



RELEASE - PART 2-1300 Impairment Ratings, FEDERAL (EEOICPA)
PROCEDURE MANUAL

EEOICPA TRANSMITTAL NO. 09-04

May, 2009

EXPLANATION OF MATERIAL TRANSMITTED:

This material is issued as procedural guidance to update, revise and replace the text of EEOICPA Part E Procedure Manual (PM) E-900 Impairment Ratings. This material is to be placed in the new Unified PM binder and is intended to stand as policy guidance for both Parts of the EEOICPA.

- This material streamlines the impairment rating process and eliminates the two option process originally implemented at the inception of Part E.
- This material is designed to expedite the impairment rating process and improve customer service.
- This material provides detailed guidance regarding the handling of new claims for impairment and evaluating metastatic bone cancer claims.
- This material provides new letters for use by Claims Examiners (CEs) in developing impairment claims.

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FILING INSTRUCTIONS:

File this transmittal behind Part 1 in the front of the new Unified Federal (EEOICPA) Procedure Manual.

Distribution: List No. 3: All DEEOIC Employees
List No. 6: Regional Directors, District Directors, Assistant District Directors, National Office Staff, and Resource Center Staff.

TABLE OF CONTENTS

<u>Paragraph and Subject</u>	<u>Page</u>	<u>Date</u>	<u>Transmittal No.</u>
<u>Chapter 2-1300 Impairment Ratings</u>			
Table of Contents	i	05/09	09-04
1 Purpose and Scope	1	05/09	09-04
2 Policy	1	05/09	09-04
3 Definition of Impairment	1	05/09	09-04
4 General Requirements for Impairment Ratings	1	05/09	09-04
5 Developing an Impairment Claim	5	05/09	09-04
6 Impairment Ratings for Certain Conditions	10	05/09	09-04
7 Receipt of the Impairment Evaluation	13	05/09	09-04
8 Pre-Recommended Decision Challenges	14	05/09	09-04
9 Issuance of a Recommended Decision	14	05/09	09-04
10 FAB Development	15	05/09	09-04
11 Additional Filings for Impairment Benefits	16	05/09	09-04
12 Issues Involving Survivor Election	18	05/09	09-04
13 The Resource Centers' Role in Developing Impairment Claims	18	05/09	09-04
<u>Exhibits</u>			
1 Not at MMI Letter		05/09	09-04
2 Breast Impairment Letter		05/09	09-04
3 Development Letter for Impairment with Attachments		05/09	09-04
4 Required Medical Evidence Specific to ICD-9 Codes		05/09	09-04
5 Not Claiming Impairment Letter		05/09	09-04

6	Impairment Eligibility Letter to Physician with Attachments	05/09	09-04
7	Form EE-10	05/09	09-04

Superseded

1. Purpose and Scope. This chapter provides guidance on the responsibilities of the Claims Examiner (CE) in regard to awards based upon a covered Part E employee's impairment that is attributable to a covered illness, how the District Office (DO) and the Final Adjudication Branch (FAB) will evaluate medical evidence of impairment in the case record, what is considered to be a ratable permanent impairment, and the potential eligibility for additional impairment benefits following previous award of impairment benefits.
2. Policy. The CE is responsible for processing impairment rating determinations and ensuring benefits are appropriately paid under the provisions of 42 U.S.C. 7385s, 7385s-2, 7385s-4, and 7385s-5 and as outlined in the procedures in this chapter.
3. Definition of Impairment.
 - a. Impairment. The American Medical Association's *Guides to the Evaluation of Permanent Impairment* (AMA's *Guides*) 5th Edition defines impairment as "a loss, loss of use or derangement of any body part, organ system or organ function." Furthermore, "Impairment percentages or ratings developed by medical specialists are consensus-derived estimates that reflect the severity of the medical condition and the degree to which the impairment decreases an individual's ability to perform common **Activities of Daily Living (ADL)**, excluding work." (Emphasis in original).
4. General Requirements for Impairment Ratings.
 - a. Covered Employees. The employee must be a covered Department of Energy (DOE) contractor or subcontractor, or Radiation Exposure Compensation Act (RECA) section 5 employee found to have contracted a covered illness through exposure to a toxic substance at a DOE facility or RECA section 5 facility.
 - b. Claiming Impairment. The employee must claim impairment as a result of a covered illness or illnesses in writing.
 - c. Maximum Medical Improvement (MMI). An impairment that is the result of a covered illness will be included in the employee's impairment rating only if the physician

4. General Requirements for Impairment Ratings. (Continued)

concludes that the condition has reached MMI, which means the condition is unlikely to improve substantially with or without medical treatment. Conditions that are progressive in nature and worsen over time, such as chronic beryllium disease (CBD), are considered to have reached MMI when the condition is not likely to improve.

(1) Terminal Employees. An exception to the MMI requirement exists for terminal employees undergoing ongoing treatment for an illness that has not reached MMI. In these situations, the terminal employee could die before the outcome of treatment is known and eligibility for an impairment award would be extinguished. Therefore, if the CE finds probative medical evidence that the employee is terminal, the impairment that results from such a covered illness is included in the impairment rating even if MMI has not been reached.

(2) MMI Has Not Been Reached. After reviewing the medical evidence, if the CE determines that the condition has not reached MMI, and the employee is not in the terminal stages, the CE does not make an impairment determination. A letter is sent to the employee informing him or her that the claim will be administratively closed and an impairment determination will not be made because MMI has not been reached. The letter should also state that the employee should contact the DO when MMI is reached. (See Exhibit 1).

(a) A treating physician may state that an employee is not at MMI and recommend treatment that could improve the condition. If the employee chooses to forgo the recommended treatment, the CE must request a written statement from the employee attesting to this choice to forgo the recommended treatment. After receipt of this written statement, the CE may proceed with an impairment determination.

4. General Requirements for Impairment Ratings. (Continued)

(b) Once medical evidence is received in the DO indicating that the employee is at MMI, development is resumed and an RD ("Reopened - Development Resumed") code is entered into ECMS. The status effective date is the date the evidence of MMI is received in the DO.

(3) Multiple Covered Illnesses. In a case of multiple covered illnesses where one condition is at MMI and another is not, the CE should proceed with a determination regarding impairment for the condition at MMI. If different covered illnesses affect the same organ, and one condition is not at MMI, the CE cannot proceed with an impairment rating until all conditions in that organ have reached MMI.

d. Impairment Rating. An impairment evaluation performed by a qualified physician is the basis for the CE's determination of impairment benefit entitlement. Therefore, the physician's impairment rating report must be clearly rationalized and grounded in sound medical opinion.

(1) Evaluation. An impairment evaluation of the employee must be based upon the 5th Edition of the *AMA's Guides*.

(2) Rating Physician. An impairment evaluation must be performed by a qualified physician who satisfies the Division of Energy Employees Occupational Illness Compensation's (DEEOIC) criteria for physicians performing impairment evaluations. In order for a physician to be deemed qualified, he/she must hold a valid medical license and Board certification/eligibility in their field of expertise (e.g., toxicology, pulmonary, neurology, occupational medicine, etc.). The physician must also meet at least one of the following criteria: certified by the American Board of Independent Medical Examiners (ABIME); certified by the American Academy of Disability Evaluating Physicians (AADEP); possess knowledge and experience in using the *AMA's Guides*; or

4. General Requirements for Impairment Ratings. (Continued)

possess the requisite professional background and work experience to conduct such ratings.

(a) In order for a physician to demonstrate that he/she is qualified, there is no need to submit copies of their medical license or certificates. Qualifications may be determined by the submission of a letter or a resume which demonstrates that the physician is licensed and meets the requisite program requirements.

(b) If a physician does not possess ABIME or AADEP certification, the physician must submit a statement certifying and explaining his/her familiarity and years of experience in using the *AMA's Guides*.

(3) Rating Percentage. The impairment rating is a percentage that represents the extent of a whole person impairment of the employee, based on the organ(s) or system(s) affected by a covered illness or illnesses. The rating accounts for all Part E accepted covered illnesses and includes all conditions that are present in the covered organ(s) or system(s) at the time of the impairment evaluation.

(4) Whole Person Impairment. The physician must specify the percentage points of whole person impairment that are the result of all accepted covered illness or illnesses.

(a) In some instances, there are multiple diseases or life style choices (e.g., smoking and the lungs), in addition to the covered illness, that affect an organ. DEEOIC does not apportion damage, thus the impairment rating should assess the functionality of the whole organ regardless of the multitude of other factors.

(b) If the CE finds that the employee contracted more than one covered illness, the physician should specify the total percentage points of

4. General Requirements for Impairment Ratings. (Continued)

impairment that result from each of the employee's accepted covered illnesses. The total percentage points of impairment are determined by a combined value chart in the AMA's *Guides*. Therefore, the sum of each individual impairment rating may not equal the total combined rating (i.e., 2% + 2% does not necessarily equal 4%).

(c) An impairment that is the result of any accepted covered illness that cannot be assigned a numerical impairment percentage using the 5th Edition of the AMA's *Guides* will not be included in the employee's impairment rating, and the physician performing the impairment evaluation needs to explain the rationale as to why a numerical impairment percentage cannot be assigned.

5. Developing an Impairment Claim. This section discusses the developmental steps and evidence necessary to adjudicate an impairment claim.

a. Resource Centers' (RCs) Role: RCs assist employees with the submission of their impairment claims.

(1) When a final decision is issued to an employee with a positive causation determination, the FAB sends a copy of the final decision to the designated RC. This is done only in situations where there is no indication that a claim has already been made for impairment.

(2) Upon receipt of the final decision, the RC calls the employee to provide information about the potential impairment benefits available, explains eligibility requirements or program procedures, and responds to any questions. The RC then memorializes the telephone call in the Telephone Management System (TMS) section of ECMS and forwards a printout to the appropriate DO or Co-Located Unit (CE2) for association with the case file.

5. Developing an Impairment Claim. (Continued)

b. Initial Impairment Development Letter. In conjunction with the RCs' outreach to the employee as mentioned in paragraph 5a above, the CE sends a development letter (Exhibit 3 with attachments) to the employee.

(1) Timeframe. This development letter is sent after issuance of a final decision accepting an employee's claimed condition as a covered illness under Part E. This letter is only sent for employee claims. (See section 12 for survivor claims).

(2) Explanation. In the letter, the CE explains what an impairment rating is and that the employee may be eligible for an award based on permanent impairment.

(3) Request for Impairment Claim. In the letter, the CE requests that the employee advise DEEOIC in writing as to whether or not he/she would like to claim impairment for a covered illness or illnesses. The CE further explains that if the employee has more than one covered illness, he/she must also advise the DO on which covered illness he/she is claiming. However, an employee may not elect to file an impairment claim on some, but not all, covered illnesses in an effort to avoid a tort offset or coordination of state workers' compensation benefits. The letter includes a response sheet on which the employee may claim impairment. (See Exhibit 3 and attachments)

(4) Required Medical Evidence. In the letter, the CE outlines the medical evidence that will need to be submitted, based on individual conditions as outlined in Exhibit 4, for a physician to conduct the rating. If a condition is not listed in Exhibit 4, the CE should consult with a DMC to determine what medical information is required as outlined in the AMA's *Guides*.

(5) Physician Choice. In the letter the CE explains that the employee may choose to have his or her own qualified physician or a DMC perform an impairment evaluation. The employee indicates this choice on the

5. Developing an Impairment Claim. (Continued)

response sheet attached to the letter. If the employee is requesting his or her own physician, the employee must provide the physician's name and address. The response sheet provides a space for this information.

(a) If the employee does not indicate who should perform the impairment evaluation, the CE assumes that the employee wishes to have a DMC perform the evaluation. The CE sends a letter to the employee outlining the evidence needed for a DMC to perform the impairment evaluation. (See Paragraph 4, Required Medical Evidence, above, and Exhibit 3).

(6) Timeframe. The employee is allotted 60 days to respond to the initial impairment development letter, with a follow up request sent to the employee at the first 30 day interval. The CE does not develop the impairment issue until a response is received from the employee.

(a) If the employee does not respond to the development letter within 60 days, or informs the CE that he or she does not want to pursue a claim for impairment, the CE sends a letter (Exhibit 5) to the employee advising that DEEOIC will not undertake further development of the claim for impairment at this time. The CE also notifies the employee of the right to claim impairment in the future. Lastly, the CE codes ECMS with the proper code. The status effective date is the date the letter is received from the employee stating he/she does not wish to claim impairment or the date the timeframe of the letter expires.

(b) If the employee responds in writing that he/she wants to claim impairment, ECMS is coded appropriately. The status effective date is the postmark date of the letter, if available, or the date the letter is received in the DO or RC, whichever is the earliest determinable date.

5. Developing an Impairment Claim. (Continued)

b. Impairment Ratings by the Employee's Own Physician.

1. Letter to Selected Physician. The CE sends a letter (Exhibit 6 with attachments) to the physician selected by the employee. In the letter, the CE notifies the physician of the employee's eligibility, and the covered illness or illnesses with respective ICD-9 code(s). The CE also explains that in order for DEEOIC to pay for an impairment evaluation, the evaluation must have been performed within one year of receipt by DEEOIC. The letter explains that the impairment evaluation must be performed in accordance with the 5th Edition of the AMA's *Guides*, and that specific reference to the appropriate page numbers and tables used from the AMA's *Guides* is required in the report. Lastly, the CE includes a medical bill pay agent enrollment package, which includes: an OWCP-1500, Health Insurance Claim Form (Exhibit 6 attachments), OWCP-1168, the EEOICP Provider Enrollment Form (Exhibit 6 attachments), and a form (SF Form 3381, available on the share drive at the Policies and Procedures folder, forms subfolder) to allow the medical bill pay agent to process electronic fund transfers to the provider. The OWCP-1168 explains how a physician enrolls with the medical bill pay agent. If a physician is already enrolled, there is no need to enroll again. If the employee opted to select his/her own physician to perform the impairment rating but does not know of one, the CE may direct the employee to the appropriate RC for a list of physicians who perform impairment ratings and are enrolled in the program.

2. Scheduling an Appointment with the Selected Physician. The employee must schedule the impairment appointment within 30 days of DEEOIC receiving the employee's written choice of physician. The appointment does not need to occur within this first 30 days, but must be scheduled for a definite date in the future.

5. Developing an Impairment Claim. (Continued)

The CE places a call up note in ECMS for 60 days from receipt of the employee's choice of physician. If after 60 days the CE finds no evidence of an impairment evaluation or that the employee scheduled an appointment, the CE makes a phone call to determine the status of the appointment (whether it has been made or is in the process of being made, etc.). The CE advises the employee verbally of the need to schedule the appointment within the next 30 days and to provide written evidence of such to the DO. It is important that the CE record this discussion carefully in the TMS section of ECMS. The CE sends a written summary of the call and need for confirmation of an appointment within the 30 day time period to the employee.

If at the end of this 30 day period no evidence exists to show progress in obtaining the necessary impairment evidence, the CE may issue a recommended decision to deny the impairment claim.

c. Impairment Ratings by a DMC. If DEEOIC is to arrange for the impairment evaluation, the CE reviews the medical evidence received from the initial impairment development letter and in the case file to determine if the evidence is sufficient for a DMC to perform the impairment evaluation.

(1) Insufficient Evidence. If the CE determines that the medical evidence of record is not sufficient, the CE sends a follow up development letter to the employee explaining the additional evidence and/or diagnostic test(s) required in order to conduct an impairment evaluation.

(2) Unavailability of Records. If the employee is unable to provide some of the necessary medical records, whether or not an impairment evaluation can be performed is completely dependent upon what the AMA's *Guides* allow for rating the covered illness. The information may be forwarded to a DMC to determine if the available records are sufficient to perform a rating. If the DMC is able to perform a rating based

5. Developing an Impairment Claim. (Continued)

on partial medical evidence and states that additional testing could potentially increase the rating, the employee must be notified that the rating is based solely on the present evidence of record, and additional testing is needed to allow for the highest potential rating. The CE sends the employee a letter and gives the employee the option of getting the necessary testing, or of notifying the CE in writing that the additional testing cannot be obtained, and that a decision may proceed based on the available medical evidence. If the employee does not respond, the CE proceeds with the impairment evaluation based on the available medical evidence.

(3) Outdated Evidence. If the employee has been given the opportunity to obtain current medical evidence and supplies little or no medical evidence, the CE may use medical evidence in the file that is older than 12 months to obtain an impairment rating from a DMC. In some instances the DMC may still not be able to render an opinion with older or missing medical records.

(4) Referral and Payment to a DMC. Procedures for referring a case to a DMC and "Prompt Pay" of DMC bills can be found in EEOICPA Procedure Manual (PM) Chapter 2-300 and will be in the new EEOICPA PM Chapter 2-0800 Developing and Weighing Medical Evidence.

6. Impairment Ratings for Certain Conditions:

a. Mental Disorders.

(1) Upon receipt of a claim for a mental impairment, the CE must determine whether the claimed impairment originates from a documented physical dysfunction of the nervous system.

(2) Once it has been established that an employee's mental impairment is related to a documented physical dysfunction of the nervous system, the employee should

6. Impairment Ratings for Certain Conditions: (Continued)

obtain an impairment evaluation from the physician based on Table 13-8 of Chapter 13 in the 5th Edition of the AMA's *Guides*.

(3) If the mental impairment is not related to a documented physical dysfunction of the nervous system, it cannot be assigned a numerical percentage using the 5th Edition of the AMA's *Guides*. The CE communicates this with the employee and provides the employee with 30 days to submit documentation from a physician if the employee believes there is a link between the exposure to a toxic substance at a covered facility and the development of a mental impairment. The report from the employee's physician must contain rationalized medical evidence establishing that the mental impairment is related to neurological damage due to a named toxic exposure. Speculation or unequivocal statements from the physician reduce the probative value of a physician's report, and in such cases the CE may find it necessary to refer the case to a District Medical Consultant (DMC) or a DEEIOC toxicologist to determine whether toxic exposure caused physical dysfunction of the nervous system.

(b) Breast Cancer.

(1) Upon receipt of a claim for impairment for the breast in either a male or female, the CE submits a request to the physician undertaking the evaluation explaining all the criteria that must be considered and referenced in the final report. For the purposes of considering impairment due to breast cancer in a female, child bearing age will not be a determining factor when issuing an impairment rating, as the AMA's *Guides* do not define "child bearing age." (See Exhibit 2)

(2) When the completed impairment evaluation is returned, the CE must review it to ensure that the physician has comprehensively addressed each of the factors necessary for an acceptable rating. The

6. Impairment Ratings for Certain Conditions: (Continued)

report must show that the physician has considered: (1) the presence or absence of the breast(s); (2) the loss of function of the upper extremity (or extremities if there is absence of both breasts due to cancer), including range of motion, neurological abnormalities and pain, lymphedema, etc.; (3) skin disfigurement; and (4) other physical impairments resulting from the breast cancer. The total percentage of permanent impairment of the whole person must be supported by medical rationale and references to the appropriate sections and tables (with page numbers) of the AMA's *Guides*.

(3) If the CE determines the physician has not provided a complete rating for a claimed impairment of the breast, a follow-up letter is sent to the physician. The CE explains the noted deficiency in the assessment and that the purpose for obtaining a complete response is to ensure the employee received the maximum allowable rating provided by the AMA's *Guides*.

(4) Upon receipt of an acceptable report pertaining to an assessment of permanent impairment of the breast, the CE should proceed with additional development of the claim, as necessary, and issuance of a recommended decision.

(c) Pleural Plaques/Beryllium Sensivity.

(1) While it is very unlikely that a ratable impairment will exist for the covered conditions of pleural plaques or beryllium sensitivity alone, the employee may claim impairment for these conditions. In the initial impairment development letter to these employees, the CE explains that the rating for these conditions is generally very low to 0%. (See Exhibit 3 with attachments). When sending this letter, as with any impairment development letter, send all necessary attachments.

6. Impairment Ratings for Certain Conditions: (Continued)

(d) Metastatic Bone Cancer.

(1) In situations where the CE accepts a case under the SEC provision based on metastatic (secondary) bone cancer, often the primary source of the metastatic bone cancer will prove to be the prostate. If the CE does not accept the prostate cancer due to a lack of a causative link and because prostate cancer is not a SEC specified cancer, it is important that the CE ensure that the non-covered prostate cancer is not considered in the impairment rating. Only the accepted condition of SEC metastatic bone cancer is considered for the impairment rating. If a rating is received for the prostate, the report must be resubmitted and a new rating must be requested.

7. Receipt of the Impairment Evaluation. Upon completion of the impairment evaluation and receipt in the DO, the CE reviews the report to assure that all DEEOIC criteria has been met. While by no means exhaustive, the CE reviews impairment evaluations to determine the following: whether the opining physician possesses the requisite skills and requirements to provide a rating as set out under paragraph 4d(2); whether the evaluation was conducted within one year of receipt by DEEOIC; whether the report addresses the covered illness or illnesses; and whether the whole person percentage of impairment is listed with a clearly rationalized medical opinion as to its relationship to the covered illness or illnesses. The employee is entitled to an award of impairment benefits if one or more percentage points of the impairment are found to be related to a covered illness or illnesses.

a. Awards. To calculate the award, the CE multiplies the percentage points of the impairment rating of the employee's covered illness or illnesses by \$2,500. For example, if a physician assigns an impairment rating of 40% or 40 points, the CE multiplies 40 by \$2,500, to equal a \$100,000 impairment award.

b. Incomplete Ratings. If the impairment rating report is unclear or lacks clearly rationalized medical evidence as support, additional clarification is required. In such

7. Receipt of the Impairment Evaluation. (Continued)

instances, the CE returns the impairment rating evaluation to the rating physician with a request for clarification, indicating what areas are in need of remedy. If the report was performed by the employee's physician and no response is received or is returned without sufficient clarification, the CE notifies the physician of the need for additional justification. If no response is received, the case is sent to a DMC for a new rating. If the incomplete report was submitted by a DMC, the CE must notify the DMC of the deficiency and request a more comprehensive report.

8. Pre-Recommended Decision Challenges. The CE may provide the employee with a copy of the impairment rating report if the employee specifically requests a copy. The employee may submit written challenges to the impairment rating report and/or additional medical evidence of impairment. However, any additional impairment evaluations must meet the criteria discussed above in paragraph 7 before the CE can consider it when making impairment determinations. DEEOIC will only pay for one impairment evaluation unless DEEOIC directs the employee to undergo additional evaluations. Subsequent evaluations not directed by DEEOIC must be paid by the employee. If the additional evaluation differs from the existing rating, the CE must review the two reports in detail to determine which report has more probative value. In weighing the medical evidence, the CE must use his or her judgment in the analysis of the reports. If the reports appear to be of equal value, the CE may refer the case to a second opinion physician for additional consideration.

a. Equally Probative Reports. If the second opinion physician opines that both impairment evaluations are of the same probative value, the CE may obtain a referee medical examination.

9. Issuance of a Recommended Decision. The recommended decision must contain a thorough discussion of the impairment evidence submitted in the case. If a decision recommends denial of an impairment claim based on an insufficient evaluation, or if one evaluation is relied upon by the DO over another evaluation(s) in the file, the CE must provide a detailed discussion regarding the probative value of the evaluation(s).

9. Issuance of a Recommended Decision. (Continued)

The employee must be informed of the reasons why a report is insufficient, and/or why one report offers more probative value than another. This is necessary in the event the employee submits additional impairment evidence to the FAB, as any additional impairment evidence submitted must have more probative value than the evidence relied upon by the DO for the employee to have met his or her burden of proof.

a. Recommended Decision. Any claim that is coded in ECMS for impairment must be developed and adjudicated by way of recommended decision. If a claim has been filed for impairment and the necessary documentation to allow for a decision is not presented, a recommended decision to deny must be issued.

10. FAB Development. Once a recommended decision on impairment has been issued and forwarded to the FAB, the employee may submit new medical evidence and/or additional impairment evaluations to challenge the impairment determination discussed in the recommended decision.

a. Reviewing Ratings. The employee bears the burden of proving that additional impairment evidence has more probative value than the evaluation relied upon by the DO to determine the impairment benefit eligibility.

b. Probative Value Determinations. The FAB Hearing Representative (HR) must take into consideration the list of factors in paragraph 7 when weighing impairment evaluations for probative value.

In the event an employee's file contains multiple impairment evaluations, the HR reviews each report to determine which, on the whole, provides the most probative value given the totality of the evidence. For example:

(1) The RD is based upon Dr. X's impairment rating of the employee, finding 20% whole person due to the covered illness asbestosis. Dr. X's opinion is clearly rationalized and provides a detailed analysis as to how the medical findings were deduced,

10. FAB Development. (Continued)

addressing the covered illness and its relation to the rating. The employee submits an impairment rating from Dr. Y that finds a 30% whole person impairment due to asbestosis and other unrelated conditions. The report provides little analysis as to how the medical findings were reached and does not provide a rationale as to why the 30% rating is related to the covered illness of asbestosis. Both doctors possess the requisite credential and the reports were submitted timely. The HR gives credence to the impairment rating by Dr. X, as it has more probative value than the report submitted by Dr. Y. The clear medical rationale provided by Dr. X lends more explanation as to how the rating was determined compared to the rating by Dr. Y.

c. FAB Review. In addition to the impairment rating(s), the FAB reviews all the relevant evidence of impairment in the case record and bases its determination on the evidence it finds to be most probative.

d. Final Decision. The final decision must contain detailed rationale and discussion for any determination, especially decisions concerning multiple impairment evaluations. The final decision also includes analysis of all relevant evidence and argument(s) in the record.

11. Additional Filings for Impairment Benefits. An employee previously awarded impairment benefits may file a claim for additional impairment benefits for the same covered illness included in the previous award. This claim must be based on an increase in the impairment rating that formed the basis for the previous award. Such a claim must be submitted on Form EE-10. (See Exhibit 7).

a. Timeframe. The employee may not submit a Form EE-10 for an increased impairment rating earlier than two years from the date of the last award of impairment benefits (date of the final decision).

(1) New Covered Illness. An exception to the two year time period requirement exists if the DO

11. Additional Filings for Impairment Benefits. (Continued)

adjudicates an additional impairment claim based upon a new covered illness not included in the previous award. A new covered illness involves a different disease, illness, or injury that was not the basis of the original impairment rating.

b. Untimely Requests for Re-evaluation. If the two year date is near, the impairment claim can be developed, but not adjudicated, until the two year mark has been reached. In circumstances in which an employee submits an untimely request for re-evaluation and it is too early to proceed with adjudication, i.e., six months prior to the two year mark, the CE should inform the employee in writing that he/she is not eligible for an impairment decision and that a decision will be deferred until such time as the employee is eligible. The CE enters a call up note in ECMS to follow-up at the two year mark, but no action is taken to administratively close out the impairment claim.

(1) ECMS Coding of Untimely Requests for Re-evaluation. If an employee claims re-evaluation of a covered illness for which an impairment final decision has been issued prior to the two year mark, the proper ECMS code for impairment claimed should be entered for the postmark date or the date received by the DO, FAB, or the RC, whichever is earliest determinable date.

(2) Follow Up. The RCs maintain a list of employees that have received impairment ratings. Upon two years of the final decision, a representative from designated RCs will contact the employee to determine if additional impairment will be claimed. If the CE had already contacted the employee regarding additional impairment filing, the RC may forgo this contact.

c. Time Requirements Not Applicable. If an employee is issued a 0% impairment rating final decision and subsequently obtains new evidence concerning the covered illness that received the 0% rating, a two year wait period does not apply and the new evidence should be evaluated for reopening.

12. Issues Involving Survivor Election. If a covered Part E employee dies after submitting an impairment claim but before compensation is paid and death is caused solely by a non-covered illness or illnesses, the survivor may elect to receive the compensation that would have been payable to the employee, including impairment and/or wage loss.

a. Instances Where Impairment is Not Available to a Survivor. If the necessary diagnostic or medical evidence will not allow for a viable rating, and there is no way to collect new information following the death of the employee, the CE should advise the survivor that he/she may only elect to receive compensation for wage loss. The DMC in this situation would advise that given the available evidence, no rating is possible in accordance with the AMA's *Guides*. The specific deficiencies should be noted by the DMC, and this information should be furnished to the survivor in a letter from the CE.

13. The RCs' Role in Developing Impairment Claims. The RCs facilitate the development of impairment claims by engaging in outreach efforts and educating covered employees on the requirements for filing and obtaining impairment benefits. This outreach effort takes place after the issuance of a Part E final decision to an employee with a positive causation determination (see paragraph 6a) and also after the two year re-filing mark for impairment claims is reached (see paragraph 11b).

In some situations, the RCs may be used when waivers and forms EN-20 need to be signed quickly due to the health of the employee and the possibility that the benefit may be extinguished due to the employee's death. The RCs also advise the employee concerning the tests to obtain an impairment rating.

U.S. Department of Labor

Employment Standards Administration
Office Of Workers' Compensation Programs
Division of Energy Employees' Compensation



Date

File Number:
Employee:

Name
Address
Address

Dear Mr./Mrs. Last Name:

I am writing to inform you that we are unable to make a determination on your claim for impairment benefits under Part E of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

In order to determine whether you have sustained a permanent impairment, the physician must conclude that your accepted condition is well-stabilized and unlikely to improve substantially with or without medical treatment; this is called maximum medical improvement or MMI. The medical evidence shows your condition has not reached this state; therefore, we cannot determine your impairment rating at this time.

Your impairment claim will be administratively closed until your condition has reached MMI. At that time, please submit your physician's opinion and we will reopen your impairment claim and resume development.

If at anytime you would like to discuss this issue further, please do not hesitate to contact our office, toll-free, at () . If it is more convenient, you may visit one of our local resource centers for additional help.

Sincerely,

Printed Name
Claims Examiner

[Date]

[Employee's Name]
[Case File Number]

[Physician's Name]
[Physician's Address]
[City, State, Zip Code]

[Dear Physician:]

The above-named employee filed a claim for whole body impairment as a result of breast cancer under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

The Division of Energy Employees Occupational Illness Compensation (DEEOIC) requires impairment determinations to be performed in accordance with the 5th Edition of the American Medical Association's *Guide to the Evaluation of Permanent Impairment* (AMA's Guides). Moreover, to ensure that the employee's impairment is fully rated, several factors must be considered and included in the evaluation report. These factors include: (1) the unilateral or bilateral absence of the breast; (2) the loss of function of the upper extremity, including range of motion, neurological abnormalities and pain, etc; (3) skin disfigurement; and (4) other physical impairments affecting activities of daily living.

We would greatly appreciate a detailed narrative report from you, based on your examination, that addresses the following:

1. Has maximum medical improvement been reached? If so, what is the approximate date?
2. Is there surgical absence of the breast(s)? Surgical absence of a breast is rated in accordance with AMA's *Guides*, section 10.9, page 239 and is assigned a maximum of 5% of the whole person.
3. A description of the surgical site (if any) and mention of infections, ulcerations, grafts and any other factors that have affected the size and aspect of the scar and the

presence of other skin abnormalities. If a rating for skin disfigurement/abnormalities is needed please use Chapter 8 in the *AMA's Guides*.

4. The effects of radiation or other therapies on any organ system represented by clinical findings and/or tests, as well as the ability to perform activities of daily living.

5. Other physical impairments related to the underlying condition including those mentioned under number 4 above. These need to be well documented and ratable under the *AMA's Guides*.

6. Your recommended percentage of impairment including a rationalized opinion as to how you arrived at the total impairment. This includes how you arrived at the impairment figure, using applicable tables and sections of the *AMA's Guides*.

It is important that you respond to each of these questions to ensure that the patient receives the maximum percentage of impairment allowed by the *AMA's Guides* for his/her work-related condition. The rating should be performed on the patient's current level of impairment. Please note that the DEEOIC allows for periodic re-evaluations for future increases in permanent impairment.

Thank you for your assistance. Please bill us your usual fee for a report of this type using Form OWCP-1500. If you have any questions or concerns regarding this matter, please contact me directly at (XXX) XXX-XXXX.

Sincerely,

[Claims Examiner's Name]
[Title]

U.S. Department of Labor

Employment Standards Administration
Office Of Workers' Compensation Programs
Division of Energy Employees' CompensationPhone: or
Fax:

Date:

File Number:

*Response requested*Name
Address
Address

Dear Ms./Mr. :

I am writing in reference to your claim under Part E of the Energy Employees Occupational Illness Compensation Program. Your claim has been accepted for medical benefits for the following covered illness(es): **List illness(es) and ICD-9 code(s)**. Therefore, you may now be eligible for an impairment award due to your covered illness(es).

Use this paragraph if Beryllium Sensitivity or Pleural Plaques is accepted or accepted along with another condition

Your claim for [beryllium sensitivity or pleural plaques] has been recommended for acceptance. This condition is not generally recognized to cause a decrease in lung function as is necessary for a compensable impairment rating. However, if you have medical evidence documenting decreased lung function which is at least partially attributable to your [beryllium sensitivity or pleural plaques] and intend to pursue an impairment claim, you must respond **in writing** to the address listed above and state your intention to pursue a claim for impairment and provide the supporting medical documentation. The medical evidence must specifically address how it is determined that the accepted condition is a contributing factor in the decreased lung function.

Whole body impairment is a percentage rating that represents the extent of impairment of a person based on the organ(s) and or system(s) affected by the covered illness(es). You may be entitled to \$2,500.00 for every impairment percentage point that is the result of your covered illness(es). An impairment rating may be performed once the condition has reached maximum medical improvement (MMI), and is unlikely to improve with additional treatment.

To begin the impairment process, you must notify us **in writing** that you wish to claim impairment **and** for what illness(es) you are claiming impairment. Please complete the attached form to indicate your preference. If you elect to claim impairment, we will forward your medical records to a District Medical Consultant (DMC) for review. The DMC is an independent contractor physician that is neither affiliated with the Department of Labor nor the Department of Energy. Upon completion of the DMC's review, he/she will provide an impairment rating.

You will not be physically evaluated by the DMC; therefore, we are requesting that you provide your **current** (*within the last 12 months or most recent*) medical records for your accepted illness(es). Specifically, we request that you provide the following:

1) What we need from you:

List only the medical evidence required for the accepted condition(s) per "Required Medical Evidence for Determining Impairment Ratings by Specific ICD-9 Codes" (See Exhibit 4) that is NOT in the case file. Also note that the attached ADL (Activities of Daily Living) Questionnaire should be completed by the employee's treating physician. (NOTE: If the accepted illness is skin cancer or breast cancer, the supplemental ADL sheet for that condition should be included with the general ADL sheet.)

2) Other Information:

Use this section if some medical is older than 12 months. Otherwise, do not use this section.

In addition, the following medical evidence required for the impairment evaluation has already been submitted to us; however, this evidence is more than 12 months old:

List medical evidence older than 12 months found in the case file and that is on the "Required Medical Evidence for Determining Impairment Ratings by Specific ICD-9 Codes" and identify the date of each report.

You should be aware that older evidence may not reflect your current level of impairment since it is more than 12 months old. We will be able to proceed with the impairment evaluation when you provide the requested medical evidence that we do not have (#1 above). However, without current medical records, we may be unable to determine the present extent of your impairment. Please be advised that an impairment evaluation for your covered illness(es) is authorized every 2 years.

If you wish to have your treating physician perform your impairment evaluation, please indicate such on the attached impairment benefits response sheet and provide the name and address of your physician by **DATE (30 days from date of letter)**. We will then attempt to contact your treating physician to determine if he/she possesses the required credentials to perform your impairment evaluation. If we do not hear from you within 30 days or if your treating physician is not qualified to perform your impairment evaluation, we will proceed by forwarding your medical records to the DMC for review.

If you elect not to pursue an impairment claim at this time, we request that you complete the attached response sheet and return it to our office at the above address or fax it to us at _____. Upon receipt of this notification, we will not undertake further development for impairment. Should you wish to pursue a claim in the future, please notify us in writing at the address above.

We would like you to receive all the benefits to which you may be entitled and hope you will consider this very carefully; therefore, we would appreciate your response by **DATE (30 days from date of letter)**. If you have any questions regarding this letter or an impairment rating in general, please do not hesitate to call me, toll-free, at () .

Sincerely,

Claims Examiner

Enc: Pamphlet, "How Do I qualify for an Impairment Award"
Impairment Benefits Response Sheet
Activities of Daily Living Questionnaire

Claim No.
Claimant:

Impairment Rating Requirements

If you elect to file an impairment claim, you will be required to provide **Activities of Daily Living (ADL)**, along with the required medical records dated *preferably within the last 12 months*.

The ADLs must be provided by your Specialist Physician, Family Practitioner or Primary Physician in a letter or should be noted in your medical records (for example, History and Physical Examination) in order for the impairment rating to be performed. **For your convenience, please take the attached ADL Questionnaire to your treating physician for his/her completion.** Please remember your medical records and diagnostic examinations must include your current treatments and prescribed medications. **This information *should* be dated within the last 12 months. However, if you have no additional medical records to provide, please inform our office in writing, so that we can proceed with your impairment claim.**

Since you will not be physically examined by a District Medical Consultant (DMC), obtaining your current medical records and ADLs from your physician is important in determining your rating. The lack of medical information, to include ADLs, could potentially affect your impairment rating. Below is an example of the ADL information needed from your physician, as referenced in the AMA's *Guides*, Table 1-2.

Table 1-2 Activities of Daily Living Commonly Measured in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)	
Scales	
Activity	Example
Self-care, personal hygiene	Urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating
Communication	Writing, typing, seeing, hearing, speaking
Physical activity	Standing, sitting, reclining, walking, climbing stairs
Sensory function	Hearing, seeing, tactile feeling, tasting, smelling
Nonspecialized hand activities	Grasping, lifting, tactile discrimination
Travel	Riding, driving, flying
Sexual function	Orgasm, ejaculation, lubrication, erection
Sleep	Restful, nocturnal sleep pattern

Activities of Daily Living Questionnaire (Please note: This document must be completed by a physician)	Name: _____ File Number: _____
--	---

Accepted Conditions	ICD-9 Code	Condition @ MMI ¹	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Rating Scale (Each criteria is graded in level of dependence) 1 – Performs independently without reminder or assistance 2 – Performs with assistance or reminders 3 – Unable to perform on own, even if assisted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> See attached if more than 3 conditions			
Is the claimant terminal? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, estimated timeframe: _____			

Since the employee will not be physically evaluated for impairment by a Department of Labor physician, the following information regarding the employee's Activities of Daily Living (ADL) is required. Rate the activity based only on limitations caused or contributed to by the accepted condition(s). Address all items using the above rating scale to determine the person's ability to perform the activity.

Self-Care / Personal Hygiene	Rating	Additional comments concerning these activities
Dressing/undressing oneself		
Eating		
Meal preparation		
Taking or managing medicine		
Toileting – getting to and on/off toilet		
Toileting – keeping self clean and dry		
Toileting – arranging clothes		
Bladder/Bowel control		
Brushing teeth		
Combing/brushing hair		
Bathing		
Light housekeeping		

Communication	Rating	Additional comments concerning these activities
Writing		
Typing		
Seeing		
Hearing		
Speaking		

Physical Activity	Rating	Additional comments concerning these activities
Standing		
Sitting		
Reclining		
Walking		
Climbing Stairs		

¹ Condition has reached maximum medical improvement (MMI) i.e. well-stabilized and unlikely to improve with medical treatment or not required if an illness is in a terminal stage.

Sensory Function		Rating	Additional comments concerning these activities
<input type="checkbox"/>	Hearing		
<input type="checkbox"/>	Seeing		
<input type="checkbox"/>	Tactile Feeling		
<input type="checkbox"/>	Tasting		
<input type="checkbox"/>	Smelling		

Other: Non-specialized hand activities		Rating	Additional comments concerning these activities
<input type="checkbox"/>	Grasping		
<input type="checkbox"/>	Lifting		
<input type="checkbox"/>	Pulling/Pushing		
<input type="checkbox"/>	Reaching up, down, out		
<input type="checkbox"/>	Tactile Discrimination		

Travel		Rating	Additional comments concerning these activities
<input type="checkbox"/>	Riding		
<input type="checkbox"/>	Driving		
<input type="checkbox"/>	Flying		
<input type="checkbox"/>	Arranging travel for self		

Transferring In and Out of:		Rating	Additional comments concerning these activities
<input type="checkbox"/>	Bed		
<input type="checkbox"/>	Tub/Shower		
<input type="checkbox"/>	Chair/Sofa		
<input type="checkbox"/>	Vehicles		

Sexual Function	Yes	No	Additional comments concerning these activities
<input type="checkbox"/>			

Sleep	Yes	No	Additional comments concerning these activities
<input type="checkbox"/>			
<input type="checkbox"/>			

Provide any additional comments to explain what this person can or cannot do in their daily life (if additional space is needed, please provide a typed narrative report and attach it to this questionnaire):

--

The information listed above is complete and accurate to the best of my knowledge:

Physician's Printed Name

Physician's Signature

Date

Activities of Daily Living Supplementary ADL Specific to: Breast Cancer	Name:
	File Number:

Is the patient at MMI for breast cancer and if so what date? MMI Yes No Date: _____

1. Was removal of part or all of one or both breast required? If so, describe.

2. Is there resulting lymphoedema in the affected arms? If so, describe severity. Is it partially or completely controlled with stockings?

3. Is there a resulting decrease of motion in affected extremities? If so, detail range of motion for those joints.

4. Is there any decrease in strength in the upper extremities? If so, describe on a scale of 0-5 with mention of involved motor nerves.

5. Is there decreased sensation in the affected extremities? If so, describe with mention of which sensory nerves.

6. Is there any intermittent or continuous pain of the chest wall? If so, describe.

7. Has there been metastasis? If so, describe.

Additional Comments:

Activities of Daily Living Supplementary ADL Specific to: Skin Cancer	Name:
	File Number:

Is the patient at MMI for skin cancer and if so what date? MMI Yes No Date: _____

1. Is the claimant limited to sun exposure? If so, describe.

2. Does the claimant have a significant deformity from the skin cancer affecting interpersonal relationships? If so, please describe.

3. Does the claimant have a deformity or scarring that limits range of motion of any joints? If so, please state joint and indicate range of motion.

4. Does the claimant require use of a prescriptive drug for the treatment of skin cancer, either intermittently or continuously? If so, please describe.

5. Does the claimant's skin cancer limit any ADL other than sun exposure? If so, please describe.

6. Has there been metastasis? If so, please describe.

Additional Comments:

Required Medical Evidence for Specific ICD-9 Codes

- ▶ Cases determined to have the following ICD-9 codes **240.0-246.9** (Disorder of the Thyroid gland) must have the following reported within the past year before impairment rating can take place:
- ✦ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area(s) affected
 - Any Biopsy information
 - Surgical history of site
- ▶ Cases determined to have the following ICD-9 code **280.0-285.9** (Anemia) must have the following reported within the past twelve months before impairment rating can take place:
- ✦ Note from Physician with the following information:
 - Current symptoms
 - Need for transfusion and the intervals involved
 - Current treatment(s) including prescriptions
 - Complete Blood Count with differential (CBC with Diff)
- ▶ Cases determined to have the following ICD-9 code **333.0-333.99** (Tremor) must have the following reported within the past twelve months before impairment rating can take place:
- ✦ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area(s) affected:
 - Motor strength
 - Coordination
 - Dexterity
 - Functional Activity pertaining to Activity of Daily Living (ADL):
 - Buttoning shirt
 - Lacing shoes
 - Performing peg tasks
 - Current treatment(s)
- ▶ Cases determined to have the following ICD-9 codes **356.0- 357.9** (Peripheral Neuropathy, Polyneuropathy) must have the following reported within the past twelve months before impairment rating can take place:
- ✦ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the Upper Extremities
 - Motor strength
 - Coordination
 - Dexterity
 - Functional Activity pertaining to Activity of Daily Living (ADL):
 - Buttoning shirt
 - Lacing shoes
 - Performing peg tasks
 - Physical exam findings of the Lower Extremity
 - Motor strength
 - Coordination
 - Functional Activity pertaining to Activity of Daily Living (ADL): (Upper extremities)
 - Standing (with/without mechanical support and/or assistive device)

- Walking
 - With/without assistance
 - Ability to start and stop walking
 - Limited to level surface
 - Difficulty with elevation/stairs
- Loss of stature
- Romberg Sign
- Current treatment(s)
- ✦ Electromyography (EMG)

- ▶ Cases determined to have the following ICD-9 code **362.0-362.9 and 366.0-366.9** (Cataracts) must have the following reported within the past year before impairment rating can take place:

Note from Physician with the following information:

- ✦ Current symptoms
 - Physical exam findings
 - Current treatment(s)
 - Surgical procedure(s)
- ✦ Visual Acuity testing, corrected
- ✦ Visual Field testing

- ▶ Cases determined to have the following ICD-9 codes **389.0-389.9** (Hearing loss) must have the following reported within the past twelve months before impairment rating can take place:

- ✦ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area(s) affected
- ✦ Tympanometry
- ✦ Speech Discrimination test
- ✦ Pure Tone Audiogram of both ears

- ▶ Cases determined to have the following ICD-9 code **473.0-473.9** (Chronic Sinusitis) must have the following reported within the past twelve months before impairment rating can take place:

- ✦ Note from Physician with the following information:
 - Current symptoms including: headaches, balance problems
 - Physical exam findings of the area(s) affected
 - Current treatment(s) including prescriptions
- ✦ Sinus CT

- ▶ Cases determined to have the following ICD-9 code **477.0-477.9** (Allergic Rhinitis) must have the following reported within the past twelve months before impairment rating can take place:

- ✦ Note from Physician with the following information:
 - Current symptoms including headaches, balance problems
 - Physical exam findings of the area(s) affected
 - Current treatment(s) including prescriptions

- ▶ Cases determined to have the following ICD-9 codes **491.0- 493.92, 496, 501, 506.0-506.9, 508.0-508.9, 511.0-511.9, 515, 518.0-518.89** (Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Bronchitis, Asbestosis, Chronic Respiratory condition) must have the following reported within the past twelve months before impairment rating can take place:

- ✦ Note from Physician with the following information

- Current symptoms
 - Physical exam findings of the area(s) affected
 - Current treatment(s) including prescriptions
- ✦ Pulmonary Function Test (PFT) with DL_{CO} with pre/post bronchodilator
- ▶ Cases determined to have the following ICD-9 codes **571.0-573.9** (Liver Disease) must have the following reported *within the past twelve months* before impairment rating can take place:
- ✦ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area(s) affected
 - Any Biopsy information
 - Surgical history of site
 - Nutritional Status and/or restrictions
 - Current treatment(s) including prescriptions
 - ✦ Liver Function Test (LFTs)
- ▶ Cases determined to have the following ICD-9 codes **580.0-593.9** (Upper Genitourinary Disease) must have the following reported *within the past twelve months* before impairment rating can take place:
- ✦ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area(s) affected
 - Any Biopsy information
 - Surgical history
 - Current treatment(s) including prescriptions
 - Need for Dialysis and its schedule
 - Nutritional Status and/or restrictions
 - ✦ Kidney Function Test (Creatinine Clearance Test)
 - ✦ Serum Creatinine
 - ✦ Urine Analysis
- ▶ Cases determined to have the following ICD-9 codes **595.0-596.9** (Bladder Disease) must have the following reported *within the past twelve months* before impairment rating can take place:
- ✦ Note from Physician with the following information:
 - Current signs/symptoms (frequency, nocturia, loss of control, urgency, dribbling)
 - Physical exam findings of the area(s) affected
 - Any Biopsy information
 - Surgical history
 - Current treatment(s) including prescriptions
- ▶ Cases determined to have the following ICD-9 codes **692.0-697.9, 703.0-703.9, and 782.0-782.9** (Dermatitis, Skin Rash) must have the following reported *within the past twelve months* before impairment rating can take place:
- ✦ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area in question
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
 - Patch testing information when available

Cancers
(in alphabetical order)

All information has to be submitted in the past 12 months including the diagnostic tests.

Bladder Cancer

✚ Note from Physician with the following information:

- Current symptoms to include urinary frequency/nocturia, reflex activity of the bladder
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs)
- Current treatment(s)

Breast Cancer in Women of Childbearing years (Individual ages 15-44 years of age)

✚ Note from Physician with the following information:

- Current symptoms
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs)
- Current treatment(s)

Breast Cancer in Men and Women beyond childbearing years (older than 44 years old)

Not ratable under 5th Edition of the Guides

Colon Cancer

✚ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Presence of any stomas
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)

Esophageal Cancer

✚ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Presence of any stomas
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)

Gallbladder Cancer

✚ Note from Physician with the following information:

- Current symptoms including weight loss and percentage, and jaundice

- Presence of any stomas
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- ✦ Liver Function Tests (LFTs)

Hodgkin's Lymphoma

- ✦ Note from Physician with the following information:
 - Current symptoms including weight loss and percentage
 - Physical exam findings of the area(s) affected
 - Remission status and number of years in remission
 - Surgical History to the area
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
- ✦ Complete Blood Count (CBC) with differential
- ✦ Pathology report *if available*

Hypo-pharyngeal Cancer

- ✦ Note from Physician with the following information:
 - Current symptoms including weight loss and percentage
 - Physical exam findings of the area(s) affected
 - Remission status and number of years in remission
 - Presence of any stomas
 - Surgical History to the area
 - Activities of Daily Living (ADLs) to include any limitation on diet
 - Current treatment(s)
 - Description of the Voice/Speech detailing: using the Table below
Please complete this task with and without use of assistive device for speech
 - ✓ Audibility
 - ✓ Intelligibility
 - ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

	Class 1 0%-14% Voice/ Speech Impairment	Class 2 15%-34% Voice/ Speech Impairment	Class 3 35%-59% Voice/ Speech Impairment	Class 4 60%-84% Voice/ Speech Impairment	Class 5 85%-100% Voice/ Speech Impairment
Audibility	Can produce speech of an intensity sufficient for most needs of everyday speech, although this sometimes may require effort and occasionally may be beyond individual's capacity	Can produce speech of an intensity sufficient for many needs of everyday speech and is usually heard under average conditions; however, may have difficulty being heard in noisy places—such as cars, buses, trains, train stations, or restaurants	Can produce speech of an intensity sufficient for some needs of everyday speech such as close conversation; however, has considerable difficulty at a distance or in noisy places—such as cars, buses, trains, train stations, or restaurants—because the voice tires easily and tends to become inaudible after a few seconds	Can produce speech of an intensity sufficient for a few needs of everyday speech, but can barely be heard by a close listener or over the telephone and may be able to whisper audibly but with no louder voice	Can produce speech of an intensity sufficient for no needs of everyday speech
Intelligibility	Can perform most articulatory acts necessary for everyday speech, but may occasionally be asked to repeat and find it difficult or impossible to produce some phonetic units	Can perform many articulatory acts necessary for everyday speech and be understood by a stranger, but may have numerous inaccuracies and sometimes appears to have difficulty articulating	Can perform some articulatory acts necessary for everyday speech and can usually converse with family and friends, but may be understood by strangers only with difficulty and often may be asked to repeat	Can perform a few articulatory acts necessary for everyday speech, can produce some phonetic units, and may have approximations for a few words such as names of own family members, but is unintelligible out of context	Can perform no articulatory acts necessary for everyday speech
Functional Efficiency	Can meet most demands of articulation and phonation for everyday speech with adequate speed and ease, but occasionally may hesitate or speak slowly	Can meet many demands of articulation and phonation for everyday speech with adequate speed and ease, but sometimes speaks with difficulty and speech may be discontinuous, interrupted, hesitant, or slow	Can meet some demands of articulation and phonation for everyday speech with adequate speed and ease, but can sustain consecutive speech only for brief periods and may give the impression of being easily fatigued	Can meet a few demands of articulation and phonation for everyday speech with adequate speed and ease (such as single words or short phrases), but cannot maintain uninterrupted speech flow; speech is labored and rate is impractically slow	Can meet no demands of articulation and phonation for everyday speech with adequate speed and ease

Laryngeal Cancer

⚡ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage
- Physical exam findings
- Surgical history to the area
- Presence of any stomas
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- Description of the Voice/Speech detailing: using the Table below

Please complete this task with and without use of assistive device for speech

- ✓ Audibility
- ✓ Intelligibility
- ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

	Class 1 0%-14% Voice/ Speech Impairment	Class 2 15%-34% Voice/ Speech Impairment	Class 3 35%-59% Voice/ Speech Impairment	Class 4 60%-84% Voice/ Speech Impairment	Class 5 85%-100% Voice/ Speech Impairment
Audibility	Can produce speech of an intensity sufficient for <i>most</i> needs of everyday speech, although this sometimes may require effort and occasionally may be beyond individual's capacity	Can produce speech of an intensity sufficient for <i>many</i> needs of everyday speech and is usually heard under average conditions; however, may have difficulty being heard in noisy places—such as cars, buses, trains, train stations, or restaurants	Can produce speech of an intensity sufficient for <i>some</i> needs of everyday speech such as close conversation; however, has considerable difficulty at a distance or in noisy places—such as cars, buses, trains, train stations, or restaurants—because the voice tires easily and tends to become inaudible after a few seconds	Can produce speech of an intensity sufficient for a <i>few</i> needs of everyday speech, but can barely be heard by a close listener or over the telephone and may be able to whisper audibly but with no louder voice	Can produce speech of an intensity sufficient for <i>no</i> needs of everyday speech
Intelligibility	Can perform <i>most</i> articulatory acts necessary for everyday speech, but may occasionally be asked to repeat and find it difficult or impossible to produce some phonetic units	Can perform <i>many</i> articulatory acts necessary for everyday speech and be understood by a stranger, but may have numerous inaccuracies and sometimes appears to have difficulty articulating	Can perform <i>some</i> articulatory acts necessary for everyday speech and can usually converse with family and friends, but may be understood by strangers only with difficulty and often may be asked to repeat	Can perform a <i>few</i> articulatory acts necessary for everyday speech, can produce some phonetic units, and may have approximations for a few words such as names of own family members, but is unintelligible out of context	Can perform <i>no</i> articulatory acts necessary for everyday speech
Functional Efficiency	Can meet <i>most</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but occasionally may hesitate or speak slowly	Can meet <i>many</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but sometimes speaks with difficulty and speech may be discontinuous, interrupted, hesitant, or slow	Can meet <i>some</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but can sustain consecutive speech only for brief periods and may give the impression of being easily fatigued	Can meet a <i>few</i> demands of articulation and phonation for everyday speech with adequate speed and ease (such as single words or short phrases), but cannot maintain uninterrupted speech flow; speech is labored and rate is impractically slow	Can meet <i>no</i> demands of articulation and phonation for everyday speech with adequate speed and ease

Leukemias (includes Acute/Chronic Lymphocytic Leukemia (ALL/CLL) and Acute/Chronic Myelocytic Leukemia (AML/CML))

✦ **Note from Physician** with the following information:

- Current symptoms including nutritional status, weight loss and percentage
- Physical exam findings including any liver or spleen abnormalities
- Activities of Daily Living (ADLs)
- Current treatment(s)

✦ Complete Blood Count (CBC) with differential

✦ Liver Function Tests (LFTs)

Liver Cancer

✦ **Note from Physician** with the following information:

- Current symptoms including nutritional status, weight loss and percentage, presence of jaundice
- Physical exam findings of the area(s) affected including presence of ascites
- Surgical history to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)

✦ Liver Function Tests (LFTs)

Lung Cancer

- ✦ Note from Physician with the following information:
 - Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings
 - Surgical history to the area
 - Activities of Daily Living (ADLs) to include any limitation on diet
 - Current treatment(s)
- ✦ Pulmonary Function Test (PFT)

Multiple Myeloma

- ✦ Note from Physician with the following information:
 - Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings including any spleen abnormalities
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
- ✦ Complete Blood Count (CBC) with differential

Myelodysplastic Syndrome

- ✦ Note from Physician with the following information:
 - Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings including any spleen abnormalities
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
- ✦ Complete Blood Count (CBC) with differential

Nasal Cancer

- ✦ Note from Physician with the following information:
 - Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings
 - Surgical history to the area
 - Presence of any stomas
 - Activities of Daily Living (ADLs) to include any limitation on diet
 - Current treatment(s)
 - Description of the Voice/Speech detailing: using the Table below
*Please complete this task **with and without** use of assistive device for speech*
 - ✓ Audibility
 - ✓ Intelligibility
 - ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

	Class 1 0%-14% Voice/ Speech Impairment	Class 2 15%-34% Voice/ Speech Impairment	Class 3 35%-59% Voice/ Speech Impairment	Class 4 60%-84% Voice/ Speech Impairment	Class 5 85%-100% Voice/ Speech Impairment
Audibility	Can produce speech of an intensity sufficient for <i>most</i> needs of everyday speech, although this sometimes may require effort and occasionally may be beyond individual's capacity	Can produce speech of an intensity sufficient for <i>many</i> needs of everyday speech and is usually heard under average conditions; however, may have difficulty being heard in noisy places—such as cars, buses, trains, train stations, or restaurants	Can produce speech of an intensity sufficient for <i>some</i> needs of everyday speech such as close conversation; however, has considerable difficulty at a distance or in noisy places—such as cars, buses, trains, train stations, or restaurants—because the voice tires easily and tends to become inaudible after a few seconds	Can produce speech of an intensity sufficient for a few needs of everyday speech, but can barely be heard by a close listener or over the telephone and may be able to whisper audibly but with no louder voice	Can produce speech of an intensity sufficient for <i>no</i> needs of everyday speech
Intelligibility	Can perform <i>most</i> articulatory acts necessary for everyday speech, but may occasionally be asked to repeat and find it difficult or impossible to produce some phonetic units	Can perform <i>many</i> articulatory acts necessary for everyday speech and be understood by a stranger, but may have numerous inaccuracies and sometimes appears to have difficulty articulating	Can perform <i>some</i> articulatory acts necessary for everyday speech and can usually converse with family and friends, but may be understood by strangers only with difficulty and often may be asked to repeat	Can perform a few articulatory acts necessary for everyday speech, can produce some phonetic units, and may have approximations for a few words such as names of own family members, but is unintelligible out of context	Can perform <i>no</i> articulatory acts necessary for everyday speech
Functional Efficiency	Can meet <i>most</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but occasionally may hesitate or speak slowly	Can meet <i>many</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but sometimes speaks with difficulty and speech may be discontinuous, interrupted, hesitant, or slow	Can meet <i>some</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but can sustain consecutive speech only for brief periods and may give the impression of being easily fatigued	Can meet a few demands of articulation and phonation for everyday speech with adequate speed and ease (such as single words or short phrases), but cannot maintain uninterrupted speech flow; speech is labored and rate is impractically slow	Can meet <i>no</i> demands of articulation and phonation for everyday speech with adequate speed and ease

Nasopharyngeal

↳ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Presence of any stomas
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- Description of the Voice/Speech detailing: using the Table below

Please complete this task with and without use of assistive device for speech

- ✓ Audibility
- ✓ Intelligibility
- ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

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Kidney Cancer

See Renal Cancer

Pancreatic Cancer

⚡ Note from Physician with the following information:

- Current symptoms including weight loss and percentage, and jaundice
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)

⚡ Liver and Pancreatic Function Tests

Pharyngeal Cancer

⚡ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Physical exam findings of the area(s) affected

- Remission status and number of years in remission
- Presence of any stomas
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- Description of the Voice/Speech detailing: using the Table below
Please complete this task with and without use of assistive device for speech
 - ✓ Audibility
 - ✓ Intelligibility
 - ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

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Polycythemia Vera

⚡ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage
- Physical exam findings including any spleen abnormalities
- Activities of Daily Living (ADLs)
- Current treatment(s)

⚡ Complete Blood Count (CBC) with differential

Prostate Cancer✦ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage along with urinary control and sexual function after surgery *if prostatectomy was performed*
- Physical exam findings including pain induced by metastatic lesions
- Activities of Daily Living (ADLs)
- Surgical history to the affected area
- Current treatment(s)

Renal Cancer✦ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings
 - Need for dialysis and schedule
 - Kidney transplant
 - Surgical history to the affected area
 - Presence of any stomas
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
- ✦ Kidney Function Test (Creatinine Clearance Test)
- ✦ Serum Blood Urea Nitrogen (BUN) and Creatinine
- ✦ Urine Analysis

Skin Cancer✦ Note from Physician with the following information:

- Current symptoms
- Physical exam findings of the area(s) affected
- Physical exam findings of the area in question
- Activities of Daily Living (ADLs)
- Current treatment(s)

Small Intestinal Cancer (duodenum, jejunum, ileum)✦ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Presence of any stomas
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)

Thyroid Cancer✦ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs)
- Current treatment(s) and presence of other illnesses allowing for only partial hormone replacement

Tongue Cancer

✦ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- Description of the Voice/Speech detailing: using the Table below

Please complete this task with and without use of assistive device for speech

- ✓ Audibility
- ✓ Intelligibility
- ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

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Tracheal Cancer

➔ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage
- Physical exam findings
- Surgical history to the area
- Presence of any stomas
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- Description of the Voice/Speech detailing: using the Table below

Please complete this task with and without use of assistive device for speech

- ✓ Audibility
- ✓ Intelligibility
- ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

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U.S. Department of Labor

Employment Standards Administration
Office Of Workers' Compensation Programs
Division of Energy Employees' Compensation



Date

File Number:
Employee Name:
Claimant:

Name
Address
Address

Dear Mr./Mrs. Last Name:

This is in follow up to our letters of (Date) and (Date of second request) regarding your claim for benefits under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). Option 1 We have not received a written response to date. Option 2 You have advised us that you do not want to pursue a claim for impairment.

I would like to thank you for taking the time to consider our request to file for an award. Please note that your decision at this time does not relinquish your right to file a claim for impairment in the future. Therefore, we will not undertake further development for impairment at this time. Should you wish to pursue a claim in the future, please notify us in writing at the address above.

If you have any questions about your claim or other benefits available under this program, do not hesitate to call me, toll-free, at () . If it is more convenient, you may visit one of our local resource centers for additional help.

Sincerely,

Printed Name
Claims Examiner

Part 2 - Claims

Impairment Ratings

U.S. Department of Labor

Employment Standards Administration
Office Of Workers' Compensation Programs
Division of Energy Employees' Compensation

Date

FILE NUMBER: **file number**EMPLOYEE: **employee name****Med Provider**
street address
City, State, zip

Dear Medical Provider;

The Department of Labor, Division of Energy Employees Occupational Illness Compensation (DEEOIC), District Office, has received a claim from **employee name** and has determined that **employee name** is eligible for an impairment evaluation in relation to the covered illness of **insert name AND ICD9 of covered illness**.

Employee name has identified you as his/her choice to perform an impairment evaluation in relation to his/her covered illness of **insert name AND ICD9 of covered illness**. The DEEOIC will cover the cost of **Employee name** impairment evaluation as long as the condition has reached a point where further improvement is not expected (Maximum Medical Improvement/MMI), or the employee is considered to be in the terminal stages of the illness. The evaluation must also be performed within one year of the date DEEOIC receives the report, and not performed prior to **Filing date** (the date **he/she** filed for benefits under the EEOICPA). The evaluation must be performed in accordance with the 5th Edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment (AMA's Guides)*, with specific page and table references included in your report.

In order for a physician to be deemed qualified, he/she must hold a valid medical license and Board certification/eligibility in the appropriate field of expertise (i.e. toxicology, pulmonary, neurology, occupational medicine, etc.). He/she must also show that he/she meets at least one of the following criteria:

- is certified by the American Board of Independent Medical Examiners (ABIME)
- is certified by the American Academy of Disability Evaluating Physicians (AADEP)
- possesses knowledge and experience in using the AMA's *Guides*
- possesses the requisite professional background and work experience to conduct such ratings.

When your impairment evaluation has been completed, please submit a resume or letter to establish that you meet the criteria listed above. If you do not possess either the ABIME or AADEP certification, please submit a statement certifying and explaining your familiarity and years of experience in using the AMA's *Guides*.

Please note that in agreeing to perform the impairment rating evaluation, you are stating and certifying that no more than 25% of your income in any of the five previous years has come from serving as a salaried employee, consultant or expert witness for employers, insurers, unions, claimant organizations or

their counsel in litigation related to the Energy Employees Occupational Illness Compensation Program or similar state compensation programs.

Payment for the impairment evaluation and required diagnostic tests are covered by the DEEOIC. To bill the Department of Labor directly, please complete and return the enclosed EEOICP Provider Enrollment Form (OWCP-1168) and the OWCP-1500, to the district office in the enclosed self addressed envelope.

If you have any questions regarding this letter or impairment ratings in general, please contact the district office

Sincerely,

Examiner name
Claims Examiner

Enclosures:

- Required Medical Evidence for Determining Impairment Rating By Specific ICD-9 Codes
Examiner note: print appropriate section from Impairment Documentation for ICD9 template
- Provider Enrollment Package
- OWCP-1500

Reset Form Print Form

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Medicaid #) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE (MM, DD, YY) SEX (M, F)

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED (Self, Spouse, Child, Other) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. PATIENT STATUS (Single, Married, Other) 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT?, b. AUTO ACCIDENT?, c. OTHER ACCIDENT?) 11. INSURED'S POLICY GROUP OR FECA NUMBER 12. INSURED'S DATE OF BIRTH (MM, DD, YY) SEX (M, F) 13. EMPLOYER'S NAME OR SCHOOL NAME 14. INSURANCE PLAN NAME OR PROGRAM NAME 15. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES, NO) 16. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorize payment of medical benefits) 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM, TO) 19. RESERVED FOR LOCAL USE 20. OUTSIDE LAB? (YES, NO) \$ CHARGES 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 22. MEDICAID RESUBMISSION (ORIGINAL REF. NO., CODES) 23. PRIOR AUTHORIZATION NUMBER 24. TABLE: A. DATES (G) OF SERVICE (From, To), B. Place of Service, C. EMG, D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS, MODIFIER), E. DIAGNOSIS POINTER, F. \$ CHARGES, G. DAYS OR UNITS, H. EPSDT Family Plan, I. RENDERING PROVIDER ID. # 25. FEDERAL TAX I.D. NUMBER (SSN, EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (YES, NO) 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$ 31. SIGNATURE OF PHYSICIAN OR SUPPLIER (including degrees or credentials) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH# () SIGNED DATE a. b. a. b.

NUCC Instruction Manual available at: www.nucc.org

OMB No. 1215-0055 Expires: 10/31/2009

Instructions for Completing OWCP-1500 Health Insurance Claim Form For Medical Services Provided Under the FEDERAL EMPLOYEES' COMPENSATION ACT (FECA), the BLACK LUNG BENEFITS ACT (BLBA), and the ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT OF 2000 (EEOICPA)

GENERAL INFORMATION-FECA AND EEOICPA CLAIMANTS: Claims filed under FECA (5 USC 8101 et seq.) are for employment-related illness or injury. Claims filed under EEOICPA (42 USC 7384 et seq.) are for compensable illnesses defined under that Act. All services, appliances, and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to give relief, reduce the degree or period of the disability or illness, or aid in lessening the amount of the monthly compensation, may be furnished. "Physician" includes all Doctors of Medicine (M.D.), podiatrists, dentists, clinical psychologists, optometrists, chiropractors, or osteopathic practitioners within the scope of their practice as defined by State law. However, the term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.

FEES: The Department of Labor's Office of Workers' Compensation Programs (OWCP) is responsible for payment of all reasonable charges stemming from covered medical services provided to claimants eligible under FECA and EEOICPA. OWCP uses a relative value scale fee schedule and other tests to determine reasonableness. Schedule limitations are applied through an automated billing system that is based on the identification of procedures as defined in the AMA's Current Procedural Terminology (CPT); correct CPT code and modifier(s) is required. Incorrect coding will result in inappropriate payment. For specific information about schedule limits, call the Dept. of Labor's Federal Employees' Compensation office or Energy Employees Occupational Illness Compensation office that services your area.

REPORTS: A medical report that indicates the dates of treatment, diagnosis(es), findings, and type of treatment offered is required for services provided by a physician (as defined above). For FECA claimants, the initial medical report should explain the relationship of the injury or illness to the employment. Test results and x-ray findings should accompany billings.

GENERAL INFORMATION-BLBA CLAIMANTS: The BLBA (30 USC 901 et seq.) provides medical services to eligible beneficiaries for diagnostic and therapeutic services for black lung disease as defined under the BLBA. For specific information about reimbursable services, call the Department of Labor's Black Lung office that services your facility or call the National Office in Washington, D.C.

SIGNATURE OF PHYSICIAN OR SUPPLIER: Your signature in Item 31 indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Your signature in Item 31 also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, Black Lung or EEOICPA regulations. For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental, part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the bills. Finally, your signature indicates that you understand that any false claims, statements or documents, or concealment of a material act, may be prosecuted under applicable Federal or State laws.

For Black Lung claims, by signing your name in Item 31, you further certify that the services performed were for a Black Lung-related disorder.

**NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF FECA, BLACK LUNG AND EEOICPA INFORMATION
(PRIVACY ACT STATEMENT)**

We are authorized by OWCP to ask you for information needed in the administration of the FECA, Black Lung and EEOICPA programs. Authority to collect information is in 5 USC 8101 et seq.; 30 USC 901 et seq.; 38 USC 813; E.O. 9397; and 42 USC 7384d, 20 CFR 30.11 and E.O. 13179. The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made. There are no penalties for failure to supply information; however, failure to furnish information regarding the medical service(s) received or the amount charged will prevent payment of the claim. Failure to supply the claim number or CPT codes will delay payment or may result in rejection of the claim because of incomplete information.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third party payers to pay primary to Federal programs, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records. See Department of Labor systems DOL/GOVT-1, DOL/ESA-5, DOL/ESA-6, DOL/ESA-29, DOL/ESA-30, DOL/ESA-43, DOL/ESA-44, DOL/ESA-49 and DOL/ESA-50 published in the Federal Register, Vol. 67, page 16816, Mon. April 8, 2002, or as updated and republished.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988," permits the government to verify information by way of computer matches.

FORM SUBMISSION

FECA: Send all forms for FECA to the DFEC Central Mailroom, P.O. Box 8300, London, KY 40742-8300, unless otherwise instructed.

BLBA: Send all forms for BLBA to the Federal Black Lung Program, P.O. Box 8302, London, KY 40742-8302, unless otherwise instructed.

EEOICPA: Send all forms for EEOICPA to the Energy Employees Occupational Illness Compensation Program, P.O. Box 8304, London, KY 40742-8304, unless otherwise instructed.

INSTRUCTIONS FOR COMPLETING THE FORM: A brief description of each data element and its applicability to requirements under FECA, BLBA and EEOICPA are listed below. For further information contact OWCP.

- Item 1. Leave blank.
- Item 1a. Enter the patient's claim number.
- Item 2. Enter the patient's last name, first name, middle initial.
- Item 3. Enter the patient's date of birth (MM/DD/YY) and check appropriate box for patient's sex.
- Item 4. For FECA: leave blank. For BLBA and EEOICPA: complete only if patient is deceased and this medical cost was paid by a survivor or estate. Enter the name of the party to whom medical payment is due.
- Item 5. Enter the patient's address (street address, city, state, ZIP code; telephone number is optional).
- Item 6. Leave blank.
- Item 7. For FECA: leave blank. For BLBA and EEOICPA: complete if Item 4 was completed. Enter the address of the party to be paid.
- Item 8. Leave blank.
- Item 9. Leave blank.
- Item 10. Leave blank.
- Item 11. For FECA: enter patient's claim number. OMISSION WILL RESULT IN DELAYED BILL PROCESSING. For BLBA and EEOICPA: leave blank.

OMB No. 1215-0055
Expires: 10/31/2009

OWCP-1500
October 2006

- Item 11a. Leave blank.
- Item 11b. Leave blank.
- Item 11c. Leave blank.
- Item 11d. Leave blank.
- Item 12. The signature of the patient or authorized representative authorizes release of the medical information necessary to process the claim, and requests payment. Signature is required; mark (X) must be co-signed by witness and relationship to patient indicated.
- Item 13. Signature indicates authorization for payment of benefits directly to the provider. Acceptance of this assignment is considered to be a contractual arrangement. The "authorizing person" may be the beneficiary (patient) eligible under the program billed, a person with a power of attorney, or a statement that the beneficiary's signature is on file with the billing provider.
- Item 14. Leave blank.
- Item 15. Leave blank.
- Item 16. Leave blank.
- Item 17. Leave blank.
- Item 18. Leave blank.
- Item 19. Leave blank.
- Item 20. Leave blank.
- Item 21. Enter the diagnosis(es) of the condition(s) being treated using current ICD codes. Enter codes in priority order (primary, secondary condition). Coding structure must follow the International Classification of Disease, 9th Edition, Clinical Modification or the latest revision published. A brief narrative may also be entered but not substituted for the ICD code.
- Item 22. Leave blank.
- Item 23. Leave blank.
- Item 24. Column A: enter month, day and year (MM/DD/YY) for each service/consultation provided. If the "from" and "to" dates represent a series of identical services, enter the number of services provided in Column G.
 Column B: enter the correct CMS/OWCP standard "place of service" (POS) code (see below).
 Column C: not required.
 Column D: enter the proper five-digit CPT (current edition) code and modifier(s), the HCPCS, or the OWCP generic procedure code.
 Column E: enter the diagnostic reference number (1, 2, 3 or 4 in Item 21) to relate the date of service and the procedure(s) performed to the appropriate ICD code, or enter the appropriate ICD code.
 Column F: enter the total charge(s) for each listed service(s).
 Column G: enter the number of services/units provided for period listed in Column A. Anesthesiologists enter time in total minutes, not units.
 Column H: leave blank.
 Column I: leave blank.
 Column J: leave blank.
- Item 25. Enter the Federal tax I.D.
- Item 26. Provider may enter a patient account number that will appear on the remittance voucher.
- Item 27. Leave blank.
- Item 28. Enter the total charge for the listed services in Column F.
- Item 29. If any payment has been made, enter that amount here.
- Item 30. Enter the balance now due.
- Item 31. For BLBA and EEOICPA: sign and date the form. For FECA: signature stamp or "signature on file" is acceptable.
- Item 32. Enter complete name of hospital, facility or physician's office where services were rendered.
- Item 32a. Enter NPI.
- Item 32b. Enter taxonomy number.
- Item 33. Enter (1) the name and address to which payment is to be made, and (2) your DOL provider number after "PIN #" if you are an individual provider, or after "GRP #" if you are a group provider. FAILURE TO ENTER THIS NUMBER WILL DELAY PAYMENT OR CAUSE A REJECTION OF THE BILL FOR INCOMPLETE/INACCURATE INFORMATION.
- Item 33a. Enter NPI.
- Item 33b. Enter taxonomy number.

Place of Service (POS) Codes for Item 24B

3	School	34	Hospice
4	Homeless Shelter	41	Ambulance - Land
5	Indian Health Service Free-Standing Facility	42	Ambulance - Air or Water
6	Indian Health Service Provider-Based Facility	50	Federally Qualified Health Center
7	Tribal 638 Free-Standing Facility	51	Inpatient Psychiatric Facility
8	Tribal 638 Provider-Based Facility	52	Psychiatric Facility Partial Hospitalization
11	Office	53	Community Mental Health Center (CMHC)
12	Patient Home	54	Intermediate Care Facility/Mentally Retarded
15	Mobile Unit	55	Residential Substance Abuse Treatment Facility
20	Urgent Care	56	Psychiatric Residential Treatment Center
21	Inpatient Hospital	60	Mass Immunization Center
22	Outpatient Hospital	61	Comprehensive Inpatient Rehabilitation Facility
23	Emergency Room - Hospital	62	Comprehensive Outpatient Rehabilitation Facility
24	Ambulatory Surgical Center	65	End Stage Renal Disease Treatment Facility
25	Birthing Center	71	State or Local Public Health Clinic
28	Military Treatment Facility	72	Rural Health Clinic
31	Skilled Nursing Facility	81	Independent Laboratory
32	Nursing Facility	99	Other Place of Service
33	Custodial Care Facility		

Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1215-0055. We estimate that it will take an average of seven minutes to complete this collection of information, including time for reviewing instructions, abstracting information from the patient's records and entering the data onto the form. This time is based on familiarity with standardized coding structures and prior use of this common form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workers' Compensation Programs, Department of Labor, Room S3522, 200 Constitution Avenue NW, Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0055), Washington, DC 20503. DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES.

Provider Enrollment Form

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



OMB Number 1215-0137
 Expires: 03/31/2010

Please refer to instructions for completing this form.

Provider Number		Effective Date	
FOR DOL USE ONLY			
1. Are you applying for a new enrollment or updating your record? If update, enter Provider Number or EIN: <input type="checkbox"/> New enrollment <input type="checkbox"/> Update			
2. What is the earliest date that you treated a participant in any OWCP program?			
Practice Information			
3. Practice Name		4. Address	
5. City		6. State	7. Zip (9 digits)
8. Telephone		9. FAX	
10. Type of Practice a. <input type="checkbox"/> Individual b. <input type="checkbox"/> facility (For individual or Facility, complete indicated sections below) c. <input type="checkbox"/> Group (Please see reverse for completion of group enrollment)			
Provider Type (Individual or Facility)			
11a. Provider Type Number		11b. Provider Type	
11c. If you select "Other Provider" (96) or Non-Medical Vendor (53), please explain:			
12. Tax ID: EIN		SSN	
13. Required for hospitals only:		13a. Medicare Number	
13b. NPI:	1.	13c. Taxonomy Code(s):	1.
	2.		2.
	3.		3.
License and Certification (Individual for M.D. and D.O. only)			
14a. Name	14b. License #/ State	14c. Current Lic Expiration Date	14d. Specialty Code(s)
			14e. Certification Expiration Date
15. United Mine Workers' of American (UMWA) Number, if applicable:			
Billing Address-Indicate "same" if identical to Practice Address.			
16a. Address			
16b. City		16c. State	16d. Zip (9 digits)
17. <input type="checkbox"/> I have completed a form for Electronic Funds Transfer (EFT).			
18. <input type="checkbox"/> I am interested in billing electronically			
NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds may upon conviction be subject to fine and imprisonment under applicable Federal laws.			
Signature (Provider or Representative and Title)			Date

Form OWCP-1168
 Rev. June 2006

Group Provider Enrollment - #10c

For group practice enrollment, please enter the following information for each professional who will provide services under the group EIN. Select from the attached list the Provider Type code that most closely describes the service(s) that the professional provides. Attach separate sheet for additional entries if necessary.

Name	SSN #	Prov Type Code	License #/ State	Current Lic# Exp Date	Specialty Code(s)	Certification Exp Date

Please return this completed form to the appropriate program at the following address to prevent a delay in the processing of your bills.

<i>For Federal Employees' Compensation Act (FECA) Program:</i>	<i>For Black Lung Program:</i>	<i>For Energy Program:</i>
ACS P.O. Box 14600 Tallahassee, FL 32317-4600	DOL Black Lung Program P.O. Box 13200 Tallahassee, FL 32317-3200	DOL Energy Program P.O. Box 13400 Tallahassee, FL 32317-3400
If you have any questions regarding the completion of the form, please call Toll Free: 1-866-335-8319	If you have any questions regarding the completion of the form, please call Toll Free: 1-800-638-7072	If you have any questions regarding the completion of the form, please call Toll Free: 1-866-335-8319

Privacy Act Statement

(1) Collection of this information is authorized by the Federal Employees' Compensation Act (20 CFR 10.801), the Black Lung Benefits Act (20 CFR 725.704 and 725.705), the Energy Employees Occupational Illness Compensation Program Act of 2000 (20 CFR 30.701). (2) The information collected on this form will be used to ensure accurate medical provider information for payment of medical and vocational rehabilitation bills. (3) Disclosure of your Social Security Number and completion of this form is voluntary; however, failure to provide the information may result in bill payment delays. (4) This information may be furnished to data processing contractors, to the Department of Labor and to the IRS in accordance with law. (5) Furnishing all requested information will facilitate accurate and timely payment for services to the provider.

Public Burden Statement

We estimate that it will take an average of 8 minutes to complete this information collection, including time for reviewing the 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 collection, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S-3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THE ABOVE ADDRESS**

Form OWCP-1168
Rev. June 2006

Provider Enrollment Form (Instructions)

A brief description of each data element is listed below. Be sure to sign and date the form when you submit it. For further information contact ACS or OWCP at the telephone numbers indicated on the form.

- Block 1 Indicate whether this form is being used for a new enrollment, or to update an existing enrollment record. If the form is being submitted to update your record, enter your Provider Number or EIN.
- Block 2 Indicate earliest date you treated any OWCP beneficiary.
- Block 3 Type or print your practice name.
- Block 4 Type or print your practice street address.
- Block 5 Type or print your practice city.
- Block 6 Type or print your practice state.
- Block 7 Type or print your practice zip code (all nine digits).
- Block 8 Type or print your practice telephone number.
- Block 9 Type or print your practice FAX number (if applicable).
- Block 10 Check your practice type-"a" for individual practice, "b" for a facility, or "c" for a group practice. Black Lung only: providers should disregard group practice information. If you checked "c" (group practice), fill out the appropriate parts of Block 10c on the reverse of the form for each professional that will be providing services under the group Provider Number (name, Social Security number, provider type code from list below, license number and State, expiration date of current license, specialty code or codes from the list below, and the date any certification expires). Continue on a separate sheet if necessary.
- Block 11a If you checked "a" or "b" (individual practice or facility) in Block 10, type or print your "Provider Type" code from the list below.
- Block 11b If you checked "a" or "b" (individual practice or facility) in Block 10, type or print the "Provider Type" that corresponds with the code you entered in Block 11a.
- Block 11c If you checked "a" or "b" (individual practice or facility) in Block 10 and selected "Other Provider" (code 96) or "Non-Medical Vendor" (code 53), please explain why you are enrolling.
- Block 12 If you checked "a" or "b" (individual practice or facility) in Block 10, type or print your Social Security number and/or your EIN, as appropriate.
- Block 13 Blocks 13a thru 13c are required for hospitals only.
- Block 13a If you checked "b" (facility) in Block 10, type or print your Medicare number.
- Block 13b Type or print your National Provider Identifier (NPI). If you are a medical provider and you do not have an NPI, you can apply for one via the web at <https://nppes.cms.hhs.gov>. You can also apply via paper enrollment form CMS-101114. The completed form should be sent to: NPI Enumerator P.O. Box 6059 Fargo, ND 58108-6059
- Block 13c Type or print the taxonomy or taxonomies that correspond to the NPI you have entered. This is required for medical providers who have an NPI. You should use the taxonomy values that you submitted when applying for your NPI. More information on provider taxonomy is available at www.wpc-edl.com/taxonomy.

- Block 14a If you checked "a" (individual practice) in Block 10 and you are an M.D. or a D.O., type or print your name.
- Block 14b If you checked "a" (individual practice) in Block 10 and you are an M.D. or a D.O., type or print your license number and State. **Attach a copy of current M.D. or D.O. license.**
- Block 14c If you checked "a" (individual practice) in Block 10 and you are an M.D. or a D.O., type or print the expiration date of your current license. This license must be kept current to continue receiving payment.
- Block 14d If you checked "a" (individual practice) in Block 10 and you are an M.D. or a D.O., type or print your specialty code or codes from the list below.
- Block 14e If you checked "a" (individual practice) in Block 10 and you are an M.D. or a D.O., type or print the expiration date of any certification you currently hold.
- Block 15 Type or print your UMWA Health & Retirement Funds Member Number, if any.
- Block 16a Type or print the address where you want your Remittance Advices and paper checks to be sent. If this address is identical to your billing address above in Blocks 4 through 7, indicate "same" and skip Blocks 16b, 16c and 16d.
- Block 16b Type or print your billing city if this is different from Block 5.
- Block 16c Type or print your billing State if this is different from Block 6.
- Block 16d Type or print your billing zip code (all nine digits) if this is different from Block 7.
- Block 17 Indicate whether you have also completed a form for Electronic Funds Transfer (EFT).
- Block 18 Indicate whether you are interested in billing electronically.

Provider Type Codes (Blocks 10c, 11a and 11b)

- | | |
|----|---|
| 01 | General Hospital |
| 02 | Special Hospital/Outpatient Rehabilitation Facility |
| 03 | Psychiatric Hospital |
| 05 | Community Mental Health Center |
| 19 | End Stage Renal Hospital |
| 20 | Pharmacy |
| 25 | Physician (MD) |
| 26 | Physician (DO) |
| 27 | Podiatrist |
| 28 | Chiropractor |
| 29 | Physician Assistant |
| 30 | Advanced Registered Nurse Practitioner (ARNP) |
| 31 | CRNA |
| 32 | Psychologist |
| 34 | Licensed Midwife |
| 35 | Dentist |
| 36 | Registered Nurse (RN) |
| 37 | Licensed Practical Nurse (LPN) |
| 38 | Nursing Attendant |
| 39 | Massage Therapist |

40	Ambulance
41	Contract Nurse
42	Air/Water Ambulance Company
43	Taxi
44	Public Transportation
45	Private Transportation
46	Hospice
50	Independent Laboratory
51	Portable X-Ray Company
52	Alternative Medicine
53	Non-Medical Vendor
54	Prosthetics/Orthotics
55	Vocational Rehabilitation (Training, Tuition and Schools)
56	Vocational Rehabilitation Counselor
57	Rehabilitation Maintenance
58	Assisted Re-employment
59	Relocation Expenses
60	Audiologist/Speech Pathologist
61	Second Opinion Contractor
62	Optometrist
63	Optician
65	Home Health Agency
66	Rural Health Clinic
68	Federally Qualified Health Center
69	Birthing Center
70	HMO or PHP
71	Physical Therapist
72	Occupational Therapist
73	Pulmonary Rehabilitation
74	Outpatient Renal Dialysis Facility
75	Medical Supplies/Durable Medical Equipment (DME)
76	Case Management Agency
77	Social Worker
78	Blood Bank
79	Alternative Payee
80	Pay-to-Intermediary
88	Ambulatory Surgery Center
89	Federal Facility (VA Hospital)
90	Skilled Nursing Facility (SNF)-Medicare Certified
91	Skilled Nursing Facility (SNF)-Non-Medicare Certified
92	Intermediate Care Facility (ICF)
93	Rural Hospital Swing Bed
94	Boarding House
95	Insurance Company (Third Party Carriers)
96	Other Provider
97	Billing Agent
98	Lien holder

Provider Specialty Codes (Blocks 10c and 14d)

01	Adolescent Medicine	51	Rheumatology
02	Allergy	52	Abdominal surgery
03	Anesthesiology	53	Cardiovascular surgery
04	Cardiovascular Disease	54	Colon and rectal surgery
05	Dermatology	55	General surgery
06	Diabetes	56	Hand surgery
07	Emergency Medicine	57	Neurological surgery
08	Endocrine Medicine	58	Orthopedic surgery
09	Family Practice	60	Plastic surgery
10	Gastroenterology	61	Thoracic surgery
11	General Practice	62	Traumatic surgery
12	Preventative Medicine	63	Urological surgery
13	Geriatrics	64	Other physician specialty
14	Gynecology	65	Maternal fetal medicine
15	Hematology	70	Adult, dentures only
16	Immunology	71	General dentist
17	Infectious Diseases	72	Oral surgeon, dentist
18	Internal Medicine	74	Other dentist
20	Neoplastic Diseases	75	Adult primary care nurse practitioner
21	Nephrology	76	Clinical nurse specialist
22	Neurology	77	College nurse practitioner
24	Neuropathology	78	Diabetic nurse practitioner
25	Nutrition	80	Family/Emergency nurse
26	Obstetrics	82	Geriatric nurse practitioner
27	Obstetrics and Gynecology	84	Nurse anesthesiologist
28	Occupational Medicine	85	Nurse midwife
29	Oncology	86	OB/GYN nurse practitioner
30	Ophthalmology	88	Orthodontist
31	Otolaryngology	90	Occupational therapist
32	Pathology	91	Physical therapist
33	Pathology, clinical	92	Speech therapist
34	Pathology, forensic	93	Respiratory therapist
40	Pharmacology	95	Aged/disable waiver
41	Physical medicine and rehab	96	Develop services waiver
42	Psychiatry	97	Channeling waiver
44	Psychoanalysis	98	Comm supp living arrangement
45	Public Health	99	Other
46	Pulmonary diseases		
47	Radiology		
48	Diagnostic radiology		
50	Therapeutic radiology		

Claim for Additional Wage-Loss and/or Impairment Under the Energy Employees Occupational Illness Compensation Program Act

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

Note: Provide all information requested below. Do not write in the shaded areas. OMB No. 1215-0197
Expiration Date:

Employee's Information (print clearly)

1. Name (Last, First, Middle Initial)	2. Social Security Number
3. Address (Street, Apt. #, P.O. Box)	4. Telephone Number(s)
(City, State, ZIP Code)	a. Home: ()
	b. Other: ()

Compensation is Claimed for: (Check one or both boxes and provide the requested information)

Wage Loss – Claims for additional wage loss may only be submitted if at least one year has elapsed since you were awarded compensation for wage loss, and can only be claimed in calendar year increments. Multiple years can be claimed as long as it has been one (1) year since the previous award for wage loss. However, this claim form may not be used to claim for prior years of wage loss that have already been rejected.

Indicate the calendar year(s) wage loss was sustained and provide the gross earnings for each year claimed. DO NOT list any years in which OWCP either paid or denied compensation for wage loss.

1.	Calendar Year of Wage Loss:	Total Gross Earnings:	\$
2.	Calendar Year of Wage Loss:	Total Gross Earnings:	\$
3.	Calendar Year of Wage Loss:	Total Gross Earnings:	\$
4.	Calendar Year of Wage Loss:	Total Gross Earnings:	\$
5.	Calendar Year of Wage Loss:	Total Gross Earnings:	\$

Increased Impairment Rating – Claims for an increased permanent impairment rating may only be submitted if at least two (2) years has elapsed since you were last awarded impairment benefits.

Provide the increase in impairment since the last award of impairment benefits.

Increase in Impairment %

Declaration of the Person Completing this Form

Any person who knowingly makes any false statement, misrepresentation, concealment of fact of any other act of fraud to obtain compensation as provided under EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both. In addition, a felony conviction will result in termination of all current and future EEOICP benefits. I affirm that the information provided on this form is accurate and true.

Resource Center Date Stamp

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_____ (Signature)

_____ (Date)

Form EE-10
April 2005

Superseded