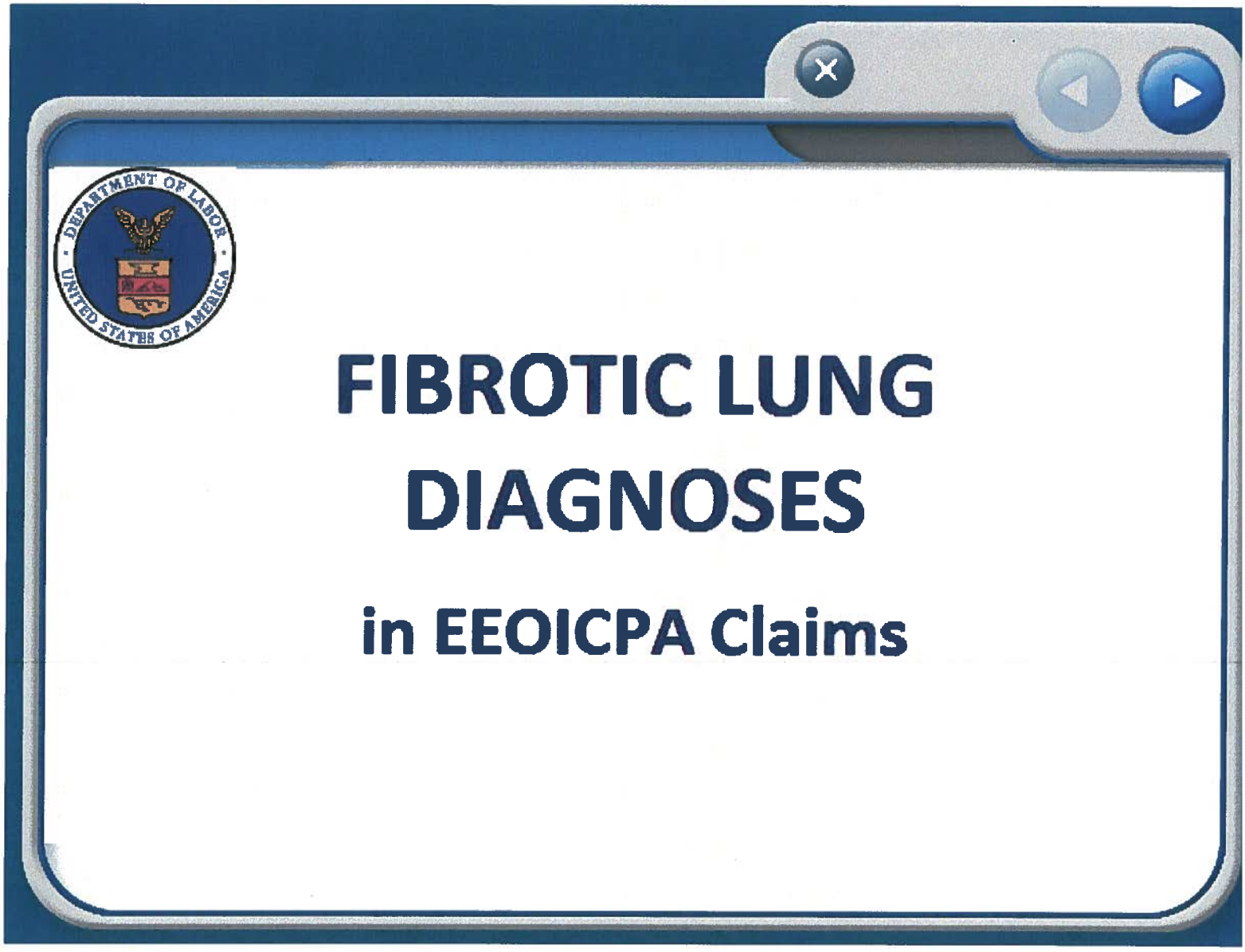
DEPARTMENT OF LABOR
UNITED STATES OF AMERICA
FIBROTIC LUNG DISEASES
in EEOICPA Claims

Fibrotic Lung Diagnoses

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The purpose of this training is to provide guidance to DEEOIC claims examiners and hearing representives on fibrotic lung diagnoses for Part E claims filed under the EEOICPA with the following caveat.

RECA section 5 pulmonary conditions are statutory and the guidance today does not alter or modify DOJ RECA determinations in any way. The diagnoses in RECA claims are made by DOJ and DOL takes them "as is."

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The diagnoses that can refer to the same disease process are:

- Pneumoconiosis
- Pulmonary fibrosis
- Interstitial lung disease

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Pneumoconiosis, pulmonary fibrosis and interstitial lung disease can be the same disease process, which is:

> The process by which normal lung tissue is replaced by fibrotic (scar) tissue that interferes with normal lung function. This may result in irreversible loss of oxygen diffusion, which is the capacity of the lung to transfer carbon dioxide to oxygen in the bloodstream.

For purposes of developing Part E cases with these claimed diagnoses (Pneumoconiosis, pulmonary fibrosis and interstitial lung disease), treat them as synonymous.

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Pneumoconiosis

Pneumo = lung + konis = dust

Pneumoconiosis is simply a lung disease caused by dust.

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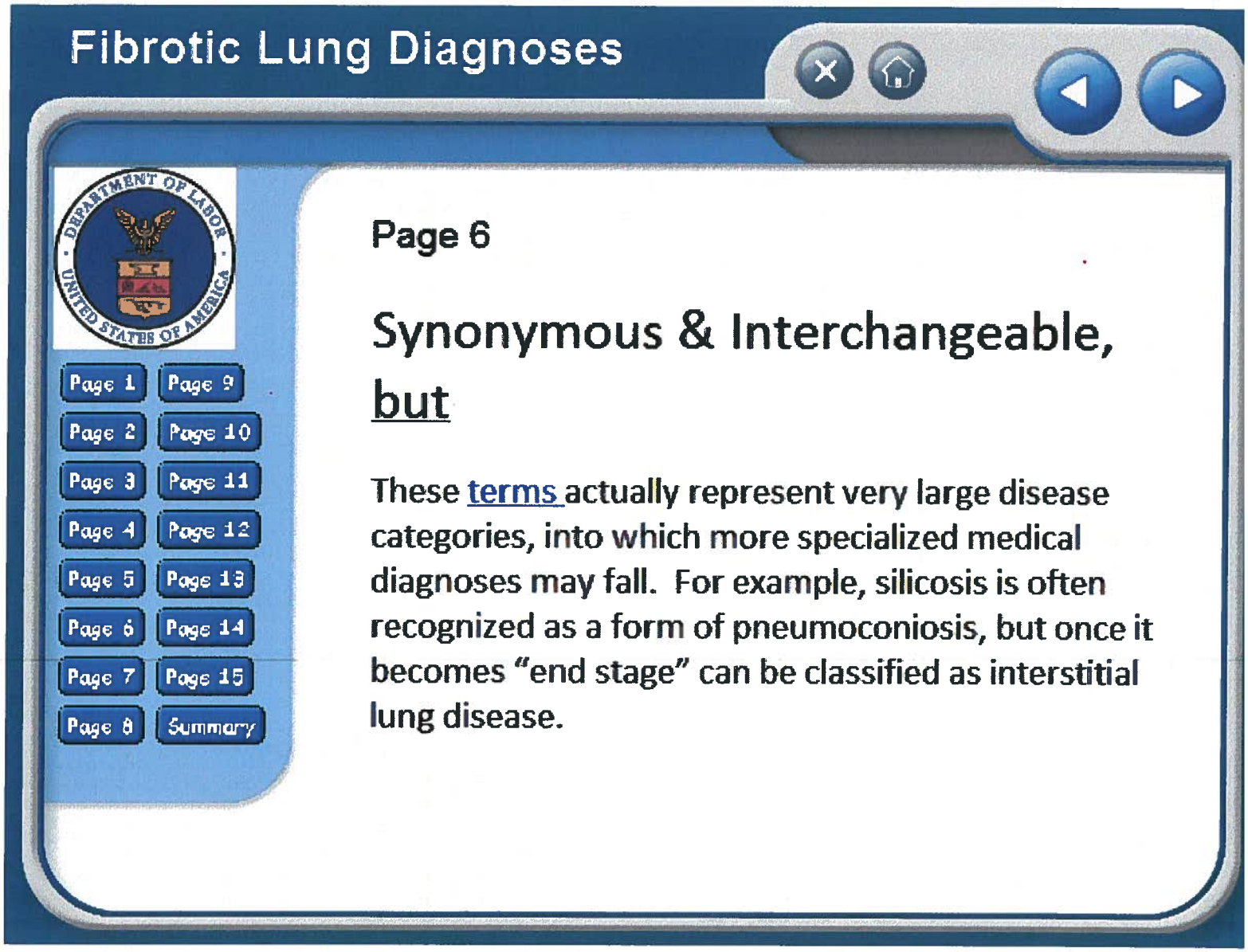
The following are specialized types of pneumoconiosis based upon the type of dust:

- Asbestosis
- Chronic Beryllium Disease (CBD)
- Coal Workers' Pneumoconiosis
- Hard Metal Disease
- Hypersensitivity Pneumonitis
- Silicosis, acute
- Silicosis, complicated
- Silicosis, simple



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Synonymous & Interchangeable, but

These terms actually represent very large disease categories, into which more specialized medical diagnoses may fall. For example, silicosis is often recognized as a form of pneumoconiosis, but once it becomes "end stage" can be classified as interstitial lung disease.

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Synonymous & Interchangeable....
but what does that mean in terms of development and adjudication?

- Treatment suites are the same, which means that in the case of multiple accepted fibrotic lung conditions, such as silicosis and pneumoconiosis, the treatment suites are identical.
- Do not develop each fibrotic lung condition as a separate claim. They are essentially the same diagnosis to the same organ.
- Acceptance of One = Acceptance of All

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Synonymous & Interchangeable, but...

- What distinguishes silicosis & CBD from pneumoconiosis? Silicosis & CBD are, by definition, occupational diseases caused by toxins in the work place. That is not the case with pneumoconiosis, pulmonary fibrosis and interstitial lung disease. These three broad categories have numerous occupational and non-occupational causative agents.
- What does this mean? It means cases with the more generalized diagnosis require additional development for causation.

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Steps:

Review the file for those fibrotic pulmonary conditions that are clearly occupational, such as asbestosis and silicosis. These are easier to adjudicate, and you only need to accept one fibrotic pulmonary diagnosis for the claimant to receive the full range of Part E benefits.

If none of the more specific occupational diagnoses are indicated, utilize "pneumoconiosis, other" as the SEM search term.

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Pneumoconiosis in SEM:

Pneumoconiosis "benign" – is considered a rare form of pneumoconiosis and is not usually associated with clinical symptoms and is unlikely to progress in the absence of further exposure. This is not something likely to be found in claims.

Pneumoconiosis "other" – this is the form synonymous with pulmonary fibrosis and is linked to 250+ substances in SEM.

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Given the diagnosis of one of these three diseases, you will:

1) Search SEM on "Pneumoconiosis, other" (unless pneumoconiosis, benign is indicated);

2) Give the case a detailed evaluation to limit the list of potential toxic substances to those that the employee reasonably could have come into contact with;

3) Once a reasonable (5-7) number of substances is established, an IH referral is appropriate for a determination of level of exposure.

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Cases with these Diagnoses:

These lung cases can be very complex. Remember that the CMC process is available to assist in causation determinations.

Treating physicians can also provide valuable evidence for causation, but these should be well-rationalized statements that link specific hazards to the resulting diagnosis.

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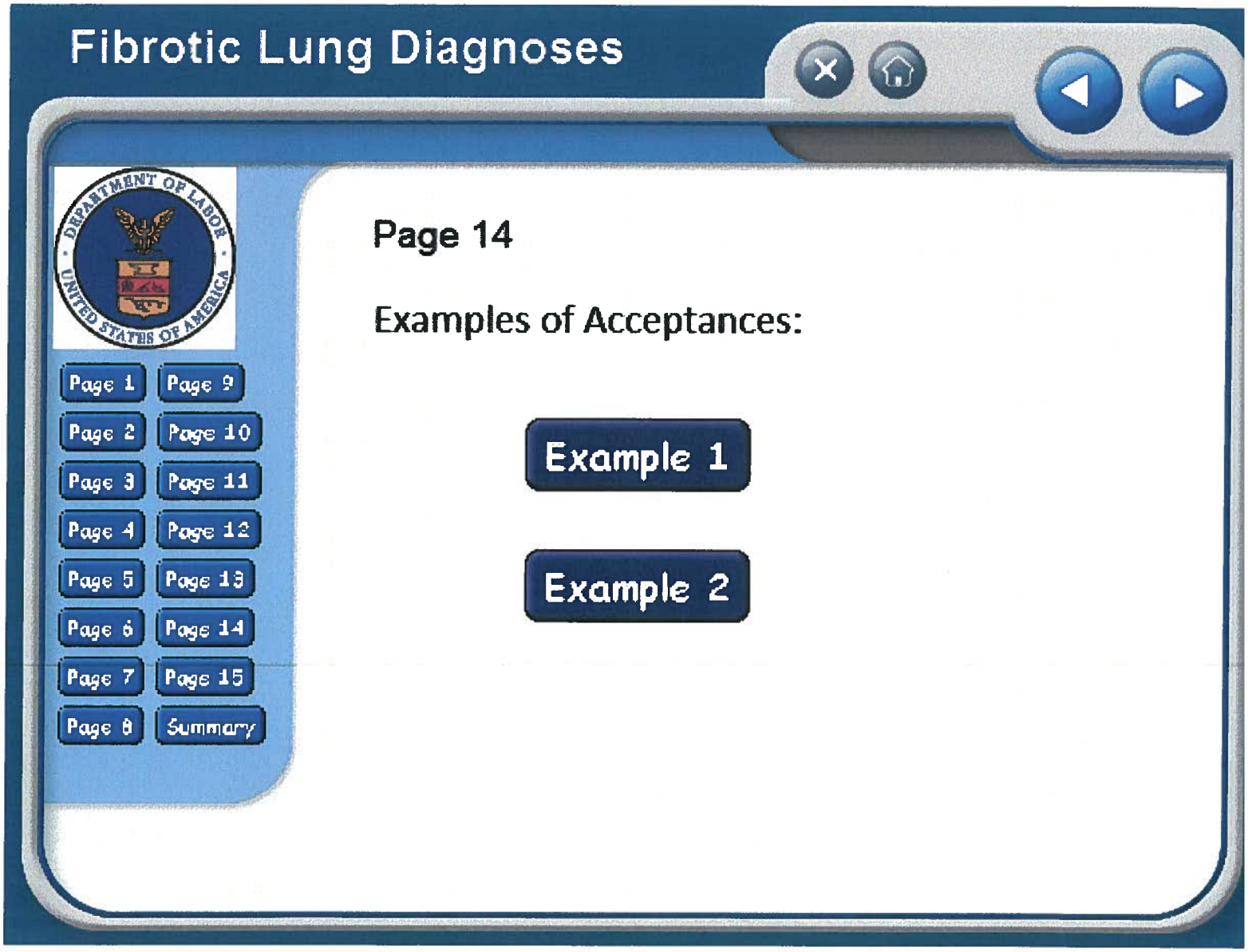
Crafting the Decision:

If it is determined that "it is at least as likely as not that exposure to a toxic substance at a Department of Energy facility was a significant factor in aggravating, contributing to or causing" the pneumoconiosis, pulmonary fibrosis, or interstitial lung disease of the employee, then accept all of these conditions, provided there is a valid medical diagnosis in the file.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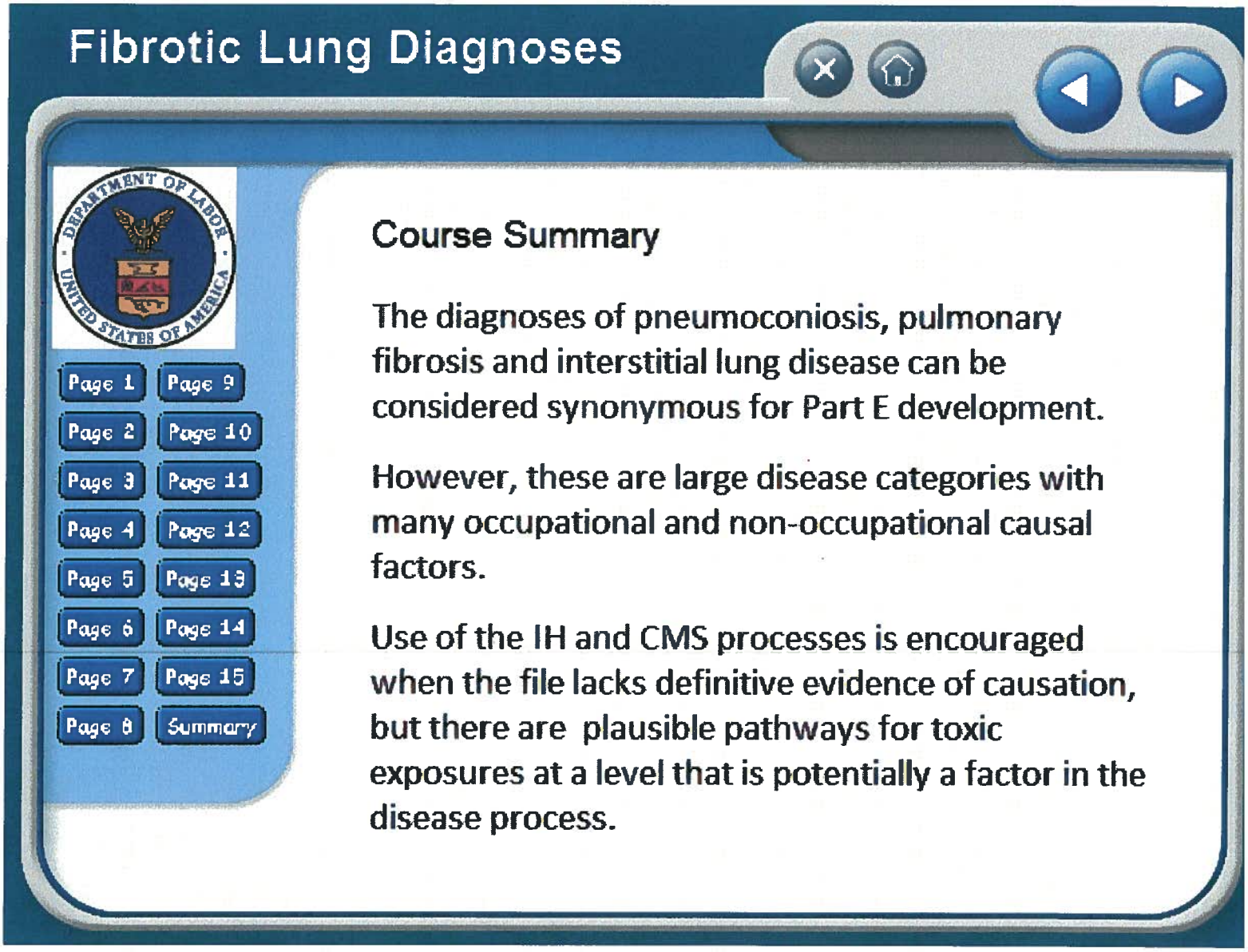
Why can we do this?

There is no added Part E benefit to the claimant (or costs to the program) associated with the acceptance of additional lung conditions. Once one of them is established, based on exposure, each of these diagnoses affects the same organ, and all have virtually the same treatment suites for medical benefits.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Course Summary
The diagnoses of pneumoconiosis, pulmonary fibrosis and interstitial lung disease can be considered synonymous for Part E development.
However, these are large disease categories with many occupational and non-occupational causal factors.
Use of the IH and CMS processes is encouraged when the file lacks definitive evidence of causation, but there are plausible pathways for toxic exposures at a level that is potentially a factor in the disease process.

Example 1

If the claimant claims (and has a diagnosis of) silicosis and pneumoconiosis, and causation is established, both diagnoses can be accepted, with development of only the silicosis, as silicosis is one of the many diseases in the pneumoconiosis family.

Example 2

If the claimant claims and has a diagnosis of interstitial lung disease, the CE utilizes pneumoconiosis in SEM, determines exposure pathways through an IH and gets a well-rationalized opinion from a Doctor that the toxins identified in SEM caused, contributed or aggravated the interstitial lung disease, that can likewise be accepted.