Medical Requirements under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA)

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

OMB No.:
Expires:

The information in this document is intended to inform an employee, survivor or physician of the medical evidence necessary to establish a diagnosis of the following conditions under the EEOICPA: **Beryllium Sensitivity, Chronic Beryllium Disease, Chronic Silicosis and Cancer**. Medical evidence may include narrative reports, physician notes, diagnostic test results, imaging studies, laboratory work-ups, pathology reports, operative reports, pulmonary function assessments, autopsy evaluations, death certificates, etc. The completed medical report package should be submitted to the appropriate District Office. Decisions regarding coverage under the EEOICPA are contingent on the submission of appropriate medical and factual evidence. This form provides information regarding medical requirements only. Maintain a copy of all documents for your records.

GENERAL REQUIREMENTS

Any claim filed under the EEOICPA has to include a medical report(s) providing:

- A history of the illness or condition
- A physical examination and its findings
- The clinical laboratory tests performed and discussion of the results
- A diagnosis (ICD-9 coded, if possible) and the date when it was first documented

REQUIREMENTS FOR A DIAGNOSIS OF BERYLLIUM SENSITIVITY

- Abnormal Beryllium Lymphocyte Proliferation Test (LPT) that has been performed on the blood or lung lavage cells

REQUIREMENTS FOR A DIAGNOSIS OF CHRONIC BERYLLIUM DISEASE

If the initial date of diagnosis was made **on or after January 1, 1993**, medical documentation must include an Abnormal Beryllium Lymphocyte Proliferation Test (LPT) and one or more of the following:

- Lung biopsy showing a process consistent with chronic beryllium disease
- A computerized axial tomography scan showing changes consistent with chronic beryllium disease
- A pulmonary function study or exercise tolerance test showing pulmonary deficits consistent with chronic beryllium disease

If the initial date of diagnois was made **before January 1, 1993**, medical documenation must include at least three or more of the following:

- Characteristic chest radiograph or computed tomography denoting abnormalities
- A restrictive or obstructive lung physiology test or diffusion lung capacity defect
- Lung pathology consistent with chronic beryllium disease
- Clinical course consistent with chronic respiratory disease disorder
- Immunologic tests showing beryllium sensitivity (skin patch test or beryllium test)

REQUIREMENTS FOR A DIAGNOSIS OF CHRONIC SILICOSIS

One or more of the following:

- A chest radiograph, interpreted by a National Institute for Occupational Safety and Health certified B reader, confirming the existence of pneumoconiosis with a 1/1 ILO category or higher
- Results from a computer-assisted tomograph or other imaging technique consistent with silicosis
- A lung biopsy consistent with silicosis

REQUIREMENTS FOR A DIAGNOSIS OF CANCER

- The pathology report(s) (e.g. tissue biopsy or blood test) that forms the basis for the diagnosis of cancer and identifies the malignant neoplasm present
- A narrative report that addresses whether there are metastases present and the affected anatomic sites, as well as the presence of any cancer-related syndromes or other complications

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Do not submit the completed claim to this address. Completed claims are to be submitted to the appropriate regional District Office of Workers' Compensation Programs.