

EEOICP

The Energy Employees Occupational Illness Compensation Program

Part 2

Developing Claims



**U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation**

Tips for Navigating through this Training

Each training page has embedded links to help you navigate through this training. Additionally, you may review the associated procedure manual or a list of DEEOIC acronyms.

- Procedure Manual tab

Procedure Manual

- Acronym tab

Acronyms

- Home tab - returns you to the beginning of training module



- Exit tab



- Next tab



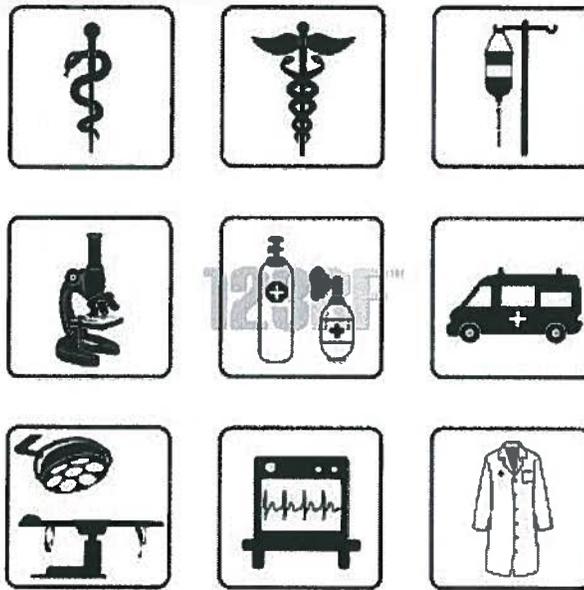
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Developing for Medical Conditions



Illness Claim Categories for Part B & E

Part B of the EEOICPA defines accepted illnesses as "occupational illnesses". Part B occupational illnesses are limited to cancer, beryllium sensitivity, chronic beryllium disease, chronic silicosis, and conditions accepted by [DOJ](#) under RECA Section 5. Cancer claims under the EEOICPA are adjudicated in two different ways: Special Exposure Cohort (SEC) and Non-SEC/NIOSH.

The EEOICPA defines Part E accepted illnesses as "covered illnesses". Part E covered illnesses include all illnesses accepted under Part B (cancer, beryllium disease, chronic silicosis and RECA Section 5 accepted conditions) along with any other diagnosed condition where toxic substances are shown to be "at least as likely as not" a significant factor in causing, contributing to or aggravating a claimed condition while employed at a DOE facility (as a contractor or subcontractor employee).

Developing for Cancer under the EEOICPA

Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health (NIOSH)

Search NIOSH | NIOSH Home | NIOSH Topics | Site Index | Databases and Information Resources | NIOSH Products | Contact Us

NIOSH Program Area:
Radiation Dose Reconstruction

[Submit comments about the DCAS Web site and/or Services](#)



The NIOSH Division of Compensation Analysis and Support (DCAS)* conducts activities to assist claimants and support the role of the Secretary of Health and Human Services under the Energy Employees Occupational Illness Compensation Program Act of 2000 (The Act).

Our Web site changes frequently as we [update](#) and add new information. We encourage you to use the "refresh" or "reload" feature on your Web browser to ensure that you are viewing the current version of our Web site.

**Formerly known as the NIOSH Office of Compensation Analysis and Support (OCAS)*

FAQ for December

Each month we feature a FAQ that captures comments and concerns that we

Find It!

On this page...

- FAQ for December
- DCAS News
- About Our Web Site

Claimant Corner

- Claim Information
- Commonly Used Acronyms
- FAQs
- General Activities on AWE Cases
- General Activities on DOE Cases
- Help A-Z
- List of Work Sites
- Phone Interview

What We Will Cover in this Section

- The types of cancer claims DEEOIC adjudicates
- The employment requirements for cancer claims
- The medical requirements for cancer claims
- What is a Special Exposure Cohort (SEC) claim
- What are the specified cancers
- Who qualifies for SEC employment
- What is a Non-SEC claim
- What is the process for developing a Non-SEC claim
- What is probability of causation
- What is IREP
- Developing CLL claims
- When to contact the National Office Health Physicist
- Steps for NIOSH reworks
- Using death certificates for development of cancer claims

Helpful Hint: Click on the **Acronyms** list at the top of the page for a comprehensive list of acronyms used in this and all sessions of training.

Employment Requirements for Cancer

In order for a claimant to be compensated based on cancer under Part B of the EEOICPA, the employee has to be exposed to radiation (and have a diagnosis of cancer) and employed by the Department of Energy (DOE), a DOE contractor or subcontractor, or an Atomic Weapons Employer during a covered time frame. There are two methods of adjudicating cancer claims under Part B of the EEOICPA:



1. adjudicate the claim for inclusion in a Special Exposure Cohort (SEC) class
2. adjudicate the claim by submitting the case for a radiation dose reconstruction to the National Institute for Occupational Safety and Health

Medical Requirements for Cancer

To be compensated for a claim of cancer under EEOICPA the claimant must substantiate the cancer diagnosis with the following medical evidence:

1. a medical report from a qualified physician with
 - a diagnosis of cancer
 - an initial date of diagnosis
2. a tissue examination contained in a
 - pathology report,
 - surgical pathology report,
 - autopsy report, or
 - post-mortem examination report



Diagnosis Development

A cancer diagnosis can be based on one or more of the following methods, listed in order of preference:

- cytology report (describing cells obtained by scraping)
- an imaging study (x-ray, CAT scan, MRI)

If you have obtained medical evidence and are still unable to establish a cancer diagnosis, you may refer the claim to a district medical consultant for a review.

All cancers are potentially covered under EEOICPA. The initial cancer diagnosis should be after the first covered date of employment.

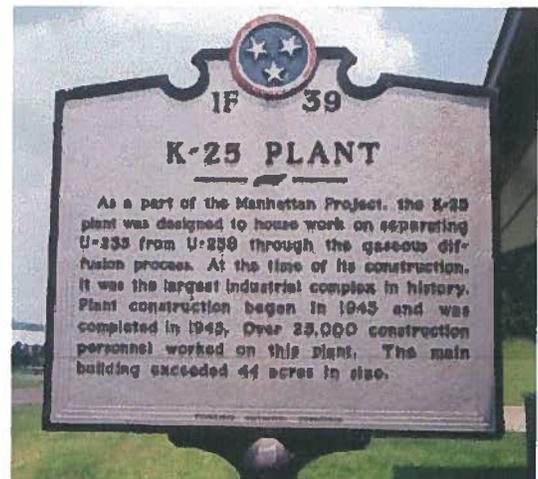
Developing Cancer in Survivor Claims

If the employee is deceased and none of the official tests were done, a survivor's claim may be based on official documents such as hospital admission/discharge reports, physician's reports, hospice records, or a death certificate.

If you are unable to determine a diagnosis, then refer the case to a DMC.

Special Exposure Cohort claims

Next we will review
how to process an SEC
claim



What is a Special Exposure Cohort?

A cohort is defined (by <http://dictionary.reference.com/browse/cohort>) as a group of persons sharing a particular statistical or demographic characteristic. For the purpose of the EEOICPA, a Special Exposure Cohort is a class defined by the Department of Health and Human Services (HHS) and approved by Congress. Often the class has been named because NIOSH is unable to perform dose reconstructions for the site. The SEC designation allows eligible claimants to be compensated without the completion of a radiation dose reconstruction or a determination of the probability of causation. To qualify for compensation under the SEC, a covered employee must have been diagnosed with at least one of the 22 "[specified cancers](#)" and worked for an aggregate of 250 days during the specified time period at one of the [SEC work sites](#).

SEC Employment Requirements

Employment (identified by Congress) for the SEC consists of gaseous diffusion plants, certain nuclear test sites, and new SEC classes. To be included in an SEC, an employee must have been employed for an [aggregate](#) of 250 work days unless employed at Amchitka Island, Alaska, which requires only one day of employment. Please refer to the EEOICPA Bulletin 06-15 for the Pacific Proving Ground and EEOICPA Bulletins 06-16 and 10-13 for the Nevada Test Site for site specific criteria. The Secretary of HHS determines whether additional classes of employees will be included in the SEC.

Always review the bulletins for each SEC for instructions on how to adjudicate a claim.

Identifying SEC Cases

When initially reviewing a claim, check the claim form to see if it is marked that the employee worked at a facility that is designated as an SEC. If it is marked this way then review to see if this facility has an SEC class and whether the employee was diagnosed with a “specified cancer” (for the purposes of the SEC). To be compensated under Part B of the EEOICPA, an employee must have been diagnosed with one of the “specified cancers” and meet the SEC employment criteria.



Causation Presumed for SEC cases

If a claimant is included in the SEC employment class, then causation is presumed, meaning that radiation caused the employee's "specified cancer." In this situation, it is not necessary to send the "specified cancer" to NIOSH for a radiation dose reconstruction (if the specified cancer is the only cancer claimed).

Causation

Characteristics of SEC Specified Cancers

All “specified cancers” other than lung, bone, or kidney must be a primary cancer (see the next 4 slides for specified cancers). For inclusion in the SEC class, the latency period for exposure to ionizing radiation should be five years after the first exposure, except for leukemia which has a two year required latency. There is no latency period for lung, bone or renal cancer.



List of SEC Cancers

Type of Cancer	Except...	Onset at least
Leukemia	Chronic lymphocytic leukemia (CLL)	2 years after first exposure
Lung cancer (primary or secondary)	In situ cancer discovered during or after a post-mortem exam (i.e., diagnosed after death)	-----
Lymphomas	Hodgkin's	5 years after first exposure
Multiple myeloma	-----	5 years after first exposure

List of SEC Cancers (cont'd)

Type of Cancer	Except...	Onset at least . . .
Primary cancer of the: <ul style="list-style-type: none"> • Thyroid • Male or female breast • Esophagus • Stomach • Pharynx (inc. tonsils) • Small intestine • Pancreas • Bile ducts • Gall bladder • Salivary gland 	-----	5 years after first exposure

List of SEC Cancers (cont'd)

Type of Cancer	Except	Onset at least
Primary cancer of the: <ul style="list-style-type: none">• Urinary bladder (inc. ureter and urethral)• Brain• Colon (inc. rectum)• Ovary• Liver (except if cirrhosis or hepatitis B is indicated)	-----	5 years after first exposure

List of SEC Cancers (cont'd)

Type of Cancer	Except	Onset at least
Bone Cancer (primary or secondary)	-----	-----
Renal Cancer (primary or secondary but NOT other renal conditions)	-----	-----

Medical Evidence Requirements for all Cancers

To be compensated under EEOICPA, the claimant must submit a medical report containing certain required information. These include a history of the claimed illness; the physical examination and its findings; the clinical laboratory tests performed by tissue examination and a discussion of the results; and a diagnosis (ICD-9 code if possible) and the date when it was first documented. The most common means to establish a cancer diagnosis is the pathology report.



ECMS Codes for SEC Cancer

In the past, when an SEC claim was accepted, an “SE” (Status Code for “Confirmed as SEC”) was entered into ECMS . As of October 1, 2010, this procedure has changed and the “SE” code has been deactivated. Now when you accept a claim as an SEC, you must enter in ECMS “SER” (Status Code for “SEC Recommended Acceptance”) plus a reason code for the EEOICPA bulletin that corresponds to the SEC class with a status effective date equal to the date of the recommended decision. For example, the reason code for Blockson Chemical SEC would be “101”, which corresponds to “EEOICPA Bulletin 11-01”.

ECMS Codes for more than one SEC class

If the SEC acceptance is based on inclusion in more than one SEC class, then you enter into ECMS an “SER” (Status Code for “SEC Recommended Acceptance”) for each SEC class with an accompanying reason code. For example, if the employee worked for 150 days of SEC employment with Blockson Chemical and another 150 days of SEC employment at the Metallurgical Laboratory, you would enter into ECMS “SER” plus reason code “101” (to reflect “Blockson Chemical SEC” and “Bulletin 11-01”). However, you also need to enter into ECMS a second “SER” with reason code “907” (to reflect “Metallurgical Laboratory” and “Bulletin 09-07”).

FAB ECMS Codes for SEC Cancer

When a final decision to grant benefits based on inclusion in the SEC class is issued, the FAB CE/HR must enter in ECMS **“SEF”** (Status Code for **“SEC Final Acceptance”**) plus the reason code that is identical to the reason code entered when the recommended decision was accepted.

FAB ECMS Codes for more than one SEC class

If the SEC accept is based on inclusion in more than one SEC class, then the FAB CE/HR enters into ECMS an “SEF” (Status Code for “SEC Final Acceptance”) for each SEC class with an accompanying reason code. For example, if the employee worked for 150 days of SEC employment with Blockson Chemical and another 150 days of SEC employment at the Metallurgical Laboratory the HR/CE enters into ECMS “SEF” plus reason code “101” (to reflect **Blockson Chemical SEC and Bulletin 11-01**) and also enters into ECMS a second “SEF” with reason code “907” (to reflect **Metallurgical Laboratory and Bulletin 09-07**).

Other FAB ECMS Coding Issues for SEC Cancer

If there is an SEC recommended decision (RD) to accept pending a review by FAB and there is an “SE” code entered in ECMS, the FAB CE/HR should update this “SE” to an “SER” with an appropriate reason code (to reflect the SEC facility and supporting SEC Bulletin).

If the FAB remands a case that the district office had recommended for an SEC acceptance and had coded in ECMS “SER”, there is no need for the FAB CE/HR to remove this code since it reflects the language in the RD. Similarly, if a final decision is vacated on an SEC final decision to accept where “SEF” has been coded, there is no need to remove the “SEF” code as it reflects the language in the final decision that was originally issued.

SEC Description Field in ECMS

Make sure that the SEC description field is completed in ECMS for any employment claimed at an SEC facility. It should be entered on the claim screen in ECMS.

SECs (1)		Medical Conditions (1)			
SEC Desc		Rpt	Type	ICD9 Cd	ICD9 Desc
▶ IOWA ORDNA		▶ Y	CN	154.0	MAL NEO RECTOSIGMO



Adjudicating Non-SEC Cancer Claims

In the next section, we will examine the process of reviewing and processing non-SEC cancer claims.



Non-SEC Cancer

Any potentially radiogenic cancer is covered under the EEOICPA . However, if the SEC criteria is not met, the employee's cancer must be causally related (meeting the 50% or greater “at least as likely” threshold) in order to qualify.

Consequently, you need to

- determine the presence of a diagnosed cancer,
- develop for “covered employment” as defined under EEOICPA,
- and develop for survivorship if the employee is deceased.

Please note that a pre-cancerous condition is NOT a cancer. Once a diagnosed cancer has been established, covered employment verified, and a determination of an eligible survivor, then you need to refer the claim to the National Institute for Occupational Safety and Health (NIOSH) for a radiation dose reconstruction. Once NIOSH completes the radiation dose reconstruction, you will notify the claimant of the outcome via a recommended decision.

Processing Non-SEC Cancers

In processing a claim for a non-SEC cancer, determine what type of condition is being claimed from a review of the Form EE-1/EE-2 and obtain the required medical records.

Determine whether the diagnosed cancer is a primary or secondary cancer.

If there is more than one cancer site, determine whether each site is a primary or secondary cancer.

Obtain required employment evidence, develop for eligible survivor(s) if the employee is deceased, and refer the case to NIOSH.

Non-SEC Cancers with Unknown Primary Cancers

NIOSH performs a dose reconstruction for each primary cancer site in a specific organ.

In those claims with secondary cancer sites identified but no known primary site, the secondary cancer would be referred to NIOSH and the primary site would be established by inference to estimate the probability of causation (PoC).

Refer to [Exhibit 8](#) in EEOICPA PM 02-0900 for the set of primary cancers that are producing approximately 75% of secondary cancers among the U.S. population (males and females are considered separately).

Non-SEC Cancers – Unknown Primary Cancers (cont'd)

NIOSH will perform the dose reconstruction for the cancer site that yields the highest PoC. If the dose reconstruction yields a PoC greater than 50%, all of the secondary cancers are covered for medical benefits even if no dose reconstruction was performed for that secondary cancer.

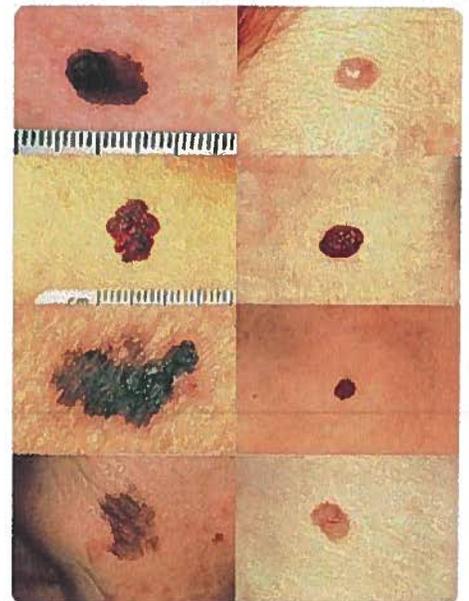
For example, if an employee is diagnosed with secondary brain cancer with ICD-9 Code 198.3 and there is no primary cancer listed on the employee's death certificate, refer to [Exhibit 8](#) in EEOICPA PM 02-0900 as mentioned above and put tracheal cancer (ICD-9 Code 162.0) and malignant melanoma of the lip (ICD-9 Code 172.0) for a man and breast cancer (ICD-9 Code 174.0) for a woman.

Non-SEC Cancers Cancers with an SEC Approved Cancer

If the claimant has filed a claim for multiple cancers and one or more of these cancer are classified as “specified cancers” (for the purposes of the SEC), and if the SEC cancer was accepted for compensation and/or medical benefits, all non-SEC cancers need to be referred to NIOSH for a dose reconstruction. In addition, although the SEC cancer has already been accepted, you still need to refer this SEC cancer to NIOSH to be included in the overall PoC.

Additional Information for Skin Cancer

When an employee is diagnosed with skin cancer, you must obtain a completed ethnicity questionnaire for all skin cancer conditions that are either a primary cancer, or for all medical conditions with an unknown primary cancer. The ethnicity questionnaire can be found as [Exhibit 4](#) in EEOICPA Uniform PM 2-0900.

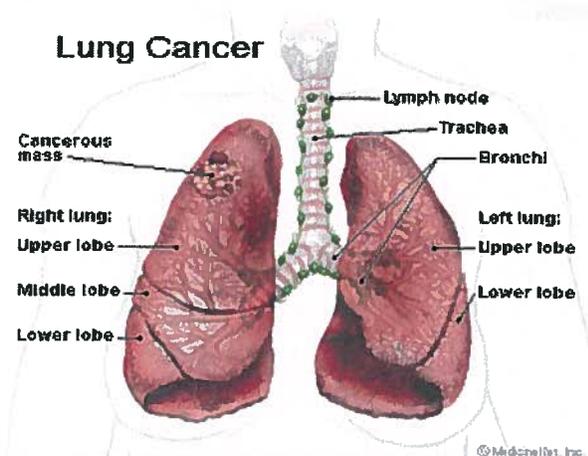


Additional Information for Lung Cancer

For cases that include

- a primary lung cancer
- or
- a secondary cancer with an unknown primary that includes lung cancer as the possible primary,

obtain an employee's smoking history by using the smoking history questionnaire found as [Exhibit 3](#) in EEOICPA PM 2-0900.



ECMS Codes for Lung and/or Skin Cancer Questionnaires

When you mail the claimant the smoking history or ethnicity questionnaire, enter into ECMS a **“DO”** (Status Code for **“Development - Other, Not Medical or Employment”**) (no required reason code) with an effective date equal to the date on the questionnaire.

NIOSH



In 1970, Congress established the Occupational Safety and Health Act, creating the National Institute for Occupational Safety and Health (NIOSH) under the Department of Health and Human Services (HHS).

Located in Cincinnati, Ohio, NIOSH is responsible for determining occupational radiation exposure for workers with cancer who are eligible for compensation under the EEOICPA. NIOSH's dose reconstructions are used by DOL to determine the probability that a worker's cancer was "at least as likely as not" (50% or greater) caused by his or her occupational exposure to ionizing radiation during employment at a covered facility and to award compensation benefits.

NIOSH Process

Submit all non-SEC cancers and those SEC cancers that do not meet the SEC class standard to NIOSH for a radiation dose reconstruction.

Provide NIOSH with as much employment evidence as possible. The period of radiation dose runs from the first date of covered employment through the date of each individual cancer diagnosis.

The Chronic Lymphocytic Leukemia (CLL) Exception

An exception to radiogenic cancers is chronic lymphocytic leukemia (CLL), which is a form of leukemia not found to be radiogenic in studies conducted worldwide of a wide variety of radiation-exposed populations. Pursuant to HHS regulations, the PoC for CLL is zero percent (0%). When a claim is received in the DO with a claimed condition of CLL, and no other cancers, insert a letter from HHS that states the PoC for CLL is 0% ([Exhibit 9](#) of EEOICPA PM 2-0900) into the claim file.

Consequently, you will adjudicate this claim for CLL without sending it to NIOSH.

Processing a Claim for CLL alone under Part B Only

[CLL](#) is a covered condition under the EEOICPA. However, if [CLL](#) is the only condition claimed it will not be referred to NIOSH for a radiation dose reconstruction. You still need to develop the claim for employment and medical. If you are able to establish a diagnosis of CLL (and employment is verified), then insert a copy of the June 20, 2002 letter from NIOSH (discussed as [Exhibit 9](#) in a prior slide).

When completing a recommended decision to deny a claim for CLL, you must reference HHS regulations and cite 42 C.F.R. § 81.30 for benefits under Part B. However, in most circumstances, you will develop this claim for CLL under Parts B and E of the EEOICPA simultaneously and issue a recommended decision for both Parts B and E.

(Note: CLL may be compensable under Part E of the Act. Determine if causation can be established for CLL and exposure to a toxic substance other than radiation under Part E.)

ECMS Codes for Chronic Lymphocytic Leukemia (CLL)

When a recommended decision is completed for a claim for [CLL](#), you enter into ECMS “NR” (Status Code for “**Received from NIOSH**”) plus reason code “CL” with status effective date equal to the date of the recommended decision to deny (based on CLL). The “NR”, “CL”, and status effective date is entered on the claim screen in the claim status history section. Enter into ECMS “N/A” (Status Code for “**Not Applicable**”) on the claim screen in the Medical Conditions section under the IREP Version tab.

CLL Claims with Another Cancer Condition

In those situations in which multiple primary cancers are claimed, including CLL, you should send the CLL to NIOSH. Prepare a NIOSH Referral Summary Document (NRSD) and include CLL as the primary site in conjunction with other primary sites.

In cases where there are multiple primary cancers including CLL and the PoC is greater than 50%, medical benefits will be covered for all cancers including CLL. CLL may also be compensable under Part E of the EEOICPA if causation can be established for CLL and exposure to toxic substances other than radiation.

Referring Cases to NIOSH

EEOICPA Cases are referred to NIOSH when

- all case development is complete
- the employee has been diagnosed with a primary cancer (other than CLL) or secondary cancer with unknown primary
- covered employment is verified
- the claimant is not a member of the SEC

If your case meets the above criteria, you should complete a [NIOSH Referral Summary Document \(NRSD\)](#) and present it to your Senior Claims Examiner for review. Once the referral is complete, send a letter to the claimant(s) advising that their case is being sent to NIOSH and no additional information is needed.

The Purpose of the NRSD

The NIOSH Referral Summary Document (NRSD) is your way to communicate the case file information to NIOSH so that they can perform the best dose reconstruction on the employee of the case.

The first section of the NRSD provides all identifying information of the employee and, if appropriate, the survivors of the case, including the case file number. The NRSD also provides NIOSH with authorized representative information in the section called “Other Contact Information”.

It is important that you complete the NRSD accurately and completely to ensure NIOSH has the correct information.

Next, let us look at the other sections of the NRSD and how to complete them.

Medical Information

On the NRSD, list all primary cancers, including CCL if applicable, along with the ICD-9 Codes to include the 4th digit (and 5th digits if it is lymphoma). Also, list all secondary cancers with unknown primary cancers and include the accompanying ICD-9 Codes signifying these cancers as being secondary. You should include a full date of diagnosis, if possible.

Medical and Employment Information

5. EE Covered Cancer Information (create a table for each cancer):

a. Primary <input type="checkbox"/> or Secondary (metastatic) <input type="checkbox"/>	
b. Cancer Description/Type	
c. Associated ICD-9 Code	
d. Date of Cancer Diagnosis	

NRSD – Secondary Cancers with Unknown Primaries

List all likely primary cancers from the NIOSH Chapter in the Procedure Manual.

Primary Cancer Sites	
Secondary Cancer (ICD-9 Code)	ICD-9 Code of Likely Primary Cancers
Lymph nodes of head, face and neck (196.0)	141.0, 142.0(M), 146.0, 149.0(F), 161.0(M), 162.0, 172.0, 173.0, 174.0(F), 193(F)
Intrathoracic lymph nodes (196.1)	150.0(M), 162.0, 174.0(F)
Intra-abdominal lymph nodes (196.2)	150.0(M), 151.0 (M), 153.0, 157.0(f), 162.0, 174.0(F), 180.0(F), 185(M), 189.0, 202.0(F)
Lymph nodes of axilla and upper limb (196.3)	162.0, 172.0, 174.0(F)
Inguinal and lower, limb lymph nodes (196.5)	154.0(M), 162.0, 172.0, 173.0(F), 187.0(M)

Other Covered Conditions

Complete the “Other Covered Conditions” section of the NRSD if

- Section a. is for those cases where the employee has an accepted “specified cancer” and a claim is being submitted to NIOSH for medical benefits based on a non-SEC cancer.
- Section b. would be used in non-typical cases such as: a Part B survivor case was accepted for [CBD](#), but under Part E, you cannot establish a death link relating to the [CBD](#), and the death certificate lists lung cancer as cause of death.
- Complete Section c. providing an explanation of Section 6.b.

6. Other Covered Condition:

a. SEC Cancer Claim, but filing for Non-SEC cancer medical benefits

b. Other claim for benefits scenario

c. Explain:

Verified Employment History

In section 7 & 8, provide all verified employment, even if it is outside the covered time period. If additional sites are verified, provide all verified sites. Section 8 allows you to provide verification information that may be valuable to NIOSH.

7. Energy Employee Verified Employment History:

(List all breaks in employment at the DOE or AWE Facility):

a. Employer / Facility Name	
b. Start Date	
c. End Date	
d. Employment Badge Number	
e. Dosimetry Badge No.	
f. Job Title	

8. Employment Verification Information Valuable to NIOSH:

- a. DOE could not verify employment
- b. Employment Verification based upon Affidavit or Other Credible Evidence.
- c. Worked for a contractor/sub-contractor not listed in DOE Office of Worker Advocacy facility online database.

Other Information Relevant to Dose Reconstruction

If lung or skin cancer, complete the NRSD based on the survey completed by the claimant(s).

9. Other information relevant to dose reconstruction, if required:	
<p>a. If the claim is for skin cancer or a secondary cancer for which skin cancer is a likely primary cancer, list one or more of the following:</p>	<p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian, Native Hawaiian, or Pacific Islander</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> White-Hispanic</p> <p><input type="checkbox"/> White-Non-Hispanic</p> <p><input type="checkbox"/> Not given</p>
<p>b. If the claim is for lung cancer or a secondary cancer for which lung cancer is a likely primary cancer, select one of the following (Note: Currently refers to time of cancer diagnosis):</p>	<p><input type="checkbox"/> Never smoked</p> <p><input type="checkbox"/> Former smoker</p> <p><input type="checkbox"/> Current smoker (? cig/day)</p> <p><input type="checkbox"/> <10 cig/day</p> <p><input type="checkbox"/> 10-19 cig/day</p> <p><input type="checkbox"/> 20-39 cig/day</p> <p><input type="checkbox"/> 40+ cig/day</p>

DOL Information on NRSD

In the DOL Information Section, include your name, your district office, and phone number. The senior or journeyman CE completes the “Date Prepared for NIOSH” and “Reviewed By”. Forward your NRSD to your senior/journeyman CE or supervisor.

10. DOL Information:	
a. District Office	
b. Claims Examiner Name	
c. Claims Examiner Phone Number	
d. Claims Examiner email address	
Reviewed by:	
_____	_____
Claims Examiner	Date

ECMS Coding For NIOSH

Once the NRSD has been reviewed and signed off on by the required persons, forward it to the person in each district office who is designated as the NIOSH Point of Contact (POC). The POC reviews the referral again for accuracy, submits the referral to NIOSH, and codes in ECMS “NI” (Status Code for “Sent to NIOSH”) with the status effective date as the date that the senior or journeyman CE/supervisor signs the NRSD. The POC enters this “NI” on the claim screen in the claim status history section.

Claim Status History (3)

Code	Claim Status Desc	Claim Status Dt
NI	SENT TO NIOSH	11/16/2005 2:43:00 PM
DO	DEVELOPMENT - OTHER (NOT MEDICAL OR EMPLOYMENT)	10/13/2005 12:56:09 PM
UN	OPENED, UNADJUDICATED	10/13/2005 10:29:09 AM

Amended NIOSH Referral Summary Document

NIOSH Referral Summary Document (NRSD)

	<small>Enter a "X" where appropriate</small>	
Initial	Amendment	Supplement
Remarks(if Amendment or Supplement):		

You may obtain additional information on a case after it has been referred to NIOSH but before the completion of the dose reconstruction which includes new information related to the employee's employment, new medical condition(s), or other survivor-related information.

You must forward this information to NIOSH so it is available for dose reconstruction. Include the portion of the NRSD that changed based on the new evidence. Mark "Amendment" on the top of the NRSD and include the employee's name, DOL case number, NIOSH tracking number, and DOL Information (including the Senior CE or journey level CE's signature). Clearly identify and separate any "Amendment" NRSDs from NRSDs that are submitted with the DO's weekly package to NIOSH.

Examples of when to use a ANRSD

NIOSH Referral Summary Document (NRSD)

Enter a "X" where appropriate

Initial	<input checked="" type="checkbox"/> Amendment	Supplement
Remarks(if Amendment or Supplement):		

You would use a ANRSD:

- to correct mistakes or errors in the initial NRSD
- when claimant claims additional cancers
- when additional survivor information has been made available
- when additional employment has been claimed and verified

Additional ANRSD Process

Create a cover sheet for the ANRSD to include a brief summary outlining the changes being made at the bottom. Additionally, the ANRSD should include the portion of the initial NRSD that has changed as well as any documentation that supports this change (i.e., medical or employment evidence; death/marriage certificates for survivorship information, etc.). The ANRSDs and all supporting documentation is sent with regular shipment to NIOSH through each district office's NIOSH POC. Send a letter to the claimant advising him or her of the changes being sent to NIOSH.

Process for submitting a Supplemental NRSD

NIOSH Referral Summary Document (NRSD)

Enter a "X" where appropriate

<input type="checkbox"/>	Initial	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>	Supplement
Remarks(if Amendment or Supplement):					

If you need to submit additional evidence to NIOSH, such as additional medical information for the same reported cancer, use a NRSD with "Supplement" marked. Only include the DOL case number, NIOSH tracking number, and employee's name.

Use a supplemental NRSD only for a submission that does not change the original information in the NRSD. Clearly mark any supplemental packages and separate them from NRSDs that are submitted with the DO's weekly package to NIOSH.

Communications from NIOSH

During the dose reconstruction process NIOSH may contact you to resolve a discrepancy in the data you submitted or request clarification on the information you submitted. This communication is via e-mail or telephone. Provide a response to NIOSH as soon as possible. If you cannot resolve the issue without further development, advise NIOSH of the steps being taken and an approximate time frame for completion.



Pending vs. Pulling a Case at NIOSH

You may hear that a case is being pulled from NIOSH or that a case has been pended at NIOSH.

Pending is an action taken by NIOSH to alert their staff that there are technical issues that need to be addressed for a specific case.

Pulling is an action taken by DOL or NIOSH to retrieve a case from the dose reconstruction process for further development or other case specific issues.

A Case Pended by NIOSH

During the dose reconstruction process, NIOSH may place a case in “pend status” (or pend a case) for technical reasons. Some examples of technical reasons are:

- the addition of time to a facility’s covered period
- a technical dose reconstruction issue for a facility
- a change to a site profile, based on the identification of additional dose data

Placing a claim in pend status does not stop the dose reconstruction process but may delay completion of it. Placing a case in pend status alerts NIOSH that clarification is needed on a specific issue that may affect the dose reconstruction. However, DOL is not necessarily notified of a case placed in pend status for technical reasons or when these issues are resolved.

Case Pulled by DOL from NIOSH

If you determine that further development is needed before a dose reconstruction can be completed by NIOSH, [DOL](#) notifies NIOSH via email to pull the case. The email to NIOSH briefly explains the specific information that the DO is attempting to clarify or obtain such as employment, medical, smoking history or ethnicity, etc. At the same time, you must notify the claimant that the case has been pulled from the dose reconstruction process pending further development. Pulling a case stops the dose reconstruction process.

When the issue is appropriately developed and resolved, [DOL](#) notifies NIOSH representatives via email to remove the case from the pulled list and resume the dose reconstruction process. You must prepare and forward an amended NRSD containing the new information. Then notify the claimant in writing that the case has been removed from pulled status and dose reconstruction has proceeded.

Cases that Qualify under the SEC Provision

For whatever reason, if DOL identifies a case that qualifies under an SEC provision but the case has not been pulled by NIOSH from the dose reconstruction (DR) process, then, through the senior/journeyman level CE or NIOSH POC, you would request by e-mail that NIOSH pull the case from the [DR](#) process and send DOL a copy of the [DR](#) analysis records for review.

You must also send the claimant a letter advising him or her that the case is being pulled from [DR](#) for consideration for inclusion in the SEC.

Case Pulled by NIOSH

During the DR process, NIOSH may identify cases submitted by DOL that should be considered for inclusion in an SEC class, typically when a new SEC class is designated. NIOSH pulls these cases from the dose reconstruction process and returns these cases with the [DR](#) analysis records in the form of a CD to the appropriate district office for further development. At the same time, NIOSH sends a letter to the claimant advising him or her that their claim is being returned to DOL for additional development.

Regardless of who (whether DOL or NIOSH) pulled the case from the [DR](#) process, if the claimant does not qualify for the SEC then you, through the senior or journeyman level CE or NIOSH district office POC, emails NIOSH requesting that the DR resume. Also send a letter to the claimant advising them that they did not qualify for inclusion in the SEC and that the DR would resume.

The NIOSH Dose Reconstruction Process

Upon receipt of a claim, NIOSH takes several actions to determine the employee's radiation dose. NIOSH:

- Requests DOE records (including radiation dose monitoring and radiation exposure records)
- Interview the claimant(s) for the purpose of identifying additional relevant employment information. This process is referred to as the Computer Assisted Telephone Interview (CATI)
- Applies dose reconstruction methods to claimed cancers
- Conducts a closing interview with the claimant(s)
- Obtains signatures on the Form OCAS-1
- Mails the claimant a copy of the dose reconstruction report.

Note: NIOSH does not mail the dose reconstruction report to DOL until the claimant signs the OCAS-1.

NIOSH's OCAS-1 Form Requirement

NIOSH conducts the closeout interview and sends the claimant(s) an OCAS-1 form for their signature. The OCAS-1 form indicates the claimant has no additional information to add. The claim will not proceed without the claimant's signature on the OCAS-1. If no signature is received on the OCAS-1, then NIOSH will notify DEEOIC they are administratively closing their claim.

As a result, you should send the claimant a letter informing them that their failure to sign and return the OCAS-1 will result in their claim being administratively closed in the district office. Call the claimant and explain the purpose of the OCAS-1.

For multiple claimants, only one signed OCAS-1 is needed to render a decision (regardless of acceptance or denial). Then, NIOSH sends the DR package to DOL for processing.

ECMS Coding for Administratively Closing Cases at NIOSH

When there is an administrative closure by NIOSH, enter in ECMS a **“NO”** (Status Code for **“NIOSH Administrative Closure”**). Enter the **“NO”** into ECMS on the claim screen in the claim status history section with the effective date equal to the date of receipt of the letter from NIOSH.

Once appropriate development has been completed and if no OCAS-1 is received, enter into ECMS a **“C2”** (Status Code for **“Administrative Closure”**). Enter the **“C2”** into ECMS on the claim screen in the claim status history section to administratively close the case in the district office with an effective date equal to the date of the letter to the claimant which advised the claimant that their claim is closed.

NIOSH's Expediency Model

After review of the evidence, NIOSH performs each dose reconstruction as an overestimate, underestimate, partial estimate or best estimate for the purpose of efficiency and promptness. The process used by NIOSH is stated in the NIOSH DR report.

- Overestimates are used in cases that will likely result in a PoC less than 45%
- Underestimates are used in cases that will likely to result in a PoC greater than or equal to 50%
- Partial estimates are used for
 - those cases that do not meet SEC requirements
 - those cases that have been accepted for a cancer but have an additional cancers that need adjudication for medical benefits
 - those cases where NIOSH knows the outcome will be 50% or greater and therefore uses only internal, external or sometimes just the medical dose.
- Detailed dose estimates (best estimate) are used in cases where the PoC may be slightly higher or lower than 50% (Primarily in the 45 – 52% range)

Probability of Causation (PoC)

Probability of causation (PoC) is the probability that the cancer was caused by radiation exposure during covered employment. If the PoC is equal to or greater than 50%, then the claim is compensable and if the PoC is less than 50%, then the claim is non-compensable.

Factors that can Change a PoC

The factors that can affect an employee's PoC are the employee's

- type of cancer
- gender
- age at exposure
- length of exposure
- age at diagnosis
- exposure information

Factors NOT Affecting PoC

Those factors not affecting an employee's PoC are minor changes to employee information including name spelling, address change, and changes in the date of diagnosis if it falls within the same month.

Case Returned to District Office (DO)

When NIOSH returns a claim to the DO, enter into ECMS “NR” (Status Code for “Received from NIOSH”). This “NR” is entered in ECMS on the claim screen in the claim status history section, with the reason code of DR (dose reconstruction received, POC) with status effective date equal to the date of the dose reconstruction report as stamped in the DO.

Claim Status History (34)			
Code	Claim Status Desc	Claim Status Dt	Reason Code
FD	FAB RECEIVED REC DECISION	07/21/2006 12:02:42 PM	
AD	REC ACCEPT - SENT TO FAB	07/20/2006 8:26:08 AM	B
DO	DEVELOPMENT - OTHER (NOT MEDICAL OR EMPLOYMENT)	07/10/2006 11:03:28 AM	
▶ NR	RECEIVED FROM NIOSH	07/06/2006	DR
DO	DEVELOPMENT - OTHER (NOT MEDICAL OR EMPLOYMENT)	05/17/2006 9:29:44 AM	
NI	SENT TO NIOSH	05/17/2006 9:04:01 AM	

Other Reason Codes for NR Code

There are some other codes that may be entered in ECMS in the claimant screen as listed below:

- **“RW”** (Status Code for **“Rework of dose reconstruction, no POC”**)
- **“CL”** (Status Code for **“CLL only, no POC”**)
- **“ND”** (Status Code for **“No dose reconstruction possible, SEC”**)
- **“PD”** (Status Code for **“Partial dose reconstruction, SEC”**)

NW Code

When a case is returned from NIOSH and the dose reconstruction has not been completed, enter a **“NW”** code (Status Code for **“NIOSH Withdrawn”**) into ECMS. If you withdraw a claim from NIOSH, then your supervisor should send an e-mail to NIOSH informing them of the need to withdraw a claim. Once DOL receives an acknowledgement from NIOSH, your supervisor inputs **“NW”** into ECMS with a status effective date equal to the date that the notification was sent to NIOSH to pull the case from dose reconstruction.

When to Use NW Code

Use the **“NW”** code for cases where the employee, who initially filed a claim, dies. The case will be administratively closed until a survivor files a claim. Then you must develop for each survivor before resending to NIOSH for a continuation of the dose reconstruction.

Occasionally, the covered time period changes for a facility or the facility is de-listed. When this occurs, you must use the **“NW”** code because the employee's employment is no longer covered.

A third example would be if a new employment class was included in the SEC. You enter the **“NW”** code. This claim would need to be reviewed by DOL for inclusion.

IREP

NIOSH Interactive Radio Epidemiological Program (IREP) is used to determine whether the diagnosed cancer was “at least as likely as not” caused by radiation at the employment. This is computer software to calculate the PoC.

Employee ID	Program Name	Program Date	Radiation Type	Count	...
1	1949	chemo	bone	1,000	...
2	1949	chemo	bone	1,000	...
3	1949	chemo	bone	1,000	...
4	1949	chemo	bone	1,000	...
5	1949	chemo	bone	1,000	...
6	1949	chemo	bone	1,000	...
7	1949	chemo	bone	1,000	...
8	1949	chemo	bone	1,000	...
9	1949	chemo	bone	1,000	...
10	1949	chemo	bone	1,000	...
11	1949	chemo	bone	1,000	...
12	1949	chemo	bone	1,000	...
13	1949	chemo	bone	1,000	...
14	1949	chemo	bone	1,000	...
15	1949	chemo	bone	1,000	...
16	1949	chemo	bone	1,000	...
17	1949	chemo	bone	1,000	...
18	1949	chemo	bone	1,000	...
19	1949	chemo	bone	1,000	...
20	1949	chemo	bone	1,000	...
21	1949	chemo	bone	1,000	...
22	1949	chemo	bone	1,000	...
23	1949	chemo	bone	1,000	...
24	1949	chemo	bone	1,000	...
25	1949	chemo	bone	1,000	...
26	1949	chemo	bone	1,000	...
27	1949	chemo	bone	1,000	...
28	1949	chemo	bone	1,000	...
29	1949	chemo	bone	1,000	...
30	1949	chemo	bone	1,000	...
31	1949	chemo	bone	1,000	...
32	1949	chemo	bone	1,000	...
33	1949	chemo	bone	1,000	...
34	1949	chemo	bone	1,000	...
35	1949	chemo	bone	1,000	...
36	1949	chemo	bone	1,000	...
37	1949	chemo	bone	1,000	...
38	1949	chemo	bone	1,000	...
39	1949	chemo	bone	1,000	...
40	1949	chemo	bone	1,000	...
41	1949	chemo	bone	1,000	...
42	1949	chemo	bone	1,000	...
43	1949	chemo	bone	1,000	...
44	1949	chemo	bone	1,000	...
45	1949	chemo	bone	1,000	...
46	1949	chemo	bone	1,000	...
47	1949	chemo	bone	1,000	...
48	1949	chemo	bone	1,000	...
49	1949	chemo	bone	1,000	...
50	1949	chemo	bone	1,000	...
51	1949	chemo	bone	1,000	...
52	1949	chemo	bone	1,000	...
53	1949	chemo	bone	1,000	...
54	1949	chemo	bone	1,000	...
55	1949	chemo	bone	1,000	...
56	1949	chemo	bone	1,000	...
57	1949	chemo	bone	1,000	...
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59	1949	chemo	bone	1,000	...
60	1949	chemo	bone	1,000	...
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63	1949	chemo	bone	1,000	...
64	1949	chemo	bone	1,000	...
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74	1949	chemo	bone	1,000	...
75	1949	chemo	bone	1,000	...
76	1949	chemo	bone	1,000	...
77	1949	chemo	bone	1,000	...
78	1949	chemo	bone	1,000	...
79	1949	chemo	bone	1,000	...
80	1949	chemo	bone	1,000	...
81	1949	chemo	bone	1,000	...
82	1949	chemo	bone	1,000	...
83	1949	chemo	bone	1,000	...
84	1949	chemo	bone	1,000	...
85	1949	chemo	bone	1,000	...
86	1949	chemo	bone	1,000	...
87	1949	chemo	bone	1,000	...
88	1949	chemo	bone	1,000	...
89	1949	chemo	bone	1,000	...
90	1949	chemo	bone	1,000	...
91	1949	chemo	bone	1,000	...
92	1949	chemo	bone	1,000	...
93	1949	chemo	bone	1,000	...
94	1949	chemo	bone	1,000	...
95	1949	chemo	bone	1,000	...
96	1949	chemo	bone	1,000	...
97	1949	chemo	bone	1,000	...
98	1949	chemo	bone	1,000	...
99	1949	chemo	bone	1,000	...
100	1949	chemo	bone	1,000	...

Logging into NIOSH-IREP Site

Use this address to log into NIOSH's IREP site:

<http://www.cdc.gov/niosh/ocas/ocasirep.html>

From the CDC NIOSH main page click on the NIOSH-IREP link.

NIOSH-IREP

To determine probability of causation for a cancer claim under The Act, DOL uses a computer software application NIOSH has developed in collaboration with the National Cancer Institute, called NIOSH-IREP. This computer software is a science-based tool that allows DOL to determine the probability a cancer was caused by a person's radiation dose from nuclear weapons production work. The actual outcome of a claim depends on a number of important factors such as the dose estimates of past exposures and the type of cancer that has been diagnosed. DCAS is responsible for maintaining and updating this software and the scientific elements (cancer risk models) that it uses.

NIOSH-IREP (on-line, interactive software program)
External Link: http://www.niosh-irep.com/irep_niosh

User's Guide for the interactive RadioEpidemiological Program (NIOSH-IREP)

- [User's Guide](#)
Version 5.8
September 2009
PDF 1 MB (22 pages)

NIOSH-IREP was upgraded to v.5.8 on September 21, 2009. Version 5.8 features four changes, from which the first three are based on the findings in the Verification of the NIOSH-IREP Computer Code Version 5.6.3 Report.

- Corrected Acute Lymphocytic Leukemia Algorithm:** During recent quality control verification calculations, it was identified that NIOSH-IREP contained an incorrect algorithm for a specific set of input parameters used when processing acute lymphocytic leukemia claims. For all types of leukemia (including acute lymphocytic leukemia), in the case of acute exposure to low-LET radiation, the dose response obtained from the

Open IREP Input File

From the NIOSH IREP page, click on the button next to “To begin by using a NIOSH provided input file.”

Developed under contract with the
National Institute for Occupational
Safety and Health (NIOSH)



SENES Oak Ridge Inc.
Center for Risk Analysis

[User's Guide](#) / [More Information](#) / [Contact NIOSH](#)

Interactive RadioEpidemiological Program NIOSH-IREP v.5.5.3

For Estimating Probability of Cancer Causation for Exposures to Radiation

To begin by manually entering required inputs [click here](#)

To begin by using a NIOSH-provided input file [click here](#)

Upload Saved File Screen

Select "Browse" for the NIOSH data file to upload and again navigate to the NIOSH CD (D-drive) and its "A_DR Files" folder.

Safety and Health (NIOSH) [User's Guide](#) / [More Information](#) / [Contact NIOSH](#)

Interactive RadioEpidemiological Program NIOSH-IREP v.5.5.3

Upload Saved File

Summary
NIOSH-IREP has been designed to accept a preformatted input file. When uploaded into NIOSH-IREP, the input file will populate all input screens and set all system variables.

Procedure
Click the "Browse" button to locate the input file on your computer.
After the path to the file is shown on this screen, click "Upload File" to complete the process.
(Note: The file must be of the proper template format to be usable.)

Search for Excel Spreadsheet

Look for the Excel .xls spreadsheet. If there are multiple spreadsheets, start with the one with a “1” at the end of its name then proceed with the next one and so on until all are downloaded. Double-click to select and open it.

Upload File

Hit "Upload File," and then "Continue" past the next screen that generates, bringing you to the claim's IREP screen. On its lower right side click on "Generate Results" to generate the Probability of Causation figures, which are the IREP results for the case. Print this screen and pin down in the file.

Results of Calculation

You will see the results of the calculation in a summary table suitable for printing. In the Results of NIOSH-IREP Probability of Causation table near the bottom, the percentage in the 99th percentile block is the PoC.

NIOSH Report

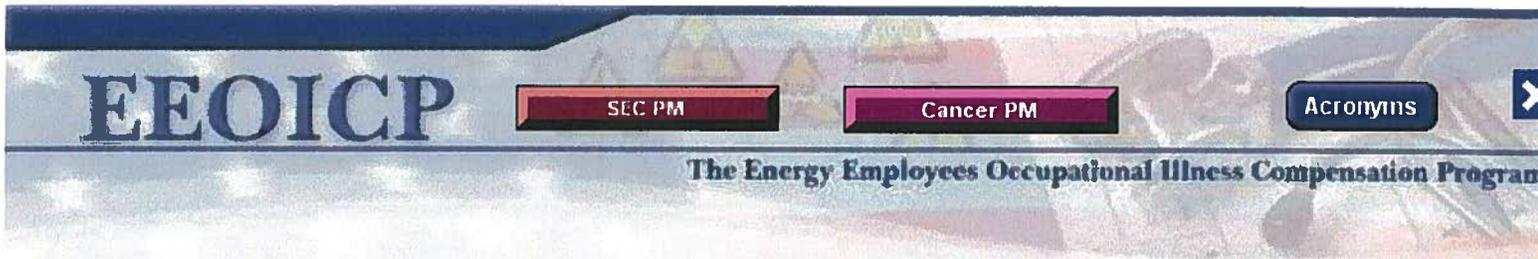
You will also see Adobe .pdf copies of the Dose Reconstruction Report and the OCAS1, and an Internet Explorer screen for the IREP Summary that had been run by NIOSH. If there are multiple claimants, the CD should have multiple OCAS1 Adobe .pdf documents.

Running IREPs for Multiple Primary Cancers

If there are multiple primary cancers the CD may have multiple Excel (.xls) spreadsheets. Be sure to print all of them and pin them down in the file. Run the NIOSH-IREP for the first cancer. At the bottom of the NIOSH-IREP Summary Report click “New Calculation” and upload the next input file. Repeat until you have produced NIOSH-IREP Summary Reports for all established cancers.

Running IREPs for Multiple Primary Cancers (cont'd)

After running and saving the last IREP, scroll to the bottom of that IREP screen and select "Multiple Primary." Show the total number of primary cancer IREPs and then click "Update Entry Fields" to generate/open that number of entry fields. Input the POC for each cancer, and click "Total PC" to calculate the combined POC. Print the result and pin down in the file.



IREP – Enterprise Edition (EE)

Use IREP - Enterprise Edition (EE) for doses where the PoC result is between 45-52%.

Use this website: http://ww3.niosh-irep.com/irep_niosh_ee/.

The password is DOL1. Follow the same steps for running the IREPs.

FAB's NIOSH Review Process

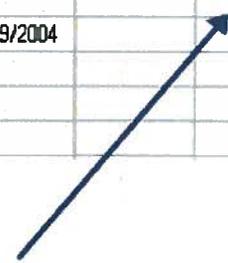
FAB Hearing Reps/CEs will review the dose reconstruction report and confirm whether the employment information, diagnosis, and the diagnosis date used on the referral is correct.

Additionally, they will run NIOSH-IREP to verify the PoC. A signed copy of the FAB IREP run must be included in the file.

ECMS Codes for PoC Data

Enter the PoC data from NIOSH-IREP PoC table (99th percentile block). This is entered on the claim screen in the medical conditions section under the “POC” tab.

Medical Conditions (16)												
Rpt	Type	ICD9 Cd	ICD9 Desc	Note	Mod	Diag Dt	Status	Status Effect	Elig End Dt	POC	POC Dt	Elig Ov
Y	CN	204.10	CHR LYM LEUK W/O RM CLL			10/21/1987	A			53.4	11/24/2008	N
Y	CN	188	MALIGNANT NEOPLASM BLADDER	BLADDER	R	03/31/1997	A	07/19/2004				N
Y	CN	173.3	MAL NEO SKIN FACE NEC	FACE	L	08/22/1997	A			53.4	11/24/2008	N
Y	CN	142.0	MALIG NEO PAROTID	PAROTID	L	05/22/1997	A			53.4	11/24/2008	N
Y	CN	173.6	MALIG NEO SKIN ARM	HAND	R	08/31/1993	A			53.4	11/24/2008	N



ECMS Date for IREP Version

The version of IREP periodically gets updated and new versions are assigned. The version is on the IREP summary and should be entered in ECMS on the medical condition (update) screen under the "IREP Version" tab.

Employee Medical Condition			
reported ind	Y	cond type	CN-CANCER
icd mod	-	diagnosis dt	02/10/2000
ICD9	157.2	MAL NEO PANCREAS TAIL	
note	PANCREATIC CANCER		
cond status	A-ACCEPTED	status effect dt	09/04/2001
elig end dt			
poc	75.4	poc dt	01/08/2009
irep version	5.5.3		

Review of the DR

After running the IREP, ensure that the information in the DR report is accurate. Particularly check:

- Are the employment periods correct?
- Are all of the employee's cancers listed with the diagnosis dates?
- Are the correct ICD-9 codes used for each cancer?

If any discrepancies are noted, a rework must be done. The next section discusses the rework process.

NIOSH's Program Evaluation Report (PER)

NIOSH periodically performs reviews of site profiles for EEOICPA covered facilities. The results of these reviews are described in a Program Evaluation Report (PER). The PER details the effect, if any, of the new information on the completed dose reconstruction. Denied cases with PoC's less than 50% are reviewed when a PER has been issued. If it appears that the compensability of a completed dose reconstruction may be effected, NIOSH and DOL work together to reopen and rework the dose reconstruction, as appropriate.

When Reworks are Needed

A rework will be completed if newly provided or identified information changes, such as:

- any of the cancer diagnoses
- any of the ICD-9 codes
- any of diagnosis date (outside the calendar year)
- any of the employment facilities
- any of the employment dates

If this occurs, and you determine that a rework is necessary, e-mail your supervisor, senior or journeyman level CE with the Amended NRSD attached noting the issues with the DR.

Rework Scenarios

The following are examples of when a rework is needed:

- Employment as listed on the DR report shows verified employment dates from 06/01/54 to 08/01/54 and after reviewing file, you realize employment dates should actually be 06/01/54 to 08/01/64.
- Medical data as listed on the DR report shows one skin cancer, and after reviewing file, you realize there are actually 2 skin cancers that should have been reported.

DR Rework Requests

The DR rework request must contain new information that was not considered in the original DR.

Send the rework request to your senior/journeyman CE via e-mail attaching the ANRSD for review. Your senior/journeyman CE will then send the rework request to the NIOSH Liaison.

The district office NIOSH Liaison sends the rework request electronically to the Health Physicist (HP) at National Office (NO).

ECMS CODING for DR Rework

When a case is sent to the Health Physicist (HP) for review to determine whether a rework is required, the district director or their designee enters into ECMS a “DO” (Status Code for “Development-Other”) on the claim screen under the claim status history section plus a reason code of “EHP” (Status Code for “Email to Health Physicist”) with an effective date equal to the date of the email to the HP.

Claim Status History (15)					
	Code	Claim Status Desc	Claim Status Dt	Reason Code	Reason Desc
▶	DD	DEVELOPMENT - OTHER INOT MEDICAL DR E	05/06/2008	EHP	Email to Health Physicist
	NR	RECEIVED FROM NIOSH	04/30/2008	RW	Reworks of Dose Reconstruction, no PC
	NI	SENT TO NIOSH	09/12/2007 2:37:26 PM		
	CR	RESPONSE FROM CORPORATION	09/04/2007 10:54:38 AM		

DR Rework Process

Rework requests must include:

- Employee name
- DOL File Number
- NIOSH Tracking Number
- Site(s) and date(s) of employment used in DR
- Types of cancer(s), ICD-9 code(s), and diagnosis date(s) used in DR
- PoC based on the information above
- Changes to the DR (additional cancer, correct diagnosis date, etc.)
- Ethnicity and Smoking History

Health Physicist (HP) Rework Review

The National Office Health Physicist reviews the information submitted by the district office and determines whether a rework is required.

If the new information would change the outcome of the dose reconstruction, then the rework will be referred to NIOSH via e-mail with a cc to the district office.

If the information would not change the outcome, the HP notifies the NIOSH Liaison and the CE assigned to the case, via e-mail, explaining the rationale denying the rework request.

Reworks Steps

Within 3 days of notification from the HP that the rework is appropriate, e-mail a brief statement to the NIOSH Point of Contact indicating the ANRSD and rework letter will be provided in the weekly shipment.

A sample e-mail should read:

"A rework is being requested for Smith, 2345, NIOSH #12345. Please watch for the hard copy of the rework that is being sent in the shipment on Wednesday (provide date)."

Send a rework notification letter to the claimant(s), place a printed copy in the file, and forward a printed copy to NIOSH in the weekly referrals with the ANRSD.

ECMS Codes for Reworks - When Sent back to NIOSH

Change the prior “NR” reason code from “DR” to “RW”, but leave the date of the “NR” unchanged.

Ensure that all ECMS entries based on the prior dose reconstruction revert to a pre-dose reconstruction status:

- the medical conditions status code is “R”
- IREP information is blank
- eligibility indicator code is “N”, etc.

Forward the file to your senior/journeyman CE.

ECMS Coding for Reworks - When Rework is sent to NIOSH

When a rework is sent to NIOSH, enter into ECMS an “NR” (Status Code for “Received from NIOSH”) and change the reason code from “DR” (Status Code for “Dose Reconstruction”) to “RW” (Status Code for “Reworks of dose reconstruction, no POC”) on the claim screen in the claim status history section.

Claim Status History (16)					
Code	Claim Status Desc	Claim Status Dt	Reason Code	Reason Desc	
NI	SENT TO NIOSH	05/19/2008 10:21:55 AM			C
DD	DEVELOPMENT - OTHER (NOT MEDICAL OR E	05/06/2008	EHP	Email to Health Physicist	C
NR	RECEIVED FROM NIOSH	04/30/2008	RW	Reworks of Dose Reconstruction, no POC	C
NI	SENT TO NIOSH	09/12/2007 2:37:26 PM			C
CR	RESPONSE FROM CORPORATION	09/04/2007 10:54:38 AM			C

Medical entries in ECMS Coding for Reworks

Revert ECMS entries to a pre-dose reconstruction status:

- medical conditions status codes are "R"
- the IREP information is blank on the claim screen in the medical conditions section

Medical Conditions (3)

Rpt	Type	ICD9 Desc	Note	Mod	Diag Dt	Status	Status Effect	Elig End Dt	POC	POC Dt	IREP Vers
Y	CN	LYMPHOPROLIFERAT DI	MYELODYSPLASTIC SYN		04/04/1997	R					
Y	CN	MALIGNANT NEOPLASM			03/18/1986	R					
Y	CN	MAL NEO UPPER LOBE L			08/02/1995	R					

Senior or Journeyman CE tasks in ECMS Coding for Reworks

Your senior or journeyman CE reviews the file and enters into ECMS **“NI”** (Status Code for **“Sent to NIOSH”**) with a status effective date equal to the date of your e-mail to NIOSH and the rework notification letter to the claimant on the claim screen in the claim status history section.

ECMS Code for PER Reworks

For those reworks based on changes in the Personal Evaluation Report (PER) for a facility/site, enter into ECMS **“NI”** (Status Code for **“Sent to NIOSH”**) on the claim screen in the claim status history section with a reason code of **“PEP”** (Status Code for **“Rework based on Program Evaluation Plan/Report”**) with an effective date equal to the date the Amended NRSD is sent to NIOSH for the rework.

Notifying Claimant

Alerting the claimant to what is happening to his/her claim is good customer service. Write a letter to the claimant notifying them of the rework process and the reason for the rework. Send to NIOSH in the weekly shipment a copy of the letter that you sent to the claimant that advised them that a rework is being done.

If it is determined that a rework is not needed, proceed with a recommended decision.

Using Death Certificates for Medical Evidence

2244000
FORM VD 100-1-A
(REV. 6/88)

Registrar of Vital Statistics
Certified Copy
COMMONWEALTH OF MASSACHUSETTS
BUREAU OF VITAL STATISTICS
DEPARTMENT OF HEALTH SERVICES

Certificate of Death

Name of Deceased: **Harold James H.**
Date of Death: **09-09-2007**
Place of Death: **Massachusetts General Hospital**
Cause of Death: **Stroke**

Signature: **David P. Quinn**
Date: **JUL 19 1982**

Death Certificates

You may use a death certificate for medical evidence **only** if

- documentation is received indicating medical records are not available
- and the death certificate is signed by a physician

Collect affidavits from the claimant(s) providing an approximate date of diagnosis of the claimed condition (at least a month and a year).

If the death certificate indicates an autopsy was performed, attempt to obtain a copy of the autopsy report.

Knowledge Check

Now let's apply what we have learned to some case studies.



1. Which of the following statements about dose reconstruction is correct?
- Dose reconstruction is NOT required for any SEC specified cancer claim.
 - Dose reconstruction is required for SEC claimants who worked at least 250 workdays at gaseous diffusion plants in Paducah, Portsmouth, or Oak Ridge.
 - Dose reconstruction is required for SEC claimants who worked at the Amchitka Island, Alaska site.

2. Which of the following statements about SEC and non-SEC cancer is correct?

- The cancers covered are the same for both SEC and non-SEC.

For non-SEC, there is a list of specified cancers; for SEC, nearly any type

- of cancer is potentially covered, assuming the medical and employment requirements are met.

- For SEC, there is a list of specified cancers; for non-SEC, nearly any type of cancer is potentially covered, assuming the medical and employment requirements are met

3. What is the correct definition of 250 aggregate work days?

- The total amount of work days for an employee at all covered SEC sites during covered time frames for that site.
- All of the covered DOE and AWE work at covered sites during a covered time period.
- All employment that an employee has completed until 1962.

4. What is the purpose of the ICD-9 in EEOICPA claims?

- It indicates the group into which a claim falls (e.g., SEC, non-SEC, RECA, other).
- It is a classification code for specific diseases. For example, 162.2-162.9 is the range of codes for bronchus and lung cancers.
- It identifies which DOE office handles verification of employment.

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5. If a claimant submits an additional non-SEC cancer after a case has been accepted for an SEC cancer, include all cancers (including the SEC cancer) on the NRSD that you send to NIOSH.
- True
 - False

6. You review a claim and find that an employee has lung cancer and meets the requirements for the SEC class for the Paducah Gaseous diffusion plant. He has no other illnesses. Your next step would be:
- Write a recommended decision to accept the case based on SEC inclusion.
 - Write a recommended decision to deny the claim because he had no other illnesses.
 - Complete and send a NRSD to NIOSH for the lung cancer.

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7. When an employee has a diagnosis of lung cancer, you should obtain an ethnicity questionnaire.

- True
- False

8. When an employee is diagnosed with a skin cancer, you should

- Obtain a detailed smoking history.
- Obtain an ethnicity questionnaire.
- Obtain their blood type.
- Obtain a skin sample.

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Congratulations! You have completed the Cancer Development Session of the DEEOIC Claims Examiner Training.



Enter your name in the field below and click OK to retrieve your certificate of completion.

OK

Certificate of Completion

This certifies that

Student Name

**has successfully completed the Cancer Development
Session of the on-line Claims Examiner Training**

Date