

Radiologic Quality Rereading

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 20 CFR 718.102). The results of this interpretation will aid in determining the miner's eligibility for black lung benefits. This method of collecting information complies with the Freedom of Information Act, the Privacy Act of 1974, and OMB Cir. No. 108.

OMB No. 1240-0023
Expires: 12/31/2023

Please record your quality finding 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 DOL's Case ID 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.

1A. Miner's Name (Print)	1B. Date of X-ray <table border="1" style="margin: 5px auto; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MO. DAY YR.							1C. DOL's Case ID Number	1D. Image Quality (If not Grade 1 give reason): <table border="1" style="margin: 5px auto; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">U/R</td></tr></table>	1	2	3	U/R
1	2	3	U/R										

2A. ANY OTHER ABNORMALITIES? YES Complete 2B and 2C NO Proceed to Section 3

2B. OTHER SYMBOLS (OBLIGATORY)

aa	at	ax	bu	ca	cg	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	tb
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REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION

OD	(Specify od.) _____	Date Personal Physician notified?	Mo. Day Yr.
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2C. OTHER COMMENTS _____

2D. SHOULD WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 2C? Yes No Proceed to Section 3

3A. FACILITY PROVIDING ROENTGENOGRAPHIC EXAMINATION: _____
 DOL Medical Provider Number (if applicable): _____
 Was image taken by a registered radiographer/radiographic technologist? Yes No _____ State
 Name _____ Registration No. _____

3B. Physician Interpreting Image (Print Name): _____

Are you: Board-certified Radiologist? Yes No Board-eligible Radiologist? Yes No B-reader? Yes No
 Date current B-reader certification expires: _____

3C. I certify that this image has been re-read for quality in accordance with the instructions provided by 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 shall be guilty under 30 USC 941 of a misdemeanor and, on conviction, subject to a fine of up to \$1,000, or to imprisonment for up to one-year, or both.

PHYSICIAN'S SIGNATURE _____ DATE OF RE-READING _____ (Mo., Day, Yr.)

- TWO FILING OPTIONS:**
1. To file electronically, submit completed form to the COAL Mine Portal: https://eclaimant.dol.gov/portal/?program_name=BL
 2. To file by mail, send completed form to:
**US Department of Labor
 OWCP/DCMWC
 PO Box 8307
 London, KY 40742-8307**

PUBLIC BURDEN STATEMENT

We estimate that it will take an average of 3 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 information collection, 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.**

PRIVACY ACT NOTICE

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) the Black Lung Benefits Act (BLBA) (30 U.S.C. 901 et seq.), as amended, is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor, which receives and maintains personal information, relative to this application, on claimants and their immediate families; (2) information obtained by OWCP will be used to determine eligibility for benefits payable under the BLBA; (3) information may be given to other government agencies, coal mine operators potentially liable for payment of the claim or to the insurance carrier or other entity which secured the operator's compensation liability, contractors providing automated data processing services to the Department of Labor; and representatives of the parties to the claim; (4) information may be given to physicians or other medical service providers for use in providing treatment, making evaluations and for other purposes relating to the medical management of the claim; (5) information may be given to the Department of Labor's Office of Administrative Law Judges, or other person, board or organization, which is authorized or required to render decisions with respect to the claim or other matters arising in connection with the claim; (6) information may be given to Federal, state or local agencies for law enforcement purposes, to obtain information relevant to a decision under the BLBA, to determine whether benefits are being or have been paid properly, and where appropriate, to pursue administrative offset and/or debt collection actions required or permitted by law; (7) disclosure of the claimant's or deceased miner's Social Security Number (SSN) or tax identifying number (TIN) on this form is voluntary, and the SSN and/or TIN and other information maintained by the OWCP may be used for identification and for other purposes authorized by law; (8) failure to disclose all requested information, may delay the processing of this claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits; and (9) this information is included in a System of Records, DOL/OWCP-2 published at 81 Federal Register 25765, 25858 (April 29, 2016) or as updated and republished.

NOTICE

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 the claims examiner to ask about this assistance.

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

**For Purposes of Coding for the Department of Labor, the following criteria will be used
ILO 2011 INTERNATIONAL CLASSIFICATION OF RADIOGRAPHS OF THE PNEUMOCONIOSES**

1D Technical Quality

CODES	DEFINITIONS
1	- Good
2	- Acceptable, with no technical defect likely to impair classification of the radiograph for pneumoconiosis
3	- Acceptable, with some technical defect but still acceptable for classification purposes.
U/R	- Unacceptable for classification purposes.

2B Other Symbols

It is to be taken that the definition of such symbols is preceded by an appropriate word or phrase such as "suspect" or "suggestive of", etc.

SYMBOLS	DEFINITIONS
aa	- atherosclerotic aorta
at	- significant apical pleural thickening
ax	- coalescence of small opacities
bu	- bulla(e)
ca	- cancer: thoracic malignancies excluding mesothelioma
cg	- calcified non-pneumoconiotic nodules (e.g granuloma) or nodes
cn	- calcification in small pneumoconiotic opacities
co	- abnormality of cardiac size or shape
cp	- cor pulmonale
cv	- cavity
di	- marked distortion of the intrathoracic structure
ef	- pleural effusion
em	- emphysema
es	- eggshell calcification of hilar or mediastinal lymph nodes
fr	- fractured rib(s) (acute or healed)
hi	- enlargement of non-calcified hilar or mediastinal lymph nodes
ho	- honeycomb lung
id	- ill-defined diaphragm border
ih	- ill-defined heart border
kl	- septal (Kerley) lines
me	- mesothelioma
pa	- plate atelectasis
pb	- parenchymal bands
pi	- pleural thickening in the interlobar fissure
px	- pneumothorax
ra	- rounded atelectasis
rp	- rheumatoid pneumoconiosis
tb	- tuberculosis
od	- other disease or significant abnormality

2C Comments

If comments are present, please check the "Yes" or "No" box to indicate if the miner should see personal physician.