

The report will have the following Case, Part B and Part E specific columns:

- Case ID *(for QC Purposes only)*
- Employee Filed
- Employee Deceased
- Survivor Filed
- Worksite(s) *(will be comma delimited if more than one worksite claimed/verified on case)*
- Job Title(s) *(unique job titles from employment records associated to Worksite(s), will be comma delimited if more than one. If none, leave this blank)*
- Latest CMC Sent Date / IH Referral Sent Date *(either the DMC Sent Date associated to any of the 7 medical conditions or IH Referral Correspondence Sent Date, whichever of these 2 that exists and is the latest date. If none, leave this blank)*

Part B

- Med Conditions Filed *(ICD-code/Claimed Medical descriptions of any of the above 7 medical conditions filed on Part B for the case - will be comma delimited if more than one)*
- Med Conditions Approved *(ICD-code/Claimed Medical descriptions of any of the above 7 medical conditions approved on Part B for the case - will be comma delimited if more than one)*
- Med Conditions Denied *(ICD-code/Claimed Medical descriptions of any of the above 7 medical conditions denied on Part B for the case - will be comma delimited if more than one)*
- Approved Consequential Med Conditions *(ICD-code/Claimed Medical descriptions of any of the above 7 medical conditions approved on Part B for the case by Consequential Acceptance - will be comma delimited if more than one)*
- CBD Diagnosis Date *(The earliest CBD medical diagnosis date if CBD Medical condition was filed/approved on the Case for Part B)*
- CBD Approved *(Indicates if Case has CBD Medical Condition Approval on Part B Y/N)*
- BS Diagnosis Date *(The earliest BS medical diagnosis date if BS Medical condition was filed/approved on the Case for Part B)*
- BS Approved *(Indicates if Case has BS Medical Condition Approval on Part B Y/N)*
- CS Diagnosis Date *(The earliest CS medical diagnosis date if CS Medical condition was filed/approved on the Case for Part B)*
- CS Approved *(Indicates if Case has CS Medical Condition Approval on Part B Y/N)*
- Sarcoidosis Diagnosis Date *(The earliest Sarcoidosis medical diagnosis date if Sarcoidosis Medical condition was filed/approved on the Case for Part B)*
- Sarcoidosis Approved *(Indicates if Case has Sarcoidosis Medical Condition Approval on Part B Y/N)*
- COPD Diagnosis Date *(The earliest COPD medical diagnosis date if COPD Medical condition was filed/approved on the Case for Part B)*
- COPD Approved *(Indicates if Case has COPD Medical Condition Approval on Part B Y/N)*
- Asthma Diagnosis Date *(The earliest Asthma medical diagnosis date if Asthma Medical condition was filed/approved on the Case for Part B)*
- Asthma Approved *(Indicates if Case has Asthma Medical Condition Approval on Part B Y/N)*
- Interstitial Lung Disease Diagnosis Date *(The earliest Interstitial Lung Disease medical diagnosis date if Interstitial Lung Disease Medical condition was filed/approved on the Case for Part B)*
- Interstitial Lung Disease Approved *(Indicates if Case has Interstitial Lung Disease Medical Condition Approval on Part B Y/N)*
- First Approval CY *(The Calendar Year of the first Part B Final Decision's release date which contained any of the 7 medical conditions and was approved + the case has at least one of the above medical condition Approval indicators set to Y¹)*
- First Denial CY *(The Calendar Year of the first Part B Final Decision's release date which*