

DEEOIC Claims Examiner Training Course

Developing Medical Conditions Cancer Claims



INSTRUCTOR'S GUIDE

US Department of Labor
Office of Workers' Compensation
Division of Energy Employees Occupational Illness Compensation
200 Constitution Avenue, NW
Washington, DC 20210

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

SESSION BACKGROUND INFORMATION

Session Title Developing for Medical Conditions

Developing for Cancer

Instructional Time 120 minutes

Session Description This session focuses on the how to develop a claim for Special Exposure Cohort (SEC) cancers and non-SEC cancers; the medical documentation required to support cancer as an occupational disease; the NIOSH dose reconstruction process and how to use the NIOSH dose reconstruction data to determine the Probability of Causation (PoC).

This session includes a guided walk through of the NIOSH Interactive Radio Epidemiological Program (IREP) application focusing on the information and how that information should be reviewed.

Developing for silicosis is also addressed.

- Instructional Objectives**
- Define SEC
 - List the medical requirements for development of an SEC cancer claim
 - Explain what is meant by 'latency' and how it applies to SEC cancers
 - Define non-SEC
 - Identify the additional information required for non-SEC skin and lung cancers
 - List the steps for processing a non-SEC cancer claim including completion of the NRSD
 - Define PoC
 - Explain the use of IREP
 - Identify when a dose reconstruction rework is required
 - List the steps that must be completed in order to request a rework
-

Instructor Materials For this session, the following materials are required:

MedicalConditionsSession.PPT

IREP Data CD (***Instructor must provide a sample IREP Data CD***)

The Instructor must have the following links ready to access before conducting the training session:

For this link:	Use:
IREP	http://www.cdc.gov/niosh/ocas/ocasirep.html
IREP – Enterprise Edition (EE)	http://ww3.niosh-irep.com/irep_niosh_ee/

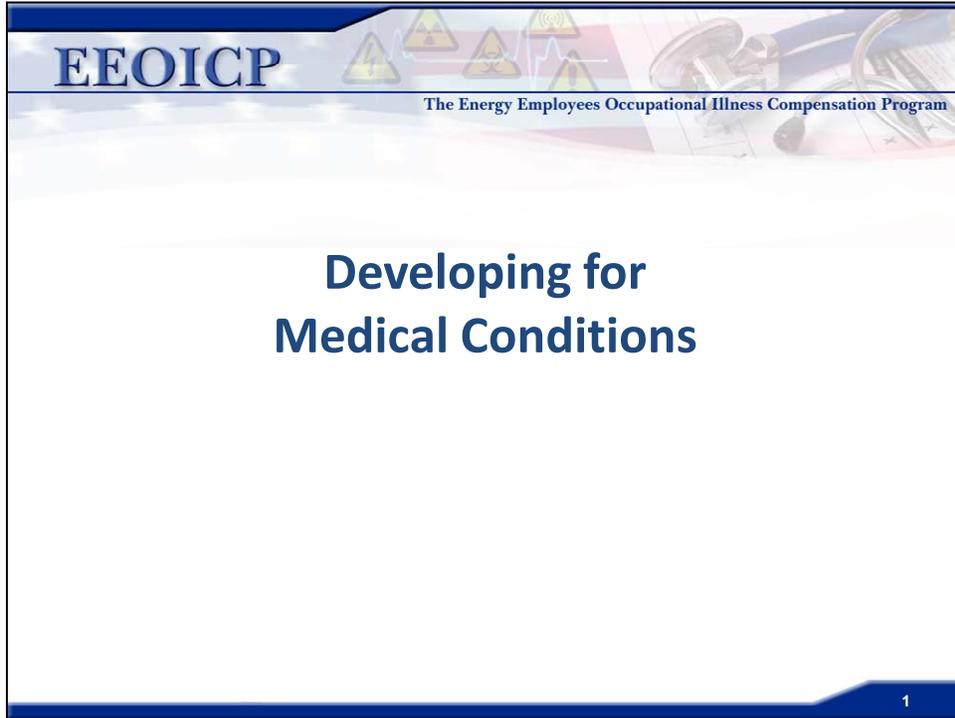
DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

Participant Guide Developing for Medical Conditions Session

IREP Demo The IREP data CD is used during this demonstration.



#1



DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#2

EEOICP
The Energy Employees Occupational Illness Compensation Program

Claim Categories for Part B

- Cancer:
 - Special Exposure Cohort (SEC)
 - Non-SEC/NIOSH
- Beryllium Sensitivity
- Chronic Beryllium Disease
- Chronic Silicosis

2



SHOW PPT

#3

EEOICP
The Energy Employees Occupational Illness Compensation Program

Claim Categories for Part E

- All illnesses excepted under Part B
- Any other 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).

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#4

EEOICP
The Energy Employees Occupational Illness Compensation Program

Cancer

4

This slide features a blue header with the EEOICP logo and the full name of the program. The background is a light blue gradient with faint icons of radiation symbols and a microscope. The word 'Cancer' is centered in a large, bold, blue font. A small number '4' is in the bottom right corner.



SHOW PPT

#5

EEOICP
The Energy Employees Occupational Illness Compensation Program

Topics covered in this section

- Types of cancer claims
- Employment requirement for cancer claims
- Medical requirements for cancer claims
- Special Exposure Cohort (SEC)
- Specified Cancers
- SEC employment
- Non-SEC Claim
- Development for Non-SEC claim
- Probability of Causation
- IREP and Purposes
- Steps for Reworks
- Death Certificates for Cancer Claims

5

This slide features a blue header with the EEOICP logo and the full name of the program. The background is a light blue gradient with faint icons of radiation symbols and a microscope. The title 'Topics covered in this section' is in a bold blue font. Below it is a list of 12 items, each preceded by a square bullet point. A small number '5' is in the bottom right corner.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#6

EEOICP The Energy Employees Occupational Illness Compensation Program

Employment Requirements for Cancer

- Exposed to radiation
- Employed by:
 - Department of Energy (DOE)
 - DOE contractor or subcontractor
 - Atomic Weapons Employer

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SHOW PPT

#7

EEOICP The Energy Employees Occupational Illness Compensation Program

Medical Requirements for Cancer

- Medical narrative
 - Qualified physician
 - Cancer diagnosis
 - Initial date of diagnosis
- All cancers potentially covered
- Initial diagnosis should be after first date of employment

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#8

The slide features a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes radiation warning symbols and a medical stethoscope. The main content area is white with the text "SEC Cancer" centered in a large, bold, blue font. A blue footer bar at the bottom right contains the number "8".



SHOW PPT

#9

The slide features a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes radiation warning symbols and a medical stethoscope. The main content area is white with the text "SEC Employment Requirements" centered in a large, bold, blue font. Below this, there are two main bullet points, each with sub-bullets. A blue footer bar at the bottom right contains the number "9".

- Employment criteria (identified by Congress)
 - Gaseous Diffusion Plants
 - Certain nuclear tests
 - New SEC definitions
- Ensure employee was employed for 250 aggregate work days unless employed at Amchitka Island, Alaska (no specified duration)
 - Refer to Bulletin 06-15 for Pacific Proving Ground and Bulletins 06 -16 and 10-13 for Nevada Test Site

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#10

EEOICP
The Energy Employees Occupational Illness Compensation Program

Identifying SEC Cases

- Specified cancers
- Causation presumed
- Secretary of HHS determines whether additional classes of employees will be included in the SEC
- Check claim form to see if SEC box is checked

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#11

EEOICP
The Energy Employees Occupational Illness Compensation Program

SEC Cancers

- Primary or secondary:
 - Renal cancer
 - Bone cancer
 - Lung cancer
- All other specified cancers must be primary (see next 4 slides for specified cancers)
- Latency period should be 5 years after first exposure, except leukemia, which is 2 years
 - No latency period for lung, bone or renal cancer

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#12

EEOICP
The Energy Employees Occupational Illness Compensation Program

SEC Cancers, continued

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

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#13

EEOICP
The Energy Employees Occupational Illness Compensation Program

SEC Cancers, continued

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

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#14

EEOICP
The Energy Employees Occupational Illness Compensation Program

SEC Cancers, continued

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

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#15

EEOICP
The Energy Employees Occupational Illness Compensation Program

SEC Cancers, continued

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

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Participant Guide Page

Review the Bulletin 03-11 with the trainees.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT**EEOICPA BULLETIN NO.03-11****ISSUE DATE: NOVEMBER 19, 2002**

Effective Date: November 19, 2002

Expiration Date: November 19, 2003

Subject: Additional Cancers Considered as Primary Cancers

Background: 20 CFR 30.5 (dd)(6) states that specified cancers are “the physiological condition or conditions that are recognized by the National Cancer Institute under those names or nomenclature, or under any previously accepted or commonly used names or nomenclature.” The Department of Labor (DOL) forwarded a list of six medical conditions to the National Cancer Institute (NCI) for their review and classification to determine which conditions could be considered as cancers under the EEOICPA. The six medical conditions sent to NCI were:

- myelofibrosis with myeloid metaplasia;
- polycythemia vera with leukocytosis and thrombocytosis;
- polycythemia rubra vera;
- myelodysplastic syndromes;
- carcinoid tumors or carcinoid syndrome; and
- monoclonal gammopathies of undetermined significance.

On October 8, 2002, DOL received a letter from Dr. E. G. Fiegel, the Acting Director of NCI’s Division of Treatment and Diagnosis, detailing NCI’s evaluation of the above mentioned six medical conditions.

According to Dr. Fiegel, NCI recognizes myelofibrosis with myeloid metaplasia, polycythemia vera with leukocytosis and thrombocytosis, polycythemia rubra vera, and myelodysplastic syndromes as reportable cancers. These hematological conditions are not reportable as leukemia, non-Hodgkin’s lymphoma, or multiple myeloma, but have distinct categories (except in the case of polycythemia rubra vera and polycythemia vera with leukocytosis and thrombocytosis, which share the same category). One of the functions of bone is to manufacture blood cells in the bone marrow. Accordingly, myelofibrosis with myeloid metaplasia, polycythemia rubra vera and its variant polycythemia vera with leukocytosis and thrombocytosis, and myelodysplastic

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

syndrome(s) should be considered as bone cancer for purposes of having a “specified cancer” as a member of the Special Exposure Cohort, since all are malignancies of the bone marrow.

Carcinoid syndrome and monoclonal gammopathies of undetermined significance are not currently recognized as malignant conditions by NCI. Consequently, these conditions should not be considered as cancers.

Carcinoid tumors, except of the appendix, are recognized as malignant conditions by NCI and should be considered to be primary cancers of the organs in which they are located. If the organ is one on the specified cancer list, the carcinoid tumor may be considered as a specified cancer. Carcinoid tumors are found in greatest amounts in the small intestine and then in decreasing frequency in the appendix, rectum, lung, pancreas and very rarely in the ovaries, testes, liver, bile ducts and other locations.

Reference: Energy Employees Occupational Illness Compensation Program Act of 2000, As Amended, 42 U.S.C. § 7384 *et seq.*, Section 7384l(17); interim final rule 20 CFR Part 30, Section 30.5 (dd); and a letter from Dr. E. G. Fiegel, NCI, to R. Leiton, DOL, dated October 8, 2002.

Purpose: To notify District Offices of the classification of six additional medical conditions as primary cancers for eligible SEC claimants under the EEOICPA.

Applicability: All staff.

Actions:

1.The CE should consider: (1) myelofibrosis with myeloid metaplasia; (2) polycythemia rubra vera; (3) polycythemia vera with leukocytosis and thrombocytosis; and (4) myelodysplastic syndrome(s) to be bone cancer, which is a specified primary cancer per EEOICPA Section 7384l(17)(B).

2.Carcinoid tumors, except of the appendix, are recognized as malignant conditions by NCI. If the organ is one on the specified cancer list, the CE should consider the carcinoid tumor as a specified cancer (per EEOICPA Section 7384l(17)).

3.Carcinoid syndrome and monoclonal gammopathies of undetermined significance are

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

not currently recognized as malignant conditions by NCI. Consequently, these conditions should not be considered cancers by the CE. If no other medical conditions are claimed that qualify the employee as having a covered condition, the claim should be denied.

4.The CE must look for any other cases of the medical conditions discussed above that could make the claimant eligible for benefits, either as a member of the SEC or through dose reconstruction. A preliminary review of the ECMS is underway to determine which cases may have already been denied or sent to NIOSH. That list will be forwarded to each District Office under separate cover. Using that list, the District Office must pull any cases for review in accordance with this bulletin. If modification orders are required, the District Office should send the case to the National Office.

5.The CE must continue to distinguish these medical conditions from bone or other specified cancers, as appropriate, using the appropriate ICD-9 codes on all paperwork and in ECMS.

For the conditions to be considered as bone cancers, the ICD-9 code for a myeloid metaplasia is 289.8, polycythemia rubra vera and its variant polycythemia vera with leukocytosis and thrombocytosis is 238.4, and myelodysplastic syndrome is 238.7. The ICD-9 code for malignant neoplasm of the bone is 170.

Carcinoid tumors, except of the appendix, should be recorded by the organ of the specified cancer. For example, the CE should use the ICD-9 code of 170 for a carcinoid tumor in the small intestine.

Disposition: Retain until incorporated in the Federal (EEOICPA) Procedure Manual

PETER M. TURCIC

Director, Division of Energy Employees

Occupational Illness Compensation

Distribution List No. 1: Claims Examiners, Supervisory Claims Examiners, Technical Assistants, Customer Service Representatives, Fiscal Officers, FAB District Managers, Operation Chiefs, Hearing Representatives, District Office Mail & File Sections

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#16

The slide features a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes a faint image of a laboratory with a microscope and radiation warning symbols. The main content is a list of requirements for all cancers.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Requirements for all Cancers

- Medical report containing the following:
 - History of the claimed illness
 - Physical examination and its findings
 - The clinical laboratory tests performed and discussion of the results
 - A diagnosis (ICD 9 code if possible) and the date when it was first documented
- Pathology report

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SHOW PPT

#17

The slide features a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes a faint image of a laboratory with a microscope and radiation warning symbols. The main content is the text "NON-SEC Cancer".

EEOICP

The Energy Employees Occupational Illness Compensation Program

NON-SEC Cancer

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#18

EEOICP
The Energy Employees Occupational Illness Compensation Program

Non-SEC Cancer

- Any potentially radiogenic cancer is covered
- If SEC criteria is not met, the cancer must be causally related to potential radiation exposure "at least as likely as not"-in order to qualify
- Determine the presence of a diagnosed cancer
- A pre-cancerous condition is NOT a cancer

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SHOW PPT

#19

EEOICP
The Energy Employees Occupational Illness Compensation Program

Processing Non-SEC Cancers

- Review EE1/EE2 to determine what type of condition is being claimed
- Obtain required medical records
- Determine the primary cancers or the secondary cancer, if an unknown primary
- Obtain required employment evidence
- Refer case to NIOSH

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#20

EEOICP
The Energy Employees Occupational Illness Compensation Program

Non-SEC Cancers with Unknown Primary Cancers

- NIOSH performs a dose reconstruction for each primary cancer site in a specific organ
- If no primary cancer is known then refer secondary cancer to NIOSH with primary cancer established by inference
- Use Exhibit 8 from EEOICPA PM 2-0900 for the list of primary cancers that are producing by secondary cancers (males and females are considered separately).

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SHOW PPT

#21

EEOICP
The Energy Employees Occupational Illness Compensation Program

Non-SEC Cancers with an SEC Approved Cancer

- If claim with multiple cancers and one or more of these cancers are classified as “specified cancers” for the purposes of the SEC
- If SEC cancer was accepted for compensation, all non-SEC cancers plus the SEC cancer(s) need to be referred to NIOSH for dose reconstruction for medical benefits.

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#22

A presentation slide for EEOICP. The header features the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The main content is titled 'Additional Information for Skin Cancer' and includes a bulleted list of requirements for skin cancer cases. The slide number '22' is in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Additional Information for Skin Cancer

- Skin cancer
 - Obtain completed ethnicity questionnaire for verified condition of skin cancer
 - Obtain completed ethnicity questionnaire if skin cancer is a potential primary site.

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SHOW PPT

#23

A presentation slide for EEOICP. The header features the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The main content is titled 'Additional Information for Lung Cancer' and includes a bulleted list of requirements for lung cancer cases. The slide number '23' is in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Additional Information for Lung Cancer

- Lung cancer
 - Obtain completed smoking questionnaire for condition of lung cancer
 - Obtain completed smoking questionnaire if lung cancer is a potential primary site

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Instructor
NOTE

Explain that non-specified cancers with SEC employment are sent to NIOSH just as specified cancers with no SEC employment are also sent.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#24

The slide features a blue header with the text "EEOICP" in large white letters and "The Energy Employees Occupational Illness Compensation Program" in smaller white letters below it. The background is a light blue gradient with faint images of radiation warning symbols and laboratory equipment. The main content area is white with the text "National Institute for Occupational Safety & Health (NIOSH)" centered in a large, bold, blue font. A blue footer bar at the bottom right contains the number "24".



SHOW PPT

#25

The slide features a blue header with the text "EEOICP" in large white letters and "The Energy Employees Occupational Illness Compensation Program" in smaller white letters below it. The background is a light blue gradient with faint images of radiation warning symbols and laboratory equipment. The main content area is white with the text "NIOSH" centered in a large, bold, blue font. Below this, there is a bulleted list of three items. A blue footer bar at the bottom right contains the number "25".

- Located in Cincinnati, Ohio
- Responsible for collecting & organizing information to allow DEEOIC to make the determination of PoC
- To determine whether the cancer was “at least as likely as not” (50% or greater probability of causation) caused by ionizing radiation at a covered facility

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#26

A presentation slide for EEOICP. The header features the acronym 'EEOICP' in large blue letters, with the full name 'The Energy Employees Occupational Illness Compensation Program' in smaller blue text below it. The background of the header includes several yellow radiation warning symbols and a blurred image of a laboratory or office setting. The main body of the slide is white with a blue border at the bottom. It contains the title 'NIOSH Process' in bold blue text, followed by a bulleted list of three items. The number '26' is visible in the bottom right corner of the slide.

EEOICP
The Energy Employees Occupational Illness Compensation Program

NIOSH Process

- All Non-SEC cancer claims (and some SEC cancer, with exceptions) sent to NIOSH
- Provide as much employment evidence as possible
- Dose runs from first date of covered employment through date of diagnosis

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Instructor
NOTE

Explain that non-specified cancers with SEC employment are sent to NIOSH just as specified cancers with no SEC employment are also sent.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#27

EEOICP
The Energy Employees Occupational Illness Compensation Program

Refer Case to NIOSH

- Cases are referred to NIOSH when:
 - All case development is complete
 - Employee has diagnosed primary cancer or secondary cancer with unknown primary
 - Covered employment is verified
 - Not member of the SEC
 - Member of SEC, but medical benefits required for non-SEC cancers
- Requires completion of NIOSH Referral Summary Document (NRSD)
- Needs to be reviewed by Senior CE
- Send letter to claimant(s) advising their case is being sent to NIOSH and no additional information is needed

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SHOW PPT

#28

EEOICP
The Energy Employees Occupational Illness Compensation Program

NRSD

- Provides :
 - Employee information
 - Survivor information (including whether they are potentially eligible)
 - Other contact information (this should be any authorized representative)

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#29

EEOICP

The Energy Employees Occupational Illness Compensation Program

NRSD - Medical Info.

- List all primary cancers
- List all secondary cancers with unknown primary
- Provide ICD 9 code to include the 4th digit (lymphoma cases should include 4th and 5th digits)
- Include full date of diagnosis, if possible

Medical and Employment Information:

EE Covered Cancer Information [For each cancer, list the following information]:

Primary [] or Secondary (Metastatic) []	[]
Cancer Description / Type	
Associated ICD-9 Code	
Date of Cancer Diagnosis	

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#30

EEOICP

The Energy Employees Occupational Illness Compensation Program

NRSD – Secondary Cancers with Unknown Primaries

List all likely primary cancers from NIOSH Chapter in Procedure Manual

Secondary Cancer (ICD-9 Code)	ICD-9 Code of Likely Primary Cancers
Lymph nodes of head, face and neck (196.0)	141, 142 (M), 146 (M), 149 (F), 161 (M), 162, 172, 173, 174 (F), 193(F)
Intrathoracic lymph nodes (196.1)	150 (M), 162, 174 (F)
Intra-abdominal lymph nodes (196.2)	150 (M), 151 (M), 153, 157 (F), 162, 174 (F), 180 (F), 185 (M), 189, 202 (F)
Lymph nodes of axilla and upper limb (196.3)	162, 172, 174 (F)
Inguinal and lower, limb lymph nodes (196.5)	154 (M), 162, 172, 173 (F), 187 (M)
Intrapelvic lymph nodes (196.6)	153 (M), 154 (F), 162 (M), 180 (F), 182 (F), 185 (M), 188
Lymph nodes of multiple sites (196.8)	150 (M), 151 (M), 153 (M), 162, 174 (F)
Lymph nodes, site unspecified (196.9)	150 (M), 151, 153, 162, 172, 174 (F), 185 (M)
Lung (197.0)	153, 162, 172 (M), 174 (F), 185 (M), 188 (M), 189

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#31

EEOICP
The Energy Employees Occupational Illness Compensation Program

NRSD - Other Covered Conditions

- Complete the “Other Covered Conditions” section of the NRSD if employee has SEC cancer and claim is being submitted to NIOSH for non-SEC medical benefits
- Complete “Other Claim for Benefits Scenario” in such non-typical situations as a Part B survivor claim was accepted for CBD but cause of death link cannot be established to the CBD and the death certificate indicates lung cancer as cause of death. Then explain it afterwards.

6. Other Covered Condition:

a. SEC Cancer Claim, but filing for Non-SEC cancer medical benefits <input type="checkbox"/>
b. Other claim for benefits scenario <input type="checkbox"/>
c. Explain:

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#32

EEOICP
The Energy Employees Occupational Illness Compensation Program

NRSD – Verified Employment Period

- Provide all verified employment even though it may be outside covered time period
- If additional sites are verified provide all verified sites

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.

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#33

EEOICP
The Energy Employees Occupational Illness Compensation Program

Other Info. on NRSD

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

Other Information Relevant to NIOSH Dose Reconstruction, if Available:

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:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Native Hawaiian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White-Hispanic <input type="checkbox"/> White-Non-Hispanic <input type="checkbox"/> Not given
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):	<input type="checkbox"/> Never smoked <input type="checkbox"/> Former smoker <input type="checkbox"/> Current smoker (? cig/day) <input type="checkbox"/> <10 cig/day (currently) <input type="checkbox"/> 10-19 cig/day (currently) <input type="checkbox"/> 20-39 cig/day (currently) <input type="checkbox"/> 40+ cig/day (currently)

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#34

EEOICP
The Energy Employees Occupational Illness Compensation Program

DOL Information on NRSD

- Include your District Office
- CEs name and direct phone number
- Leave "Date Prepared for NIOSH" blank (Senior CE will complete)
- Senior CE will sign in the "Reviewed By" section

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

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SHOW PPT

#35

The slide features a blue header with the text "EEOICP" in large white letters and "The Energy Employees Occupational Illness Compensation Program" in smaller white letters below it. The background of the header includes several yellow radiation warning symbols and a blurred image of a laboratory or medical setting. The main body of the slide is white with the text "ECS procedures for documenting NIOSH coding will be forthcoming" centered in blue. A blue footer bar at the bottom right contains the number "35".



SHOW PPT

#36

The slide features a blue header with the text "EEOICP" in large white letters and "The Energy Employees Occupational Illness Compensation Program" in smaller white letters below it. The background of the header includes several yellow radiation warning symbols and a blurred image of a laboratory or medical setting. The main body of the slide is white with the text "ECS procedures for documenting NIOSH coding will be forthcoming" centered in blue. A blue footer bar at the bottom right contains the number "36".

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#37

EEOICPA
The Energy Employees Occupational Illness Compensation Program

Amended NRSD

- Used to correct mistakes or errors in the initial NRSD
- Used when additional employment and/or cancers are verified
- Used when additional survivor information has been made available
- To submit additional information received while case is at NIOSH
- Complete Amended NIOSH Referral Summary Document (ANRSD) to include the new information

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SHOW PPT

#38

EEOICPA
The Energy Employees Occupational Illness Compensation Program

ANRSD Cover Sheet

U.S. DEPARTMENT OF LABOR  Energy Employees Occupational Illness Compensation Program Act (EEOICPA)
1001 Lakeside Ave., Suite 350
Cleveland, OH 44114
(216) 802-1300 Toll Free (888) 859-7211
Fax: (216) 802-1308

Memo To: NIOSH

From: Claims Examiner
(216) 802-

Re: [Employee Name] SSN- Tracking Number-

Date: [Date]

The purpose of this memo is to forward a copy of the additional evidence received in this case after it was originally sent to NIOSH.

_____ The supplemental evidence does not substantially alter the information already provided in our NIOSH Referral Summary Document (NRSD).

_____ The supplemental evidence substantially alters the information in our NIOSH Referral Summary Document. Please find attached a copy of the REVISED NRSD.

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#39

EEOICP
The Energy Employees Occupational Illness Compensation Program

ANRSD

Amended NIOSH Referral Summary Information

DOL Case Number: [Energy Employee (EE) XXX]
 NIOSH Tracking Number: []

Energy Employee:

EE Full Name: [First, Middle, Last, Suffix]	
EE Gender: [M, F, U]	
Date of Birth: [Month, Day, Year]	
Date of Death (If applicable): [Month, Day, Year]	
EE Full Address (If applicable): [Street Address, City, State, Zip]	
EE Phone Number (If applicable): [Phone Number, Phone Type]	

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Instructor NOTE

The ANRSD is the same as the NRSD except for the title “Amended NIOSH Referral Summary Information”



#40

EEOICP
The Energy Employees Occupational Illness Compensation Program

Additional ANRSD Process

- Cover sheet to include:
 - A brief summary outlining the changes being made at the bottom
- Include the portion of the NRSD that has changed
- Sent with regular shipment to NIOSH
- Send letter to claimant advising of changes being sent to NIOSH

NIOSH Referral Summary Document (NRSD)

Enter a "X" where appropriate

Initial	Amendment	Supplement
Remarks (if Amendment or Supplement):		

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#41

EEOICP The Energy Employees Occupational Illness Compensation Program

Supplemental NRSD Process

- Used to submit additional evidence to NIOSH, such as medical information for the same reported cancer
- Include cover sheet and notes that submission does not change the original information to NIOSH
- Include DOL case number, NIOSH tracking number, and employee's name
- Separate Supplemental NRSDs from NRSDs that are shipped with regular shipment to NIOSH

NIOSH Referral Summary Document (NRSD)

Enter a "X" where appropriate

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

41



#42

EEOICP The Energy Employees Occupational Illness Compensation Program

Communications From NIOSH

- NIOSH will send e-mails requesting clarification of information received
- Respond to NIOSH as soon as possible

42

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#43

A presentation slide titled "EEOICP" with the subtitle "The Energy Employees Occupational Illness Compensation Program". The slide content is titled "Pending vs. Pulling a Case at NIOSH" and contains two bullet points. The slide has a blue header and footer with the number 43 in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Pending vs. Pulling a Case 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 to retrieve a case at NIOSH for further development or other case specific issues.

43



SHOW PPT

#44

A presentation slide titled "EEOICP" with the subtitle "The Energy Employees Occupational Illness Compensation Program". The slide content is titled "NIOSH Pends Case at NIOSH" and contains a list of bullet points. The slide has a blue header and footer with the number 44 in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

NIOSH Pends Case at NIOSH

- **Reference PM 2-900.10**
- NIOSH “pends” a case for technical reasons, i.e. the addition of time to a facility’s covered period; a technical dose reconstruction issue for a facility; or a change to a site profile, based on the identification of additional dose data.
- Does not stop the dose reconstruction process,
- May delay completion of the dose reconstruction.
- Alerts the NIOSH staff that clarification is needed on a specific issue that may affect the dose reconstruction.
- DOL is not necessarily notified of a case placed in pend status for technical reasons or when these issues are resolved.

44

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#45

EEOICP The Energy Employees Occupational Illness Compensation Program

DOL Pulls a Case from NIOSH

- Reference PM 2-900.11
- If further development needs to be completed on a case at NIOSH, the case should be pulled from NIOSH
- Pulling a case should go through a Senior CE
- Notify NIOSH (again through Senior CE) when case should be returned, providing updated information (ANRSD)

45



#46

EEOICP The Energy Employees Occupational Illness Compensation Program

NIOSH Pulls a Case

- Reference PM 2-900.11
- During the DR process, NIOSH may identify cases submitted by DOL that should be included in the SEC, typically when a new SEC class is designated.
- NIOSH pulls the case from the DR process and returns to DO for additional development
- NIOSH sends letter to claimant advising him or her that their claim is being returned to DOL for additional development.

46

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#47

The slide features a blue header with the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The background includes radiation warning symbols and a stethoscope. The main content is a bulleted list of steps in the NIOSH process.

EEOICP

The Energy Employees Occupational Illness Compensation Program

NIOSH Process

- NIOSH receives claim from DOL
- Requests data from DOE
- Conducts interview with claimant
- Sends CATI report to claimant for signature
- Conducts dose reconstruction
- Sends draft dose reconstruction report to claimant

47



SHOW PPT

#48

The slide features a blue header with the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The background includes radiation warning symbols and a stethoscope. The main content is a bulleted list of steps in the NIOSH process, continuing from the previous slide.

EEOICP

The Energy Employees Occupational Illness Compensation Program

NIOSH Process, continued

- Does closeout interview
- Sends OCAS 1 form to claimant for signature
 - Indicates claimant has no additional information to add
 - Claim will not proceed without signature
 - NIOSH will notify DOL they are administratively closing their claim
 - If OCAS 1 is not signed, CE will send claimant letter informing the failure to sign and return the OCAS 1 will result in claim being administratively closed in the district office
 - For multiple claimants, only need 1 OCAS 1 to render decision (regardless of acceptance or denial)
- NIOSH sends package to DOL for processing

48



KEY POINT

If the claimant calls and asks why they should sign the OCAS-1 if they don't agree, help the claimant understand that they may appeal but should sign the form or case will be closed.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#49

EEOICP The Energy Employees Occupational Illness Compensation Program

ECS Procedures for Administratively Closing Cases at NIOSH will be forthcoming

49



#50

EEOICP The Energy Employees Occupational Illness Compensation Program

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. Typically overestimates or underestimates as stated in the DR report for the purpose of efficiency

- Overestimates are used in cases that will likely result in a PoC less than 45%
- Underestimates are used in cases that will likely 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 estimates) are used in cases where the PoC may be slightly higher or lower than 50% (Primarily in the 45-52% range)

50

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#51

EEOICP The Energy Employees Occupational Illness Compensation Program

Probability of Causation (PoC)

- The probability that the cancer was caused by radiation exposure during covered employment
- If PoC is equal to or greater than 50%-claim is compensable
- If PoC is less than 50%-claim is non-compensable

51



#52

EEOICP The Energy Employees Occupational Illness Compensation Program

Factors Affecting 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

52

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#53

EEOICP The Energy Employees Occupational Illness Compensation Program

Factors NOT Affecting PoC

- Minor changes to employee information
 - Name spelling
 - Address change
 - Typo
- Change in date of diagnosis, if it falls within the same month

53



SHOW PPT

#54

EEOICP The Energy Employees Occupational Illness Compensation Program

IREP

- NIOSH Interactive Radio Epidemiological Program (IREP)
- Used to determine whether the diagnosed cancer was “at least as likely as not” caused by radiation during covered employment
- Computer software program to calculate the PoC

54

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#55

EEOICP
The Energy Employees Occupational Illness Compensation Program

Logging into NIOSH-IREP Site

- <http://www.cdc.gov/niosh/ocas/ocasirep.html>
- From the CDC NIOSH main page click on the NIOSH-IREP link

Probability of Causation Final Rule

[Final Rule: Guidelines for Determining the Probability of Causation—42 CFR 81](#)
PDF 184 KB (20 pages)

[Top of Page](#)

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. OCAS 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)

55

Instructor
NOTE

Link to IREP must be embedded into this slide PRIOR to the conduct of this session.



#56

EEOICP
The Energy Employees Occupational Illness Compensation Program

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)

SENEC 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](#)

56

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#57

The screenshot shows the EEOICP (The Energy Employees Occupational Illness Compensation Program) interface. At the top, it says 'EEOICP' and 'The Energy Employees Occupational Illness Compensation Program'. Below that, there are navigation links: 'Safety and Health (NIOSH)', 'User's Guide / More Information / Contact NIOSH'. The main heading is 'Interactive RadioEpidemiological Program' and 'NIOSH-IREP v.5.5.3'. A red button labeled 'Upload Saved File' is prominent. Below this, there is a 'Summary' section stating that NIOSH-IREP accepts preformatted input files. A 'Procedure' section follows with instructions to click 'Browse' to locate the file and then 'Upload File' to complete the process. A note specifies that the file must be in the proper template format. At the bottom, there is a file input field with a 'Browse...' button and an 'Upload File' button. The slide number '59' is in the bottom right corner.



#58

The screenshot shows the EEOICP interface with the heading 'Search for Excel Spreadsheet'. Below the heading is a bulleted list of instructions: 'Look for the Excel .xls spreadsheet.', '(If there are multiple spreadsheets, start with the one with a "1" at the end of its name.)', and 'Double-click to select and open it.'. The slide number '58' is in the bottom right corner.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#59

The slide features a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes a faint image of a microscope and several radiation warning symbols. The main content area is white with a blue border at the bottom.

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; the IREP results for the case.
- Print this screen and pin down in the file.

59



SHOW PPT

#60

The slide features a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes a faint image of a microscope and several radiation warning symbols. The main content area is white with a blue border at the bottom.

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

60

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#61

A presentation slide for EEOICP. The header features the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The main content is titled "NIOSH Report" and contains two bullet points. The slide number "61" is in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

NIOSH Report

- In part you will 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 may (should) have multiple OCAS1 Adobe .pdf documents

61



#62

A presentation slide for EEOICP. The header features the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The main content is titled "Running IREP's for Multiple Primary Cancers" and contains four bullet points. The slide number "62" is in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Running IREP's 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 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

62

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#63

EEOICP
The Energy Employees Occupational Illness Compensation Program

Running IREP's for Multiple Primary Cancers, continued

- 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 cancers' IREPs and then click "Update Entry Fields" to generate/open that number of entry fields.
- Input the POC for each cancer, click "Total PC" to calculate the combined POC.
- Print the result and pin down in file.

63



SHOW PPT

#64

EEOICP
The Energy Employees Occupational Illness Compensation Program

IREP – Enterprise Edition (EE)

- Run for doses where the PoC result is between 45-52%
- Should use this website: http://ww3.niosh-irep.com/irep_niosh_ee/
- Password is DOL1
- Follow same steps for running IREPs

64

Instructor
NOTE

Link to IREP EE must be embedded in this slide PRIOR to conducting this session.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#65

A presentation slide for EEOICP. The slide has a blue header with the text "EEOICP" in large white letters and "The Energy Employees Occupational Illness Compensation Program" in smaller white letters below it. The background of the header features a collage of images including radiation warning symbols, a stethoscope, and a computer monitor. The main content area is white with a blue border on the right and bottom. It contains a section header "FAB NIOSH Review" followed by a bulleted list of five items. The number "65" is in the bottom right corner of the slide.

EEOICP
The Energy Employees Occupational Illness Compensation Program

FAB NIOSH Review

- Review the dose reconstruction report
- Confirm employment information used is correct
- Confirm diagnosis and diagnosis date used is correct
- Run NIOSH-IREP to verify PoC
- Signed copy of FAB IREP run must be included in the file

65

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

**Instructor
NOTE**

Emphasize that FAB CE/HRs follow the same procedures for running IREP as the DO. Emphasize that FAB must add a copy of their IREP run to the file to show that they verified the PoC.



#66

EEOICP
The Energy Employees Occupational Illness Compensation Program

Review of the DR

- After running IREP ensure the information in the DR report is accurate
 - Employment periods
 - Cancers with their diagnosis dates and ICD 9 codes
- If any discrepancies are noted – rework should be done
- Reworks may need to be done for Program Evaluation Reports (PERs) – several are forthcoming from NIOSH

66



#67

EEOICP
The Energy Employees Occupational Illness Compensation Program

NIOSH's Program Evaluation Report (PER)

- Completed cases with probabilities of causation less than 50% are reviewed as relevant new information becomes available
- The results of these reviews are described in a PER
- Details the effect, if any, of the new information on the completed dose reconstruction
- If it appears that the compensability of a completed dose reconstruction may be effected, NIOSH is committed to working with DOL to reopen & rework the dose reconstruction, as appropriate

67

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#68

The slide features a blue header with the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The background includes a stethoscope and radiation warning symbols. The main content is titled 'When Reworks are needed' and lists five bullet points. A blue footer bar at the bottom right contains the number '68'.

EEOICP

The Energy Employees Occupational Illness Compensation Program

When Reworks are needed

- Newly provided/identified information verifying a change to:
 - Cancer diagnosis
 - ICD 9 code
 - Diagnosis date (outside calendar year)
 - Employment facilities
 - Employment dates

68



SHOW PPT

#69

The slide features a blue header with the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The background includes a stethoscope and radiation warning symbols. The main content is titled 'Example of when Reworks are needed' and lists two bullet points. A blue footer bar at the bottom right contains the number '69'.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Example of when Reworks are needed

- Employment:
 - DR report shows verified employment dates from 06/01/54 to 08/01/54 and after reviewing file, we realize employment dates should actually be 06/01/54 to 08/01/64
- Medical:
 - DR report shows 1 skin cancer and after reviewing file, we realize there are actually 2 skin cancers that should have been reported

69

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#70

EEOICP The Energy Employees Occupational Illness Compensation Program

DR Rework

- Contains new information that was not considered in the original DR
- CE sends rework to Senior CE via e-mail attaching the ANRSD for review, who then sends the rework request to NIOSH Liaison
- Reworks should be sent electronically to the Health Physicist (HP) at National Office (NO) via the District Office NIOSH Liaison

70



SHOW PPT

#71

EEOICP The Energy Employees Occupational Illness Compensation Program

DR Rework Process

- Rework requests should 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

71

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#72

A presentation slide for EEOICP. The header features the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The slide title is 'Health Physicist Review'. It contains a bulleted list of four items regarding the review process. The slide number '72' is in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Health Physicist Review

- HP reviews the information provided
- Determines whether rework is required
- If new information would change outcome of the dose, the rework will be referred to NIOSH via e-mail with cc: to district office
- If the information would not change the outcome, the HPs notify, via e-mail, the NIOSH Liaison and CE explaining the rationale denying the rework request.

72



SHOW PPT

#73

A presentation slide for EEOICP. The header features the EEOICP logo and the text 'The Energy Employees Occupational Illness Compensation Program'. The slide title is 'Reworks Steps'. It contains a bulleted list of two items regarding the rework process. The slide number '73' is in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Reworks Steps

- Within 3 days the you should:
 - E-mail a brief statement to NIOSH Point of Contact indicating the ANRSD and rework letter will be provided in the weekly shipment.
 - **Example: 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 (and provide date).**
 - Prepare and release a rework notification letter to the claimant(s), places a printed copy in the file, and forwards a printed copy to NIOSH in the weekly referrals with the ANRSD.

73

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#74

The slide features a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes radiation warning symbols and a stethoscope. The main content area is white with a blue border at the bottom.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Reworks Steps, continued

- Change the prior NR's reason code from DR to RW, but leaves the date of the NR unchanged
- Ensures that all ECS entries based on the prior dose reconstruction revert to a pre-dose reconstruction status; medical condition's status code is "R," IREP information is blank, eligibility indicator code is "N," etc.
- Forward file to SrCE.

74



SHOW PPT

#75

The slide features a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes radiation warning symbols and a stethoscope. The main content area is white with a blue border at the bottom.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Notifying Claimant

Copy of letter being sent to claimant advising rework is being done, is sent to NIOSH in weekly shipment

75

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#76

A presentation slide with a blue header and a white body. The header contains the text "EEOICP" in large blue letters, followed by several yellow triangular warning symbols (radiation, biohazard, etc.) and a background image of a medical stethoscope. Below the header, the text "The Energy Employees Occupational Illness Compensation Program" is written in a smaller blue font. The main body of the slide contains the text "NO Rework Needed" in large blue letters, followed by "Move forward to prepare recommended decision" in a smaller black font. A blue footer bar at the bottom right contains the number "76".



#77

A presentation slide with a blue header and a white body. The header contains the text "EEOICP" in large blue letters, followed by several yellow triangular warning symbols (radiation, biohazard, etc.) and a background image of a medical stethoscope. Below the header, the text "The Energy Employees Occupational Illness Compensation Program" is written in a smaller blue font. The main body of the slide contains the text "Death Certificates" in large blue letters. A blue footer bar is visible at the bottom right.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#78

The slide features a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes a stethoscope and radiation warning symbols. The main content area is white with a blue border at the bottom.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Death Certificates

- Death certificate may be used for medical evidence only if:
 - Documentation is received indicating medical records are not available
 - The death certificate is signed by a physician

78



SHOW PPT

#79

The slide features a blue header with the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The background includes a stethoscope and radiation warning symbols. The main content area is white with a blue border at the bottom.

EEOICP

The Energy Employees Occupational Illness Compensation Program

Death Certificates, continued

- Affidavits should be collected from the claimant(s) providing an approximate date of diagnosis (at least month and year)
- If death certificate indicates autopsy was performed- obtain copy of autopsy

79

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#80

A presentation slide with a blue header. The header contains the text "EEOICP" in large blue letters, followed by "The Energy Employees Occupational Illness Compensation Program" in smaller blue text. Below the header, the word "Questions" is written in blue. In the center of the slide is a large, 3D-style red question mark. The slide number "80" is visible in the bottom right corner.

Trainee
HANDOUT

Next is the Cancer Quiz and Cancer Case Studies.



#81

A presentation slide with a blue header. The header contains the text "EEOICP" in large blue letters, followed by "The Energy Employees Occupational Illness Compensation Program" in smaller blue text. Below the header, the words "CANCER CASE STUDIES" are written in large blue capital letters. The slide number "81" is visible in the bottom right corner.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#82

EEOICP
The Energy Employees Occupational Illness Compensation Program

SEC Cancer Claim Quiz Page 1

1. Which of the following statements about dose reconstruction is correct?
 - a. Dose reconstruction is NOT required for any SEC specified cancer claim.
 - b. Dose reconstruction is required for SEC claimants who worked at least 250 workdays at gaseous diffusion plants in Paducah, Portsmouth, or Oak Ridge.
 - c. 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?
 - a. The cancers covered are the same for both SEC and non-SEC.
 - b. 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.
 - c. 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.

82



#83

EEOICP
The Energy Employees Occupational Illness Compensation Program

SEC Cancer Claim Quiz Page 2

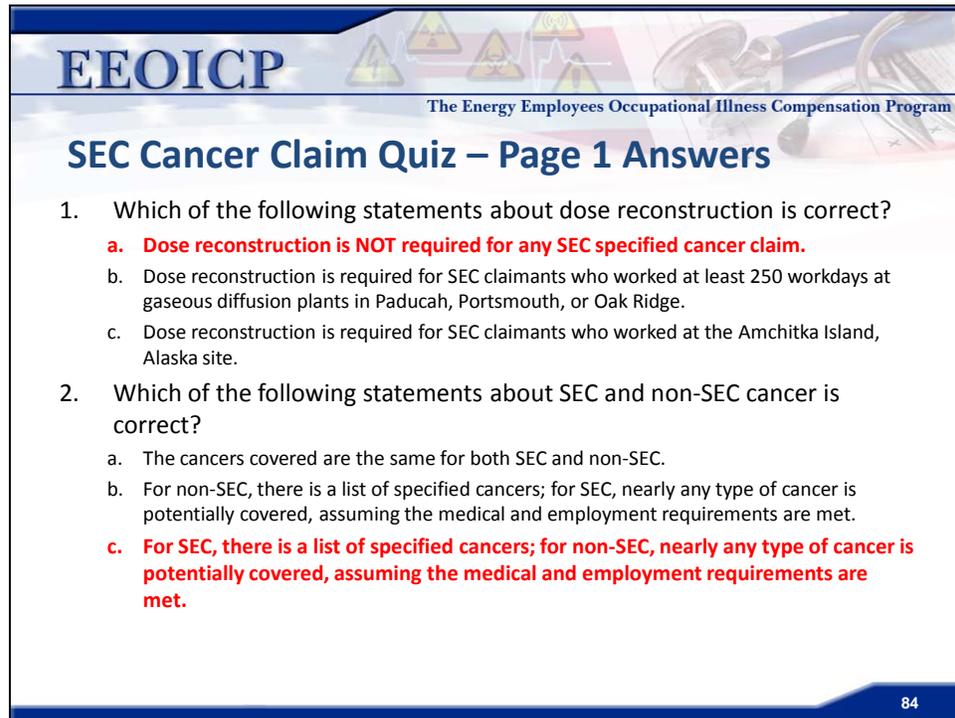
3. In which setting is employment for at least an aggregate of 250 workdays a requirement for SEC coverage?
 - a. Employment at a gaseous diffusion plant in Paducah, Portsmouth, or Oak Ridge, prior to Feb. 1, 1992. (The Act specifies 250 aggregate workdays for workers at gaseous diffusion plants. It does NOT specify a number of workdays for workers at Amchitka Island.)
 - b. Employment at Amchitka prior to Jan. 7, 1974, OR at Paducah, Portsmouth, Oak Ridge prior to Feb. 1, 1992.
 - c. Employment at any facility within the Oak Ridge, Tennessee complex, prior to Feb. 1, 1992.
4. What is the purpose of the ICD-9 code in EEOICPA claims?
 - a. It indicates the group into which a claim falls (e.g., SEC, non-SEC, RECA, other).
 - b. It identifies which DOE office handles verification of employment.
 - c. It is a classification code for specific diseases: for example, 162.2-162.9 is the range of codes for bronchus and lung cancers.

83

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#84



EEOICP
The Energy Employees Occupational Illness Compensation Program

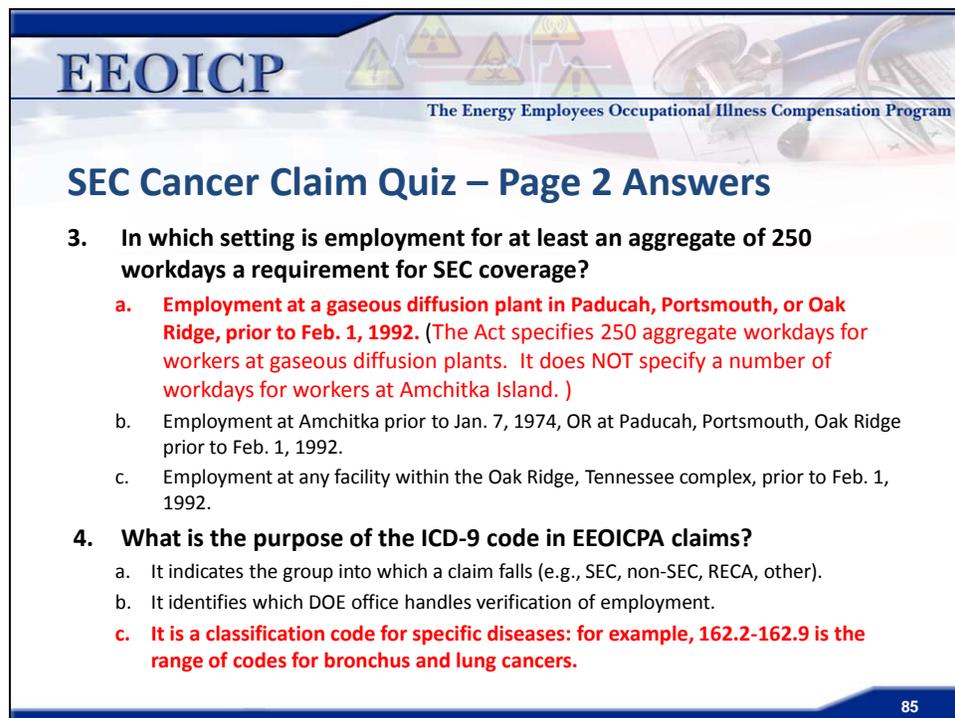
SEC Cancer Claim Quiz – Page 1 Answers

- 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.
- 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.**

84



#85



EEOICP
The Energy Employees Occupational Illness Compensation Program

SEC Cancer Claim Quiz – Page 2 Answers

- In which setting is employment for at least an aggregate of 250 workdays a requirement for SEC coverage?**
 - Employment at a gaseous diffusion plant in Paducah, Portsmouth, or Oak Ridge, prior to Feb. 1, 1992. (The Act specifies 250 aggregate workdays for workers at gaseous diffusion plants. It does NOT specify a number of workdays for workers at Amchitka Island.)**
 - Employment at Amchitka prior to Jan. 7, 1974, OR at Paducah, Portsmouth, Oak Ridge prior to Feb. 1, 1992.
 - Employment at any facility within the Oak Ridge, Tennessee complex, prior to Feb. 1, 1992.
- What is the purpose of the ICD-9 code in EEOICPA claims?**
 - It indicates the group into which a claim falls (e.g., SEC, non-SEC, RECA, other).
 - It identifies which DOE office handles verification of employment.
 - It is a classification code for specific diseases: for example, 162.2-162.9 is the range of codes for bronchus and lung cancers.**

85

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#86

EEOICP
The Energy Employees Occupational Illness Compensation Program

SEC Cancer Case Study 1 - Scenario

On the following pages is the case file for Harold Claimant. Review these documents and answer the questions at the end of the case materials.

86

The slide features a blue header with the EEOICP logo and title. The background of the slide is a light blue and white gradient with faint images of radiation warning symbols and a medical monitor. The text is centered and presented in a clean, professional font. A small blue box in the bottom right corner contains the number 86.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

FORM EE-1

Claim for Benefits 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 Number: 1215-0157
Expiration Date: 08/31/2007

Employee Information (Please Print Clearly) Submit Reset Print

1. Name (Last, First, Middle Initial) **2. Social Security Number**
 Claimant Harold J 000-00-0000

3. Date of Birth **4. Sex** **5. Dependents**
 03 29 1926 Male Female Spouse Child ren Other: _____

6. Address (Street, Apt. #, P.O. Box) **7. Telephone Number(s)**
 210 Main Street a. Home: (____) ____ - ____
 (City, State, ZIP Code) b. Other: (____) ____ - ____
 Anytown KY 42000

8. Identify the Diagnosed Condition(s) Being Claimed as Work-Related (check box and list specific diagnosis)

	9. Date of Diagnosis		
	Month	Day	Year
<input checked="" type="checkbox"/> Cancer (List Specific Diagnosis Below)			
a. pancreatic	05	01	2001
b. _____			
c. _____			
<input type="checkbox"/> Beryllium Sensitivity			
<input type="checkbox"/> Chronic Beryllium Disease (CBD)			
<input type="checkbox"/> Chronic Silicosis			
<input type="checkbox"/> Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)			
a. _____			
b. _____			
c. _____			

Awards and Other Information

10. Did you work at a location designated as a Special Exposure Cohort (SEC)? YES NO

11. Have you filed a lawsuit seeking either money or medical coverage for the above claimed condition(s)? YES NO

12. Have you filed any workers' compensation claims in connection with the above claimed condition(s) YES NO

13. Have you or another person received a settlement or other award in connection with a lawsuit or workers' compensation claim for the above claimed condition(s)? YES NO

14. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation? YES NO

15. Have you applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)? YES NO

If yes, provide RECA Claim #: _____

16. Have you applied for an award under Section 4 of the Radiation Exposure Compensation Act (RECA)? YES NO

Employee Declaration

Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or 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. Any change to the information provided on this form once it is submitted must be reported immediately to the district office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. If applicable, I authorize the Department of Justice to release any requested information, including information related to my RECA claim, to the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Furthermore, I authorize any physician or hospital (or any other person, institution, corporation, or government agency, including the Social Security Administration) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.

Employee Signature 11/25/2003
Date

Resource Center Date Stamp

Next Page

Form EE-1
April 2005

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

FORM EE-3 (PAGE 1)

Employment History for a Claim Under the Energy Employees Occupational Illness Compensation Program Act

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



Note: Please provide as much information as possible. Do not write in the shaded areas. OMB No. 1215-0197
Expiration Date: 08/31/2010

Employee's Information (Print clearly) Submit Reset Print

1. Employee's Name (Last, First, Middle Initial)	2. Former Name (e.g. Maiden/Legal Change)	3. Social Security Number (If known)
Claimant Harold J		000-00-0000

Contact Information for Person Completing this Form (Print clearly)

4. Name (Last, First, Middle Initial)	5. Claim Type (check one)
Claimant Harold J	<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Survivor
6. Address (Street, Apt. #, P.O. Box)	7. Telephone Number(s)
210 Main Street	a. Home: (555) 222 - 1111
(City, State, ZIP Code)	b. Other: () -
Anytown KY 42000	

Employee's Work History (Provide as much information as known - if necessary attach a separate sheet)

In chronological order, **starting with the most recent period of employment**, provide the complete work history of the employee named above. Provide as much identifying information as known concerning the name of the employer and location (city & state) where the employee performed the work. If you require additional space to explain or clarify a point, attach a signed supplemental statement to this form.

Employer - 1	Start Date: 05 / 06 / 1966	End Date: 11 / 17 / 1969	Work Schedule (check one) <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time
---------------------	----------------------------	--------------------------	--

Facility Name (spell out name)	Specific Location (building/site/mine/mill)	City/State where worked performed
Paducah Gaseous Diffusion Plant	Worked in All Buildings	Milrow, Alaska

Contractor/sub-contractor or Vendor name(s)	Type of Facility/Employer (check one)
	<input checked="" type="checkbox"/> Department of Energy Facility <input type="checkbox"/> Beryllium Vendor <input type="checkbox"/> Unknown <input type="checkbox"/> Atomic Weapons Facility <input type="checkbox"/> Uranium Miner/Miller/Transporter

Position Title or Mine/Mill Activity	Was a dosimetry badge worn while employed?
General Maintenance	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown

Work Identification Number	If known, provide the Dosimetry Badge Number:
	123456789

Description of Work Duties (Describe in detail)

General Maintenance. Worked in All Buildings. C-720 Compressor Shop. Converter Shop.

Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility

Exposure to radiation, contamination, chemicals and toxic fumes.
Changed dust collectors and filters (C-410)
Experienced releases of UH6.
Exposed to asbestos.

Indicate whether the employee participated in any employer health programs or unions at this facility (check all that apply)

Former Worker Program (FWP) Radiation Exposure Screening and Education Program (RESEP) Other Medical Study
 Other Medical Surveillance Program Union Member Other (specify):

Next Page

Form EE-3
April 2005

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

EMPLOYMENT VERIFICATION SHEET

This form is used to verify the employment history of an employee named in a claim for compensation under the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA). The employment verification and certification must be completed by an official of the Department of Energy. All attached documentation (EE-1 or EE-2 Claim for Benefits and EE-3 Employment History) should be reviewed prior to completion.

EMPLOYEE INFORMATION (completed by DOE or DOL)

Claimant	Harold	J	000-00-0000
Employee Last Name	First Name	MI	Social Security Number
Milrow	Amchitka Island Nuclear Explosion Site		
Employer Name	Department of Energy Facility		

EMPLOYMENT VERIFICATION (completed by DOE)

You must select ONE of the following three options and provide the appropriate response. If the employee worked for multiple employers at the facility, you may request additional Employment Verification Sheets from the district office handling the claim or make a copy of a blank sheet.

OPTION 1— VERIFIED EMPLOYMENT

Verified Period 1	From 05/06/1966 to 11/17/1970	Location of Employment Activities, if known (Building, Laboratory, Site, Mine, etc.)
<input checked="" type="checkbox"/> DOE employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor
Verified Period 2	From to	Location of Employment Activities, if known (Building, Laboratory, Site, Mine, etc.)
<input type="checkbox"/> DOE employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor
Verified Period 3	From to	Location of Employment Activities, if known (Building, Laboratory, Site, Mine, etc.)
<input type="checkbox"/> DOE employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor
Verified Period 4	From to	Location of Employment Activities, if known (Building, Laboratory, Site, Mine, etc.)
<input type="checkbox"/> DOE employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Subcontractor

OPTION 2— NO VERIFICATION IS POSSIBLE, BUT OTHER PERTINENT EVIDENCE EXISTS

The Department of Energy has conducted a reasonable search of available records and is unable to verify the accuracy of the claimed period of employment. However, evidence has been identified that may assist the DOL claims examiner reach a determination of covered employment. Check all that apply and attach pertinent documentation to this form. If needed, a narrative statement can be prepared to summarize findings or provide clarification.

<input type="checkbox"/> Security Clearance	<input type="checkbox"/> Medical Health Records
<input type="checkbox"/> Proof of Contractual or Subcontractual Relationship	<input type="checkbox"/> Employee ID Badge
<input type="checkbox"/> Dosimeter Badge Number	<input type="checkbox"/> Other _____

OPTION 3— NO EVIDENCE EXISTS IN REGARD TO THE CLAIMED EMPLOYMENT

The Department of Energy has conducted a reasonable search of available records and is unable to identify any evidence that can be used to either concur or disagree with the accuracy of claimed employment. Furthermore, no documentation or other evidence has been identified that could assist the Department of Labor in making a determination of covered employment.

CERTIFICATION (completed by DOE)

By signing this employment sheet, the Department of Energy is acknowledging that it has conducted a reasonable search of available records and that the information provided on this sheet accurately reflects the results of that search. For any period of claimed employment that is not verified by this form, the Department of Energy acknowledges that it can neither concur nor disagree with the accuracy of claimed employment.

Print Name: Joe Federal Employee Telephone No: (202) 555-1122

Address: Washington, DC

Signature: _____ Date: _____

Reset

Print

EE-5 Employment Verification

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

MEDICAL NARRATIVE

Roger Physician, MD & Internist

1234 Any Parkway, Any City, Arizona 85002 602-555-1234

May 7, 2001

Patient: Mr. Claimant

Patient No: 98762-4321

Physical Findings:

Mr. Claimant has been a patient of mine for the last 11 years. He is a 72 year old man, 5 ft. 10 in, 198 lbs., BP 125/70. Probable jaundice condition. He is also experiencing upper abdominal and back pain. The pain worsens when he eats or lies down. Patient denies nausea, loss of appetite, or weight loss. Other vitals normal. Neurological exam normal. Mild osteoporosis.

Diagnostic Impression:

The diagnosis of carcinoma of the pancreas was confirmed through an endoscopic retrograde cholangiopancreatography (ERC) and magnetic resonance imaging (MRI). These diagnostic procedures confirmed the presence of stage 2 cancer with metastasis involving the surrounding tissue. This is a primary site cancer. Further diagnostic testing is required to assess involvement of the lymph nodes.

Recommendation:

I am referring Mr. CLAIMANT to the surgical Mercy Hospital for evaluation for surgery to remove part of the pancreas and other nearby tissue. Further evaluation is required to indicate selection of the Whipple procedure or pancreatectomy as well as involvement of the duodenum, common bile duct, gallbladder, spleen, and nearby lymph nodes. Please contact me when the evaluation is complete.

RP:ab

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#87

EEOICP
The Energy Employees Occupational Illness Compensation Program

Case Study 1 – Questions

1. Has Mr. Claimant. submitted all the medical evidence that you need in order to recommend approving or denying this claim? Why or why not?
2. Does Mr. Claimant have sufficient employment evidence? Why or why not?
3. Based on the evidence, what is your next step?

87



#88

EEOICP
The Energy Employees Occupational Illness Compensation Program

Case Study 1 – Answers

1. Has Mr. Claimant. submitted all the medical evidence that you need in order to recommend approving or denying this claim? Why or why not?
No. Mr. Claimant has submitted a narrative report from her physician with a diagnosis. This report does not, however, include a date of diagnosis. In addition, the medical evidence did not include a pathology report.
2. Does Mr. Claimant. have sufficient employment evidence? Why or why not?
Yes. Mr. Claimant’s employment meets the SEC Employment Conditions, and was verified by DOE (i.e., her place, date, and duration of employment qualify for SEC status.)

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#89

EEOICP
The Energy Employees Occupational Illness Compensation Program

Case Study 1 – Answers (Continued)

3. Based on the evidence, what is your next step?

Develop the medical evidence. Pancreatic cancer is on the list of SEC specified cancers and indications are that Mr. Claimant does have the disease. You need to contact the diagnosing physician or the claimant to request the pathology report.

89



SHOW PPT

#90

EEOICP
The Energy Employees Occupational Illness Compensation Program

Non-SEC Cancer Quiz Page 1

1. **What is the purpose of forwarding a claimant's package to NIOSH?**

- This is standard procedure for all EEOICPA claims.
- NIOSH performs dose reconstruction for all non-SEC cancers.
- NIOSH performs dose reconstruction for both SEC and non-SEC cancers.

2. **In general, which of the following types of medical reports should a claim include?**

- A medical narrative that includes a diagnosis of cancer with the date of diagnosis.
- A pathology report indicating cancer.
- A medical narrative including cancer diagnosis and date and the supporting pathology report.

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#91

A presentation slide for EEOICP. The header features the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The main content is titled "Non-SEC Cancer Quiz – Page 2" and contains a multiple-choice question about ICD-9 coding for malignant melanoma. The slide number "91" is in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Non-SEC Cancer Quiz – Page 2

3. A claimant was diagnosed with a malignant melanoma. In the ICD-9 code table, the primary site code is 172. Which of the following statements is correct?

- Do not use a three-digit number. An ICD-9 code should have at least one number after the decimal (e.g., 172.1, 172.2). You should always consult the ICD-9 CM manual to determine the complete number for the given condition.
- In this case, the code of 172 is acceptable. You should consult the ICD-9 CM manual only if the primary site code is given as a range (e.g., 191.0 – 191.8).
- Statement A is correct, but only applies to non-SEC cancer.
- Statement B is correct, but only applies to non-SEC cancer.

91



#92

A presentation slide for EEOICP. The header features the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The main content is titled "Non-SEC Cancer Quiz – Page 1 Answers" and contains two questions with multiple-choice answers. The slide number "92" is in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Non-SEC Cancer Quiz – Page 1 Answers

1. What is the purpose of forwarding a claimant's package to NIOSH?

- This is standard procedure for all EEOICPA claims.
- NIOSH performs dose reconstruction for all non-SEC cancers.
- NIOSH performs dose reconstruction for both SEC and non-SEC cancers.

2. In general, which of the following types of medical reports should a claim include?

- A medical narrative that includes a diagnosis of cancer with the date of diagnosis.
- A pathology report indicating cancer.
- A medical narrative including cancer diagnosis and date and the supporting pathology report. (The pathology report forms the basis for the diagnosis. Both items are required).

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#93

A presentation slide for EEOICP. The header features the EEOICP logo and the text "The Energy Employees Occupational Illness Compensation Program". The slide title is "Non-SEC Cancer Quiz – Page 2 Answers". The main content is a multiple-choice question about ICD-9 coding for malignant melanoma. The slide number "93" is in the bottom right corner.

EEOICP
The Energy Employees Occupational Illness Compensation Program

Non-SEC Cancer Quiz – Page 2 Answers

3. A claimant was diagnosed with a malignant melanoma. In the ICD-9 code table, the primary site code is 172. Which of the following statements is correct?

- Do not use a three-digit number. An ICD-9 code should have at least one number after the decimal (e.g., 172.1, 172.2). You should always consult the ICD-9 CM manual to determine the complete number for the given condition.
- In this case, the code of 172 is acceptable. You should consult the ICD-9 CM manual only if the primary site code is given as a range (e.g., 191.0 – 191.8).
- Statement A is correct, but only applies to non-SEC cancer.
- Statement B is correct, but only applies to non-SEC cancer.
- In this case, the code of 172 is acceptable. You should consult the ICD-9 CM manual only if the primary site code is given as a range (e.g., 191.0 – 191.8). (If an ICD-9 code is given as a single number, use that number. You do not need to turn to the ICD-9 CM manual).

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EE-1

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

Claim for Benefits 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 Number: 1215-0197
Expiration Date: 06/31/2007

Employee Information (Please Print Clearly) Submit Reset Print																					
1. Name (Last, First, Middle Initial) Claimant: Harold J		2. Social Security Number 000-00-0000																			
3. Date of Birth 03 / 29 / 1926 <small>Month Day Year</small>	4. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Dependents <input checked="" type="checkbox"/> Spouse <input checked="" type="checkbox"/> Children <input type="checkbox"/> Other: _____																			
6. Address (Street, Apt. #, P.O. Box) 210 Main Street <small>(City, State, ZIP Code)</small> Arlington KY 42000		7. Telephone Number(s) a. Home: () - b. Other: () -																			
8. Identify the Diagnosed Condition(s) Being Claimed as Work-Related (check box and list specific diagnosis)																					
<input checked="" type="checkbox"/> Cancer (List Specific Diagnosis Below)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">9. Date of Diagnosis</th> </tr> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>a. Non-Hodgkin's Lymphoma</td> <td>04</td> <td>04</td> <td>2000</td> </tr> <tr> <td>b. _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				9. Date of Diagnosis			Month	Day	Year	a. Non-Hodgkin's Lymphoma	04	04	2000	b. _____				c. _____			
	9. Date of Diagnosis																				
	Month	Day	Year																		
a. Non-Hodgkin's Lymphoma	04	04	2000																		
b. _____																					
c. _____																					
<input type="checkbox"/> Beryllium Sensitivity																					
<input type="checkbox"/> Chronic Beryllium Disease (CBD)																					
<input type="checkbox"/> Chronic Silicosis																					
<input type="checkbox"/> Other Work-Related Condition(s) due to exposure to toxic substances or radiation (List Specific Diagnosis Below)																					
a. _____																					
b. _____																					
c. _____																					
Awards and Other Information																					
10. Did you work at a location designated as a Special Exposure Cohort (SEC)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
11. Have you filed a lawsuit seeking either money or medical coverage for the above claimed condition(s)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
12. Have you filed any workers' compensation claims in connection with the above claimed condition(s)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
13. Have you or another person received a settlement or other award in connection with a lawsuit or workers' compensation claim for the above claimed condition(s)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
14. Have you either pled guilty or been convicted of any charges connected with an application for or receipt of federal or state workers' compensation?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
15. Have you applied for an award under Section 5 of the Radiation Exposure Compensation Act (RECA)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
If yes, provide RECA Claim #: _____																					
16. Have you applied for an award under Section 4 of the Radiation Exposure Compensation Act (RECA)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
Employee Declaration																					
<p>Any person who knowingly makes any false statement, misrepresentation, concealment, or fact, or 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. Any change to the information provided on this form once it is submitted must be reported immediately to the district office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. If applicable, I authorize the Department of Justice to release any requested information, including information related to my RECA claim, to the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP). Furthermore, I authorize any physician or hospital (or any other person, institution, corporation, or government agency, including the Social Security Administration) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.</p>		Resource Center Date Stamp																			
<p>_____ Employee Signature</p> <p style="text-align: right;">05/07/2004 Date</p>																					

Next Page

Form EE-1
April 2005

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

Employment History for a Claim Under the Energy Employees Occupational Illness Compensation Program Act		U.S. Department of Labor Employment Standards Administration Office of Workers' Compensation Programs			
Note: Please provide as much information as possible. Do not write in the shaded areas.					OMB No. 1215-0197 Expiration Date: 08/31/2010
Employee's Information (Print clearly)			<input type="button" value="Submit"/> <input type="button" value="Reset"/> <input type="button" value="Print"/>		
1. Employee's Name (Last, First, Middle Initial)		2. Former Name (e.g. Maiden/Legal Change)	3. Social Security Number (If known)		
Claimant Harold J			000-00-0000		
Contact Information for Person Completing this Form (Print clearly)					
4. Name (Last, First, Middle Initial)		5. Claim Type (check one)			
Claimant Harold J		<input checked="" type="checkbox"/> Employee <input type="checkbox"/> Survivor			
6. Address (Street, Apt. #, P.O. Box)			7. Telephone Number(s)		
210 Main Street			a. Home: (555) 222 - 1111		
(City, State, ZIP Code)			b. Other: () -		
Anytown KY 42000					
Employee's Work History (Provide as much information as known - if necessary attach a separate sheet)					
In chronological order, starting with the most recent period of employment , provide the complete work history of the employee named above. Provide as much identifying information as known concerning the name of the employer and location (city & state) where the employee performed the work. If you require additional space to explain or clarify a point, attach a signed supplemental statement to this form.					
Employer - 1		Start Date:		End Date:	
		<input type="text" value="11"/> <input type="text" value="21"/> <input type="text" value="1962"/>		<input type="text" value="05"/> <input type="text" value="07"/> <input type="text" value="2004"/>	
		Month Day Year		Month Day Year	
Work Schedule (check one)					
<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
Facility Name (spell out name)		Specific Location (building/site/mine/mill)		City/State where worked performed	
Extrusion Plant		1800 East 21st Street		Athens, OH	
Contractor/sub-contractor or Vendor name(s)		Type of Facility/Employer (check one)			
		<input checked="" type="checkbox"/> Department of Energy Facility <input type="checkbox"/> Beryllium Vendor <input type="checkbox"/> Unknown			
		<input type="checkbox"/> Atomic Weapons Facility <input type="checkbox"/> Uranium Miner/Miller/Transporter			
Position Title or Mine/Mill Activity		Was a dosimetry badge worn while employed?			
General Maintenance		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Unknown			
Work Identification Number		If known, provide the Dosimetry Badge Number:			
		<input type="text"/>			
Description of Work Duties (Describe in detail)					
General Maintenance. Worked in All Buildings. C-720 Compressor Shop. Converter Shop.					
Describe or list the work conditions/exposures you believe caused or contributed to the claimed work illness(es) at this facility					
Exposure to radiation, contamination, chemicals and toxic fumes. Changed dust collectors and filters (C-410). Experienced releases of UHS. Exposed to asbestos.					
Indicate whether the employee participated in any employer health programs or unions at this facility (check all that apply)					
<input type="checkbox"/> Former Worker Program (PWP)		<input type="checkbox"/> Radiation Exposure Screening and Education Program (RESEP)		<input type="checkbox"/> Other Medical Study	
<input type="checkbox"/> Other Medical Surveillance Program		<input type="checkbox"/> Union Member		<input type="checkbox"/> Other (specify):	
				<input type="text"/>	
<input type="button" value="Next Page"/>				Form EE-3 April 2005	

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

ORISE DATABASE SEARCH RESULTS

Search ORISE Information

Page 1 of 1

[Home](#) [Search ORISE](#) [Change Password](#) [Logon](#)

Search ORISE Data

The minimum search criteria for ORISE is some part of the employee's last name or SSA.

Employee's First Name: MI: Last Name:

SSN: Ex. 111-11-1111

ORISE Search Results

0 – 0 of 0 Found

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

Employment Records Verification

Excerpt from employment records provided by Mr. Claimant:

Reactive Metals, Inc.

HRIS Record: 02-7-31-2001**Employee:** 117629**DOB:** 9-02-35 **SSN:** 285-25-7055

Begin: 11-21-62 **Title:** Metallurgy Fluoroscopy Technician

New: 12-31-64 **Title:** Supervisor, Metallurgical Analysis

New: 10-23-70 **Title:** Manager, Metallurgy Finishing Sect 2

New: 08-15-88 **Title:** Retired

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

Medical Narrative 1

Roger Physician, M.D.

Fairview Hospital Center for Corporate Health
18101 Main Ave.
Cleveland, Ohio 44111
(800)555-7000

May 17, 2000

To Whom It May Concern:

Mr. Harold Claimant. was referred to me by Dr. Ronald Physician of our Center for Corporate Health. Dr. Physician referred the patient to me after he had been diagnosed with an aggressive type of non-Hodgkin's lymphoma. He is undergoing intensive chemotherapy, monoclonal antibody treatment, and soon will undergo high-dose chemotherapy with autologous stem cell rescue as treatment for his disease. He is responding to this treatment and we hope that he will enter a complete remission. However, even if he does achieve complete remission, there is a substantial risk of recurrence.

Mr. Claimant worked as a fluoroscope technician for a number of years while under the employ of the Ashtabula Extrusion Plant. In fact, it was because of his participation in that company's wellness program that he was first seen by Dr. Physician who initially diagnosed his condition. While employed as a fluoroscope operator, it is my understanding that Mr. Claimant wore protective garments. However, those garments did not provide full protection of his neck and head. The lymphoma presented in the neck area. The predominant sites of his lymphoma were in areas not shielded from radiation exposure. Accordingly, the exposure to radiation and the sites of origin of his lymphoma during the course of his work leads me to the impression that radiologic exposure was a likely contributing factor to his lymphoma. The timing of his exposure and the onset of lymphoma are entirely consistent with this causation. However, also note that Mr. Claimant spent his entire career working in the vicinity of uranium billets and extruded feedstock. He is uncertain that the shielding was sufficient to protect him from radiation.

Please do not hesitate to notify me if there are questions on this.

Sincerely,

Roger Physician, MD
Professor of Medicine

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

Medical Narrative #2

~~Ronald Physician, M.D.~~

Fairview Hospital Center for Corporate Health
18101 Main Ave.
Cleveland, Ohio 44111
(800)555-7000

April 4, 2000

RE: Patient: Harold Claimant

Case: 000-00-0000

IMPRESSION: I evaluated and treated Mr. Claimant previously for an occupation-related injury, a repetitive stress condition in his shoulder. It is now apparent that I have uncovered another occupation-related disease as a result of my examinations of Mr. Claimant on February 24, 2000 and March 9, 2000. The result is that we have discovered tender lymph nodes in Mr. Claimant's neck, more so, on the right than on the left, and lab work-ups show that these have turned out to represent a particularly malignant form of non-Hodgkin's lymphoma. It is apparent to me that Mr. Claimant, due to his employment as a fluoroscope technician for 2 years, ending about 35 years ago, followed by 10 more years supervising other fluoroscope technicians, has received large amounts of radiation. He received this radiation predominantly to the right side of his neck, because of his orientation to the fluoroscopic tube. A lead apron shielded other areas of his body. He suspects he may have also been exposed to radioactive materials, but could provide neither substantiation of this claim nor estimates of dosages.

HISTORY OF PRESENT ILLNESS: Harold Claimant was a manager with Reactive Metals, Inc., and was referred to our center of excellence by Dr. George Physician, a neurologist, for evaluation in consideration of therapeutic options for a patient with newly diagnosed adenopathy in his neck. Dr. Physician had been following the patient for a period of time due to disc disease in Mr. Claimant's cervical spine. Subsequently, he fell at home about two months ago and noted significant pain in his neck, more so on his right side than left.

He was initially treated symptomatically, but about a month ago he noted a small nodule in his neck. He didn't think much of it until he noticed a second one about three weeks ago.

Mr. Claimant had a benign adenoma removed from his thyroid gland in 1974. He has no history of therapeutic radiation. No known drug allergies. His father died of lung cancer but was a heavy smoker. No other cancers in his family.

PHYSICAL FINDINGS: Mr. Claimant is a white male, 66 years of age. He is slight of build, 6'1" tall and 162 pounds. His vitals were all normal. Aside from the obvious adenopathy in his neck, EENT exam was normal. Cardiovascular exam, normal. BP 118/72, Gross neurological exam, normal. Mr. Claimant reported no night sweats, fevers, or weight loss.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

PATHOLOGY: A CT scan of Mr. Claimant's neck showed bilateral lymphadenopathy, more so on the right than on the left, in both the supraclavicular fossa as well as ascending the internal jugular chain mostly on the right. (See attached report.) This was confirmed by Dr. B. Physician, and, because of its appearance, suspected to be non-Hodgkin's lymphoma. Dr. S. Physician, who consulted in the earlier exam, noted excessive lymphoid tissue in Mr. Claimant's right tonsil. He performed an excisional biopsy of the larger lymph node and his right tonsil on March 2, 2000. Pathology confirmed the presence of non-Hodgkin's lymphoma. (See attached report.)

Sincerely,

Ronald Physician, MD

Assume that a CT report and a tissue biopsy report (as referenced in the above medical narrative), both positive for non-Hodgkin's lymphoma, were attached to Dr. Physician's report.

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#94

EEOICP The Energy Employees Occupational Illness Compensation Program

Non SEC-Cancer Case Study 1 - Scenario

Directions: On the following pages is the case file for Harold Claimant. Review these documents and answer the questions at the end.

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#95

EEOICP The Energy Employees Occupational Illness Compensation Program

Case Study 1 – Questions Page 1

1. Which of the following statements, based on Mr. Claimant’s EE-3, is correct?
 - a. This is a non-SEC claim because he did not work for his employer for a long enough period.
 - b. This is a non-SEC claim because he did not work at facilities that are on the list of SEC facilities.
 - c. This should be an SEC claim, but the claimant has completed the form EE-1 incorrectly.
2. Has Mr. Claimant submitted all the medical evidence that you need in order to send the case to NIOSH for dose reconstruction? Why or why not?

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



SHOW PPT

#96

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Case Study 1 – Questions Page 2

3. What diagnosis date should you enter for this case?
4. What ICD-9 code should you enter for this case?

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SHOW PPT

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Case Study 1 – Answers Page 1

1. Which of the following statements, based on Mr. Claimant's EE-3, is correct?
 - a. This is a non-SEC claim because he did not work for his employer for a long enough period.
 - b. This is a non-SEC claim because he did not work at facilities that are on the list of SEC facilities.
 - c. This should be an SEC claim, but the claimant has completed the form EE-1 incorrectly.
2. Has Mr. Claimant's submitted all the medical evidence that you need in order to send the case to NIOSH for dose reconstruction? Why or why not?

Yes, Mr. Claimant. has submitted all necessary medical evidence. He has reports from two physicians, accompanied by pathologies consistent with the diagnosis. The medical report includes the diagnoses. Note that there is some question as to whether the cancer was caused solely by radiation from a fluoroscope or also by radiation from radioactive materials in Mr. Claimant's vicinity. A dose reconstruction will be critical in this determination.

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT



#98

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Case Study 1 – Answers Page 2

3. What diagnosis date should you enter for this case?
Diagnosis Date: 03/02/2000
(This is referenced by the physician as the date the biopsy was performed. Since we are to assume the actual report is in the file, we can use that date.)

4. What ICD-9 code should you enter for this case?
Since it's a non-Hodgkin's lymphoma, you would find in the Resource Book that it's in the range of 202.0 – 202.9. Studying the physician's report and refining it further through the ICD-9 code books or the internet, you would find that the specific code in this case is 202.8.

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**Instructor
Note**

Please complete the Training Evaluation at the end of your Participant's Guide and pass it to the end of the row.

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Questions

A large, 3D-style red question mark with a white shadow, centered on a white background.

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DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

ACRONYM LIST

Acronym	Meaning
AADEP	American Academy of Disability Evaluating Physicians
AAW	Average Annual Wage
ABIME	American Board of Independent Medical Examiners
ACS	Affiliated Computer Services (current medical bill pay contractor)
ADL	Activities of Daily Living
ADP	Automated Data Processing
AEC	Atomic Energy Commission
AMA's Guides	American Medical Association's Guides to the Evaluation of Permanent Impairment
ANRSD	Amended NIOSH Referral Summary Document
ARLD	Asbestos Related Lung Disease
AWE	Atomic Weapons Employer
BAL	Bronchoalveolar Lavage
Be	Beryllium
BeS	Beryllium Sensitivity
BOTA	Branch of Outreach and Technical Assistance
BPA	Bill Pay Agent
CAT	Computerized Axial Tomography
CATI	Computer Assisted Telephone Interview - held by NIOSH for DRs
CBD	Chronic Beryllium Disease
CE	Claims Examiner
CE2	Claims Examiner who can work on cases assigned to the Final Adjudication Branch
CFR	Code of Federal Regulations
CLL	Chronic Lymphocytic Leukemia
CMC	Contract Medical Consultant
CPI	Consumer Price Index
CPT	Current Procedure Terminology
CPWR	Center to Protect Workers Rights
CT	Computed Tomography
DAR	Document Acquisition Request
DD	District Director

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

Acronym	Meaning
DEEOIC	Division of Energy Employees Occupational Illness Compensation
DME	Durable Medical Equipment
DMS	District Medical Scheduler
DO	District Office
DoD	Department of Defense
DOE	Department of Energy
DOJ	Department of Justice
DOL	Department of Labor
DR	Dose Reconstruction
DRG	Diagnosis Related Group
ECS	Energy Compensation System
EE-1	Employee Claim for Benefits form
EE-2	Survivor Claim for Benefits form
EE-3	Employment History
EE-4	Employment History Affidavit
EEOICPA	Energy Employees Occupational Illness Compensation Program Act (the Act)
EFT	Electronic Funds Transfer
ERDA	Energy Research and Development Administration (pre DOE)
FAB	Final Adjudication Branch
FAB DO	FAB District Office
FO	Fiscal Officer
FOIA	Freedom of Information Act
FTE	Full Time Equivalent
FTR	Federal Travel Regulations
FWP	Former Worker Program
GTR	Government Travel Regulations
HHA	Home Health Aide
HHS	Health and Human Services
HP	Health Physicist
HR	FAB Hearing Representative
ICD-9	International Coding of Diseases
IH	Industrial Hygienist
IM	Intramuscular

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

Acronym	Meaning
IREP	Interactive RadioEpidemiological Program
IREP-EE	IREP-EE- Enterprise Edition used for POCs between 45 and 50%
IV	Intravenous
LPN	Licensed Practical Nurse
LPT	Lymphocyte Proliferation Test (Same as BeLPT)
LTT	Lymphocyte Transformation Test (Same as BeLTT)
MMI	Maximum medical improvement
NDC	National Drug Code
NIOSH	National Institute for Occupational Safety and Health
NO	National Office
NRSD	NIOSH Referral Summary Document
OCAS	NIOSH's Office of Compensation Analysis and Support
OCAS-1	NIOSH form to be signed by claimant after DR
OHQ	Occupational History Questionnaire
ORISE	Oak Ridge Institute for Science and Education
OWCP	Office of Workers' Compensation Programs
PA	Privacy Act
PCA	Payee Change Assistant
PEP	Program Evaluation Plan
PER	Program Evaluation Report
PII	Personally Identifiable Information
PM	Procedure Manual
PoC	Probability of Causation
POC	Point of Contact
POV	Privately Owned Vehicle
RC	Resource Center
RD	Recommended Decision
RECA	Radiation Exposure Compensation Act
SEC	Special Exposure Cohort
SEM	Site Exposure Matrices
SIR	ACS's "Stored Information Retrieval" system where bills are stored.
SOAF	Statement of Accepted Facts
SOL	Solicitor of Labor
SSA	Social Security Administration

DEVELOPING FOR MEDICAL CONDITIONS SESSION INSTRUCTIONAL CONTENT

Acronym	Meaning
SWC	State Workers' Compensation
TAs	Technical Assistants
WCA	Workers Compensation Assistants