Radiologic Interpretation

U.S. DEPARTMENT OF LABOR
OFFICE OF WORKERS' COMPENSATION PROGRAMS
DIVISION OF COAL MINE WORKERS' COMPENSATION

Note: This report is authorized by law (30 USC 901 et. seq. and 20 CFR 718.102). The results of this interpretation will aid in determining the claimant's eligibility for black lung benefits. This method of collecting information complies with the Freedom of Information Act, the Privacy Act of 1974, and OMB Circular No. 108.

OMB No. 1240-0023
Expires 11/30/2026

Please record your interpretation of a single image by placing ‘X’ in the appropriate boxes on the form and return it promptly to the office that requested the interpretation. The form must be completed as per instructions, signed by a physician, and contain the miner's name and DOL's Case ID Number. The Department of Labor will pay only for images of acceptable quality (1, 2 and 3). Images of inferior quality (U/R) must be retaken without cost to the Department.

1. Miner's Name (Print)
2. DOL's Case ID Number
3. Image Quality (if not Grade 1, Give Reason):
   - 1
   - 2
   - 3

4. Give Reason:
   - 1
   - 2
   - 3
   - U/R

5. I certify that this image has been interpreted in accordance with the instructions provided on Form CM-954a and/or 20 CFR 718, Subpart B, 718.102 and Appendix A. I also certify that the information furnished is correct and am aware that my signature attests to the accuracy of the results reported. I am aware that any person who willfully makes any false or misleading statement or representation in support of an application for benefits shall be guilty of a misdemeanor under 30 USC 941 and, on conviction, subject to a fine of up to $1,000, or to imprisonment for up to one year, or both.

6. Proceed to Section 5

7. SHOULDN'T WORKER SEE PERSONAL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C? YES NO Proceed to Section 5

8. PHYSICIAN'S SIGNATURE DATE OF READING (Mo., Day, Yr.)

CM-933 (Rev. April 2020)
TWO FILING OPTIONS:

1. To file electronically, submit completed form to the COAL Mine Portal:
   https://eclaimant.dol.gov/portal/?program_name=BL

2. To file by mail, send completed form to:
   US Department of Labor
   OWCP/DCMWC
   PO Box 8307
   London, KY 40742-8307

PUBLIC BURDEN STATEMENT

We estimate that it will take an average of 5 minutes to complete this information collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding these estimates or any other aspect of this information collection, including suggestions for reducing this burden, send them to the Division of Coal Mine Workers' Compensation, U. S. Department of Labor, Room N-3464, 200 Constitution Avenue, N.W., Washington, D.C. 20210. DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.

PRIVACY ACT NOTICE

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) the Black Lung Benefits Act (BLBA) (30 U.S.C. 901 et seq.), as amended, is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor, which receives and maintains personal information, relative to this application, on claimants and their immediate families; (2) information obtained by OWCP will be used to determine eligibility for benefits payable under the BLBA; (3) information may be given to other government agencies, coal mine operators potentially liable for payment of the claim or to the insurance carrier or other entity which secured the operator's compensation liability, contractors providing automated data processing services to the Department of Labor; and representatives of the parties to the claim; (4) information may be given to physicians or other medical service providers for use in providing treatment, making evaluations and for other purposes relating to the medical management of the claim; (5) information may be given to the Department of Labor's Office of Administrative Law Judges, or other person, board or organization, which is authorized or required to render decisions with respect to the claim or other matters arising in connection with the claim; (6) information may be given to Federal, state or local agencies for law enforcement purposes, to obtain information relevant to a decision under the BLBA, to determine whether benefits are being or have been paid properly, and where appropriate, to pursue administrative offset and/or debt collection actions required or permitted by law; (7) disclosure of the claimant's or deceased miner's Social Security Number (SSN) or tax identifying number (TIN) on this form is voluntary, and the SSN and/or TIN and other information maintained by the OWCP may be used for identification and for other purposes authorized by law; (8) failure to disclose all requested information, may delay the processing of this claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits; and (9) this information is included in a System of Records, DOL/OWCP-2 published at 81 Federal Register 25765, 25858 (April 29, 2016) or as updated and republished.

NOTICE

If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from OWCP in the form of communication assistance, accommodation and modification to aid you in the claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact our office or the claims examiner to ask about this assistance.

NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.
### Parenchymal Abnormalities
#### Small Opacities

<table>
<thead>
<tr>
<th>Features</th>
<th>Codes</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protrusion</td>
<td>0/0</td>
<td>Acceptable, with technical defect likely to impair classification of the radiograph for pneumoconiosis.</td>
</tr>
<tr>
<td>Category 0</td>
<td>0/1</td>
<td>Acceptable, with technical defect but still acceptable for classification purposes.</td>
</tr>
<tr>
<td>Categories 1, 2, 3</td>
<td>3/3</td>
<td>Unacceptable for classification purposes.</td>
</tr>
</tbody>
</table>

#### Zones

<table>
<thead>
<tr>
<th>Zones</th>
<th>Site</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>RU RM RL</td>
<td>LU LM LL</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

#### Shape and Size

<table>
<thead>
<tr>
<th>Shape</th>
<th>Size</th>
<th>Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>p/p q/q r/r</td>
<td>Three sizes are defined by the appearance on standard radiographs.</td>
<td></td>
</tr>
<tr>
<td>s/s t/t u/u</td>
<td>The letters s, t, and u denote the presence of small irregular opacities.</td>
<td></td>
</tr>
<tr>
<td>p/r q/r r/r</td>
<td>The three sizes are defined by the appearance on standard radiograph.</td>
<td></td>
</tr>
</tbody>
</table>

#### Large Opacities

<table>
<thead>
<tr>
<th>Type</th>
<th>Site</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A B C</td>
<td>R L</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

#### Pleural Abnormalities

#### Pleural Thickening Chest Wall

<table>
<thead>
<tr>
<th>Width</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A B C</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

#### Diaphragm

<table>
<thead>
<tr>
<th>Presence</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

#### Costophrenic Angle

<table>
<thead>
<tr>
<th>Site</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>R L</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

#### Pleural Calcification

<table>
<thead>
<tr>
<th>Site</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>R L</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

#### Symbols

- **aa**: atherosclerotic
- **at**: significant apical pleural thickening
- **ax**: coalescence of small opacities
- **bu**: bulla(e)
- **ca**: cancer: thoracic malignancies excluding mesothelioma
- **cg**: calcified non-pneumoconiotic nodules (e.g. granuloma) or nodes
- **cn**: calcification in small pneumoconiotic opacities
- **co**: abnormality of cardiac size or shape
- **cp**: cor pulmonale
- **cv**: cavity
- **di**: marked distortion of an intrathoracic structure
- **em**: emphysema
- **es**: eggshell calcification of hilar or mediastinal lymph nodes
- **ft**: fractured rib(s) (acute or healed)
- **h**: enlargement of non-calcified hilar or mediastinal lymph nodes
- **ho**: honeycomb lung
- **id**: ill-defined diaphragm border
- **ih**: ill-defined heart border
- **ik**: sepal (Kerley) lines
- **me**: mesothelioma
- **pa**: plate atelectasis
- **pb**: parenchymal bands
- **pi**: pleural thickening of an interlobar fissure
- **px**: pneumothorax
- **ra**: rounded atelectasis
- **rp**: rheumatoid pneumoconiosis
- **tt**: tuberculosis
- **od**: other disease or significant abnormality

#### Comments

Comments should be recorded pertaining to the classification of the radiograph particularly if some other cause is thought to be responsible for a shadow.

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