



## (a) Definitions

For purposes of this rule, the following definitions shall apply:

- **“ILO Classification”** means the current International Labour Organization Classification of Radiographs of the Pneumoconioses as specified in Virginia Code § 65.2-504.
- **“Independent Reading”** means a chest radiograph ILO classification performed without consultation, collaboration, or review of another reader’s findings and without access to the worker’s occupational or exposure history.
- **“Majority”** means agreement by at least two (2) of the three Pulmonary Committee members.
- **“Median”** means the middle profusion category when the three reported profusion scores are ordered from lowest to highest.
- **“Consensus Radiographic Report”** means the standardized summary report prepared by the Pulmonary Committee Chairman applying the consensus rules set forth in this Rule 10.4.
- **“Evidentiary Record”** means the complete record of medical evidence considered in the adjudicatory proceeding before the Virginia Workers’ Compensation Commission, including all independent B-reader classifications and the consensus radiographic report.

## (b) Independent Review Requirement

- Each Pulmonary Committee member shall be a currently certified National Institute for Occupational Safety and Health (“NIOSH”) B-reader.
- Each Pulmonary Committee member shall independently review the same chest radiograph(s) consistent with the requirements set forth in 20 C.F.R. § 718.102 and 42 C.F.R. § 37.51 using medical diagnostic monitors.
- No Pulmonary Committee member shall consult with, communicate with, or review the classification of another Pulmonary Committee member prior to submitting their individual reading.
- Each reading shall be recorded using the ILO Classification and the ILO Radiographic Standard Images, including all required elements.

## (c) Consensus Determination

Following submission of all three independent B-reader classifications, the Pulmonary Committee Chairman shall issue a Consensus Radiographic Report applying the following rules:

### (1) Type and Shape of Small Opacities

#### (A) Primary Small Opacity

The consensus primary small opacity (p, q, r, s, t, u) shall be determined as follows.

- If a majority exists for a primary small opacity, that classification shall be used.
- If no majority exists, the consensus primary small opacity shall be the most frequently reported small opacity among the three readings.

#### (B) Secondary Small Opacity

The consensus secondary small opacity shall be determined as follows.

- If a majority exists for a secondary small opacity, that classification shall be used.
- If no majority exists, the secondary classification shall be the second-most frequently reported small opacity.
- If no clear second-most frequently reported small opacity exists, the secondary classification shall be omitted.



## (C) Split Classifications

- When readers report different opacities (e.g., q/p):
- The first-listed small opacity shall be treated as the primary small opacity; and the second-listed small opacity shall be treated as the secondary small opacity.
- Frequency shall be calculated separately for primary and secondary small opacities.

## (2) Profusion of Small Opacities

### (A) Majority Controls.

- If at least two (2) of the three independent B-reader classifications report the same profusion category, that category shall constitute the consensus determination

### (B) Median Applies if No Majority.

- If no majority exists, the consensus profusion category shall be the median of the three reported profusion scores.

## (3) Large Opacities

- The presence and classification (Category A, B, or C) of large opacities shall be determined by majority.
- If at least two (2) of the three independent B-reader classifications identify any Category A, B, or C large opacities, the consensus radiographic report shall reflect third stage pneumoconiosis in accordance with Virginia Code § 65.2-504(A)(3) and the Pneumoconiosis Table set forth in Rule 11.

## (4) Other Abnormalities

- Other radiographic abnormalities shall be reported on the Consensus Radiographic Report only where a majority of the independent B-readers identify the same abnormality.
- If any of the three Pulmonary Committee members report in their independent classifications that the worker should see a personal physician because of that reader's findings, Section 4E of the Consensus Radiographic Report shall be marked in the affirmative, and the Commission shall notify the claimant and/or the claimant's counsel.

## (d) Documentation and Evidentiary Record

### The Consensus Radiographic Report shall:

- Identify the consensus determinations reached under subsection (c); and
- Document the application of majority and, where applicable, median rules.
- All three independent B-reader classifications, in full and without alteration, shall be included in the evidentiary record.

## (e) Purpose and Construction

### This rule shall be construed to:

- Promote consistency, transparency, and medical reliability;
- Preserve the contributions of individual ILO classification; and
- Provide a clear, consistent, and administrable framework for resolving differences in the ILO classification of radiographic images in pneumoconiosis cases.