	Site	R L		Pleural thickening of the chest wall is recorded separately for the right (R) and left (L) thorax.
	Width	A B C		For pleural thickening seen along the lateral chest wall the measurement of maximum width is made from the inner line of the chest wall to the inner margin of the shadow seen most sharply at the parenchymal-pleural boundary. The maximum width usually occurs at the inner margin of the rib shadow at its outermost point. a = maximum width up to about 5 mm. b = maximum width over about 5 mm and up to about 10 mm. c = maximum width over about 10 mm.
	Face On	Y N		The presence of pleural thickening seen face-on is recorded even if it can be seen also in profile. If pleural thickening is seen face-on only, width can not usually be measured.
	Extent	1 2 3		Extent of pleural thickening is defined in terms of the maximum length of pleural involvement, or as the sum of maximum lengths, whether seen in profile or face-on. 1 = total length equivalent up to one quarter of the projection of the lateral chest wall. 2 = total length exceed one quarter but not one half of the projection of the lateral chest wall. 3 = total length exceeding one half of the projection of the lateral chest wall.
Diaphragm	Presence	Y N		A plaque involving the diaphragmatic pleura is recorded as present (Y) or absent (N) separately for the right (R) or left (L) thorax.
Costophrenic Angle	Site	R L		The presence (Y) or absence (N) costophrenic angle obliteration is recorded separately from thickening over other areas for the right (R) and left (L) thorax. The lower limit for the obliteration is defined by a standard radiograph.
	Presence	Y N		
Pleural Calcification	Site	R L		If the thickening extends up the chest wall then both costophrenic angle obliteration and pleural thickening should be recorded.
	Site chest wall diaphragm other	R L R L R L		The site and extent of pleural calcification are recorded separately for the two lungs, and the extent defined in terms of dimensions. "Other" includes calcification of the mediastinal and pericardial pleura.
	extent	1 2 3		1 = an area of calcified pleura with greatest diameter up to about 20 mm or a number of such areas the sum of whose greatest diameters does not exceed about 20 mm. 2 = an area of calcified pleura with greatest diameter exceeding about 20 mm and up to about 100 mm, or a number of such areas the sum of whose greatest diameters exceed about 20 mm but does not exceed about 100 mm. 3 = an area of calcified pleura with greatest diameter exceeding about 100 mm or a number of such area whose sum of greatest diameters exceeds about 100 mm.
Symbols				It is to be taken that the definition of such of the Symbols is preceded by an appropriate word or phrase such as "suspect", "pneumoconiotic changes suggestive of", or "opacities suggestive of", etc.
aa	- atherosclerotic		hi	- enlargement of hilar or mediastinal lymph nodes
at	- significant apical pleural thickening		ho	- honeycomb lung
ax	- coalescence of small pneumoconiotic opacities		id	- ill-defined diaphragm
bu	- bulla(e)		ih	- ill-defined heart outline
ca	- cancer of lung or pleura		kl	- septal (kerley) lines
cg	- calcified non-pneumoconiotic opacities		me	- mesothelioma
cn	- calcification in small pneumoconiotic opacities		pa	- plate atelectasis
co	- abnormality of cardiac size or shape		pb	- parenchymal bands
cp	- cor pulmonale		pi	- pleural thickening in the interlobar fissure
cv	- cavity		px	- pneumothorax
di	- marked distortion of the intrathoracic organs		ra	- rounded atelectasis
ef	- effusion		rp	- rheumatoid pneumoconiosis
em	- definite emphysema		tb	- tuberculosis
es	- eggshell calcification of hilar or mediastinal lymph nodes		od	- other significant abnormality
fr	- fractured rib(s) (acute or healed)			
Comments	Presence	Y N		Comments should be recorded pertaining to the classification of the radiograph particularly if some other cause is thought to be responsible for a shadow.

Privacy Act Statement

The following statement is made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). This report is authorized by law (30 USC 922 section 20 CFR 725.513). The information you furnish on this form may be routinely disclosed without your consent to another person or Government agency for purposes such as (1) to comply with Federal laws requiring the release of information from our records; or (2) to conduct research and audit activities needed to assure the continuing integrity and improvement of the U.S. Department of Labor representative payee program. Other routine disclosures of this information are listed in the Federal Register, which will be made available upon request.

Accommodation Statement

If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from OWCP in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or your claims examiner to ask about this assistance.