# 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 | 1C. DOL's Case ID Number | 1D. Image Quality (If not Grade 1 give reason): |
|---|---|---|---|
| | MO. DAY YR. | | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

REPORT ITEMS WHICH MAY BE OF PRESENT CLINICAL SIGNIFICANCE IN THIS SECTION ☐ OD (Specify od.) _____ Date Personal Physician notified? Mo. Day Yr.

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://coalmine.dol.gov/
2. **To file by mail, send completed form to:**
   **US Department of Labor**
   **OWCP/DCMWC**
   **PO Box 8307**
   **London, KY 40742-8307**
   **For further information call TOLL FREE: 1-800-347-2502**

**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, 200 Constitution Avenue, N.W., Suite C3520-DCMWC, Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

**PRIVACY ACT NOTICE**

The following information is provided in accordance with the Privacy Act of 1974, 5 USC 552a. (1) Submission of this information is required under the Black Lung Benefits Act. (2) The information will be used to determine eligibility for and the amount of benefits payable under the Act. (3) The information may be used by other agencies or persons in handling matters relating, directly or indirectly, to the subject matter of the claim, including potentially liable coal mine operators and their insurance carriers; medical professionals in obtaining medical services or evaluations; contractors providing automated data processing services to the Department of Labor; representatives of the parties to the claim; and federal, state or local agencies in obtaining information about eligibility for benefits. (4) Furnishing all requested information will facilitate the claims adjudication process; not providing all or any part of the requested information may delay the process, or result in an unfavorable decision or a reduced level of benefits. (5) This information is included in Systems of Records DOL/OWCP-2 and DOL/OWCP-9, published at 81 *Federal Register* 25765, 25858, 25866 (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.