§ 718.102 Chest roentgenograms (X-rays).

(a) A chest roentgenogram (X-ray) shall be of suitable quality for proper classification of pneumoconiosis and shall conform to the standards for administration and interpretation of chest X-rays as described in Appendix A.

(b) A chest X-ray to establish the existence of pneumoconiosis shall be classified as Category 1, 2, 3, A, B, or C, according to the International Labour Organization Union Internationale Contra Cancer/Cincinnati (1971) International Classification of Radiographs of the Pneumoconioses (ILO-U/C 1971), or subsequent revisions thereof. This document is available from the Division of Coal Mine Workers' Compensation in the U.S. Department of Labor, Washington, D.C., telephone (202) 693–0046, and from the National Institute for Occupational Safety and Health (NIOSH), located in Cincinnati, Ohio, telephone (513) 841–4428 and Morgantown, West Virginia, telephone (304) 285–5749. A chest X-ray classified as Category Z under the ILO Classification (1958) or Short Form (1968) shall be reclassified as Category 0 or Category 1 as appropriate, and only the latter accepted as evidence of pneumoconiosis. A chest X-ray classified under any of the foregoing classifications as Category 0, including sub-categories 0—, 0/0, or 0/1 under the UICC/Cincinnati (1968) Classification or the ILO-U/C 1971 Classification does not constitute evidence of pneumoconiosis.

(c) A description and interpretation of the findings in terms of the classifications described in paragraph (b) of this section shall be submitted by the examining physician along with the film. The report shall specify the name and qualifications of the person who took the film and the name and qualifications of the physician interpreting the film. If the physician interpreting the film is a Board-certified or Board-eligible radiologist or a certified “B” reader (see §718.202), he or she shall so indicate. The report shall further specify that the film was interpreted in compliance with this paragraph.

(d) The original film on which the X-ray report is based shall be supplied to the Office, unless prohibited by law, in which event the report shall be considered as evidence only if the original film is otherwise available to the Office and other parties. Where the chest X-ray of a deceased miner has been lost, destroyed or is otherwise unavailable, a report of a chest X-ray submitted by any party shall be considered in connection with the claim.

(e) Except as provided in this paragraph, no chest X-ray shall constitute evidence of the presence or absence of pneumoconiosis unless it is conducted and reported in accordance with the requirements of this section and Appendix A. In the absence of evidence to the contrary, compliance with the requirements of Appendix A shall be presumed. In the case of a deceased miner where the only available X-ray does not substantially comply with paragraphs (a) through (d), such X-ray may form the basis for a finding of the presence or absence of pneumoconiosis if it is of sufficient quality for determining the presence or absence of pneumoconiosis and such X-ray was interpreted by a Board-certified or Board-eligible radiologist or a certified “B” reader (see §718.202).

§ 718.103 Pulmonary function tests.

(a) Any report of pulmonary function tests submitted in connection with a claim for benefits shall record the results of flow versus volume (flow-volume loop). The instrument shall simultaneously provide records of volume versus time (spirometric tracing). The report shall provide the results of the forced expiratory volume in one second (FEV1) and the forced vital capacity (FVC). The report shall also provide...
the FEV1/FVC ratio, expressed as a percentage. If the maximum voluntary
ventilation (MVV) is reported, the results of such test shall be obtained
independently rather than calculated from the results of the FEV1.

(b) All pulmonary function test results submitted in connection with a
claim for benefits shall be accompanied by three tracings of the flow versus
volume and the electronically derived volume versus time tracings. If the
MVV is reported, two tracings of the MVV whose values are within 10% of
each other shall be sufficient. Pulmonary function test results developed
in connection with a claim for benefits shall also include a statement signed
by the physician or technician conducting the test setting forth the fol-
lowing:

(1) Date and time of test;
(2) Name, DOL claim number, age, height, and weight of claimant at the
time of the test;
(3) Name of technician;
(4) Name and signature of physician supervising the test;
(5) Claimant’s ability to understand the instructions, ability to follow di-
rections and degree of cooperation in performing the tests. If the claimant
is unable to complete the test, the person executing the report shall set forth
the reasons for such failure;
(6) Paper speed of the instrument used;
(7) Name of the instrument used;
(8) Whether a bronchodilator was ad-
ministered. If a bronchodilator is ad-
ministered, the physician’s report must
detail values obtained both before and
after administration of the broncho-
dilator and explain the significance of
the results obtained; and
(9) That the requirements of para-
graphs (b) and (c) of this section have
been complied with.

(c) Except as provided in this para-
graph, no results of a pulmonary func-
tion study shall constitute evidence of
the presence or absence of a res-
piratory or pulmonary impairment un-
less it is conducted and reported in ac-
cordance with the requirements of this
section and Appendix B to this part. In the
absence of evidence to the con-
trary, compliance with the require-
ments of Appendix B shall be pre-
sumed. In the case of a deceased miner,
where no pulmonary function tests are
in substantial compliance with para-
graphs (a) and (b) and Appendix B, non-
complying tests may form the basis for
a finding if, in the opinion of the adju-
dication officer, the tests demonstrate
technically valid results obtained with
good cooperation of the miner.

§ 718.104 Report of physical examina-
tions.

(a) A report of any physical examina-
tion conducted in connection with a
claim shall be prepared on a medical
report form supplied by the Office or in
a manner containing substantially the
same information. Any such report
shall include the following information
and test results:

(1) The miner’s medical and employ-
ment history;
(2) All manifestations of chronic res-
piratory disease;
(3) Any pertinent findings not specifi-
cally listed on the form;
(4) If heart disease secondary to lung
disease is found, all symptoms and sig-
nificant findings;
(5) The results of a chest X-ray con-
ducted and interpreted as required by
§ 718.102; and
(6) The results of a pulmonary func-
tion test conducted and reported as re-
quired by § 718.103. If the miner is phys-
ically unable to perform a pulmonary
function test or if the test is medically
contraindicated, in the absence of evi-
dence establishing total disability pur-
suant to § 718.304, the report must be
based on other medically acceptable
clinical and laboratory diagnostic
techniques, such as a blood gas study.

(b) In addition to the requirements of
paragraph (a), a report of physical ex-
amination may be based on any other
procedures such as electrocardiogram,
other blood analyses which, in the phy-
sician’s opinion, aid in his or her eval-
uation of the miner.

(c) In the case of a deceased miner,
where no report is in substantial com-
pliance with paragraphs (a) and (b), a
report prepared by a physician who is
unavailable may nevertheless form the
basis for a finding if, in the opinion of