

Diagnostic Essentials: Physical Health Conditions

GUIDANCE TO THE VICTIM COMPENSATION FUND FROM THE WORLD TRADE CENTER HEALTH PROGRAM

First Issued: 18 December 2013

Subsequently revised: April 2, 2014, September 24, 2014, October 3, 2014, October 6, 2014, March 1, 2015, March 28, 2015, May 19, 2015, October 22nd, 2019, April 16, 2021, & November 26, 2021

Please note that the relevant policies pertaining to the medical professional determination on behalf of a claimant to the Victim Compensation Fund (VCF) may be found on the World Trade Center Health Program (WTCHP) website at <http://www.cdc.gov/wtc/policies.html>. The relevant policies include:

- Policy and Procedures to Certification of Physician Determination for Aerodigestive and Cancer Health Conditions
- Time Intervals for New Onset Aerodigestive Disorders
- Rare Cancers
- Minimum Latency & Types or Categories of Cancer
- Making a Determination about Exposure Aggravating Pre-Existing Aerodigestive Disorders
- Health Conditions Medically Associated with WTC-Related Health Conditions.

In general, the diagnosis of a health condition depends on a combination of medical history, physical examination, various types of diagnostic testing, including radiographic and other types of imaging, spirometry, and various laboratory and pathologic analyses. The WTCHP has recommended that diagnostic information listed in this document be utilized by the VCF to substantiate the diagnosis of claimed health conditions.

For each category of health conditions, a star superscript (*) is listed next to the types of information considered essential to support the medical professional determination of the underlying condition. In some categories, the clinician has a choice of which type of essential information is available in the medical record. Other clinical information that is not listed with a star superscript (*) may support a diagnosis of a health condition. The VCF will then have a licensed medical professional make a determination regarding the health conditions and attest to the linkage of the conditions to the individual's 9/11 exposures. The determination is then submitted for a verification decision by the WTCHP in accordance with the policies and procedures of the WTCHP. The VCF renders the final decision regarding condition eligibility and subsequent consideration for compensation.

Health Condition Category ¹	Diagnostic Information Needed for Physician Determination	Reference Guidelines Supporting the Medical Basis for Diagnostic Information by Type of Condition
Interstitial Lung Disease (ILD) ²	<p><u>Pulmonary disease:</u></p> <ul style="list-style-type: none"> • History (Symptoms) & Physical Exam Findings • Pulmonary Function Tests (PFTs)/Spirometry • Radiographic/Imaging evidence for lung findings* • Bronchoalveolar lavage • Lung biopsy 	<ul style="list-style-type: none"> • An Official American Thoracic Society (ATS)/European Respiratory Society (ERS) Statement: Update of the International Multidisciplinary Classification of the Idiopathic Interstitial Pneumonias (2013) http://www.thoracic.org/statements/resources/interstitial-lung-disease/classification-of-IIPs.pdf • An ATS/ERS Statement: Interstitial Pneumonia with Autoimmune Features (2015) http://www.thoracic.org/statements/resources/interstitial-lung-disease/interstitial-pna-autoimmune.pdf • ATS Statement on Sarcoidosis (1999) http://www.atsjournals.org/doi/full/10.1164/ajrccm.160.2.ats4-99#readcube-epdf • ATS: Diagnosis and Detection of Sarcoidosis. An Official American Thoracic Society Clinical Practice Guideline (2020) https://www.atsjournals.org/doi/full/10.1164/rccm.202002-0251ST • Heinle R, Chang C. Diagnostic criteria for sarcoidosis. <i>Autoimmun Rev.</i> 2014;13(4-5):383-7. • Vij R, Strek MA. Diagnosis and Treatment of Connective Tissue Disease-Associated Interstitial Lung Disease. <i>CHEST</i> 2013; 143(3):814–824.

¹The general categories of health conditions that are listed in this Table have been drawn from the List of Health Conditions for Responders found at 42 U.S.C. §§ 300mm-22(a)(3)(A) and 300mm—32(b)(1).

² Interstitial lung disease (ILD) is a term used to describe the pulmonary manifestation of more than 100 health conditions. ILD is characterized by inflammation and/or fibrosis of the lungs. Some of the health conditions manifesting ILD may include, but are not limited to, idiopathic pulmonary fibrosis, hypersensitivity pneumonitis, sarcoidosis, eosinophilic granuloma, bronchiolitis obliterans, pneumoconioses, and certain systemic autoimmune diseases such as the connective tissue diseases (CTD), and small vessel vasculitides.

		<ul style="list-style-type: none"> Casian A, Jayne D. Current modalities in the diagnosis of pulmonary vasculitis. Expert Opin Med Diagn 2012; 6(6):499-516.
<p>Obstructive Airway Disease, Excluding Asthma and Reactive Airways Disease³</p>	<ul style="list-style-type: none"> History (Symptoms) & Physical Exam Findings* <u>and/or</u> PFTs/Spirometry* Radiographic/Imaging evidence (required in the diagnosis of bronchiectasis or may be useful in the diagnosis of bronchiolitis⁴)* Bronchoalveolar lavage Lung biopsy <p>Note: For WTC-exacerbated Chronic Obstructive Pulmonary Disease (COPD), there must be evidence that COPD was present prior to September 11, 2001 and worsened after exposure.⁵</p> <p>For new-onset COPD, there must be evidence that the COPD symptoms and persistent airflow limitation by spirometry⁶ started after September 11, 2001.</p>	<ul style="list-style-type: none"> Standards for the diagnosis and treatment of patients with COPD: a summary of the ATS/ERS position paper (2004) http://erj.ersjournals.com/content/erj/23/6/932.full.pdf Diagnosis and Management of Stable Chronic Obstructive Pulmonary Disease: A Clinical Practice Guideline from the American College of Physicians, American College of Chest Physicians, ATS, and ERS (2011) http://www.thoracic.org/statements/resources/copd/179full.pdf The Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2021⁷ https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1-25Nov20_WMV.pdf Pipavath SJ, Lynch DA, Cool C, Brown KK, Newell JD. Radiologic and Pathologic Features of Bronchiolitis: American Journal of Roentgenology: Vol. 185, No. 2 (AJR). American Journal of Roentgenology.

³ Obstructive airways disease (OAD) is a broad category of respiratory diseases which are characterized by varying degrees of reversible and irreversible airways obstruction and include chronic respiratory disorder (fumes/vapors), chronic cough syndrome, new onset and WTC-exacerbated COPD, asthma, and reactive airways dysfunction syndrome (RADS). Chronic cough is certifiable as a WTC-related chronic respiratory condition due to chemicals, gases, fumes, and vapors under the obstructive airways disease care suite.

⁴ Bronchiectasis is certifiable as WTC-related chronic respiratory disorder (fumes/vapors) and/or as a medically associated health condition to a certifiable WTC-related health condition under certain lung disease categories.

⁵ Evidence supporting a diagnosis of WTC-exacerbated COPD consists of one or more of the following: (1) a record of physician diagnosis of COPD made prior to the individual's 9/11 exposure; (2) history of symptoms of chronic cough, sputum production and/or dyspnea experienced prior to the individual's 9/11 exposure; (3) a history of recurrent bronchopulmonary infections experienced prior to the individual's 9/11 exposure; (4) a record of PFTs showing chronic airways obstruction existing prior to the individual's 9/11 exposure; and/or (5) a record of imaging studies consistent with COPD existing prior to the individual's 9/11 exposure.

⁶ Spirometric evidence of persistent airflow limitation is demonstrated by a post-bronchodilator fixed ratio of $FEV_1/FVC < 0.70$.

⁷ GOLD documents are protected by copyright. A single copy of this document may be downloaded for your own educational use, but copies may not be made for distribution or posted on a website without authorization from GOLD.

		<p>https://www.ajronline.org/doi/full/10.2214/ajr.185.2.01850354. Published August 2005. Accessed October 16, 2019.</p> <ul style="list-style-type: none"> • Kastelik JA, Aziz I, Ojoo JC, Thompson RH, Redington AE, Morice AH. Investigation and management of chronic cough using a probability-based algorithm. <i>European Respiratory Journal</i>. https://erj.ersjournals.com/content/25/2/235. Published 2005. Accessed October 16, 2019. • Diagnosing and Treating Bronchiolitis from the American Lung Association https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/bronchiolitis/diagnosing-treating-bronchiolitis.html • Bronchiectasis (2021) from the National Institute of Health (NIH) https://www.nhlbi.nih.gov/health-topics/bronchiectasis • Smith, M. Diagnosis and management of bronchiectasis from the <i>Canadian Medical Association Journal</i> https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478409/#:~:text=The%20gold%20standard%20for%20confirming,the%20patient%20is%20clinically%20stable.&text=Volumetric%20computed%20tomography%20has%20better%20sensitivity%20but%20may%20involve%20greater%20radiation%20doses. Published 2017. Accessed April 16, 2021.
<p>Obstructive Airways Disease—Asthma And Reactive Airways Disease Only</p>	<ul style="list-style-type: none"> • History (Symptoms) & Physical Exam Findings* <u>and/or</u> • PFTs/Spirometry* • Bronchoprovocation tests 	<ul style="list-style-type: none"> • NIH National Heart, Lung and Blood Institute (NHLBI) Guidelines for the Diagnosis and Management of Asthma (National Asthma Education and Program

		<p>(NAEPP)Expert Panel Report (EPR)-3, in 2007)⁸ http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines</p> <ul style="list-style-type: none"> • Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group NHLBI, NIH (2020) https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources/2020-focused-updates-asthma-management-guidelines
Upper Airway Inflammatory Disorders ⁹	<ul style="list-style-type: none"> • History (Symptoms) & Physical Exam Findings* • Radiographic studies or imaging (e.g. CT of the sinuses) • Laryngoscopy 	<ul style="list-style-type: none"> • American Association of Family Physicians: Diagnosing Rhinitis: Allergic vs. Nonallergic (2006) https://www.aafp.org/afp/2006/0501/p1583.html • American Association of Family Physicians: Chronic Nonallergic Rhinitis (2018) https://www.aafp.org/afp/2018/0801/p171.html • American Academy of Otolaryngology/Head and Neck Surgery. Updated Clinical Practice Guidelines on Adult Sinusitis (2015) https://journals.sagepub.com/doi/full/10.1177/0194599815572097 • American Association of Family Physicians: Chronic Rhinosinusitis (2017) https://www.aafp.org/afp/2017/1015/p500.html • American Academy of Otolaryngology/Head and Neck Surgery. Clinical Practice Guidelines: Hoarseness (Dysphonia) (Update) (2018)

⁸ A [change page](#) describes changes made to the document since it was posted on the Web in August 2007.

⁹Upper airway inflammatory disorders is a broad category of health conditions; however, for the purpose of verification for VCF claims, the category is limited to include only the following conditions: chronic rhinosinusitis or chronic rhinitis (either irritant or allergic), chronic nasopharyngitis, chronic laryngitis, and upper airway hyperactivity.

		https://journals.sagepub.com/doi/10.1177/0194599817751030
Gastroesophageal Reflux Disorder	<ul style="list-style-type: none"> • History (Symptoms) & Physical Findings* <u>and/or</u> • Response to therapy* <u>and/or</u> • Endoscopic evidence of esophagitis, stricture or Barrett’s metaplasia for diagnosis of Barrett’s esophagus * • Biopsy for Barrett’s esophagus • Esophageal manometry • 	<ul style="list-style-type: none"> • American College of Gastroenterology, Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease (2013) https://journals.lww.com/ajg/Fulltext/2013/03000/Guidelines_for_the_Diagnosis_and_Management_of.6.aspx
Sleep Apnea (Obstructive Sleep Apnea) "exacerbated by, or related to, a health condition" in Diagnostic Essentials, <u>excluding</u> Musculoskeletal Disorder (MSD) and Malignant Neoplasms.	<ul style="list-style-type: none"> • History (Symptoms) & Physical Findings • Interpretation of a polysomnogram or sleep study by a sleep medicine specialist or pulmonologist, showing evidence of Obstructive Sleep Apnea* 	<ul style="list-style-type: none"> • American Academy of Sleep Medicine (AASM) Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea (2017) http://www.aasmnet.org/Resources/clinical_guidelines/diagnostic-testing-OSA.pdf
Musculoskeletal Disorders (MSDs)— Caused By Heavy Lifting Or Repetitive Strain ¹⁰	<ul style="list-style-type: none"> • History (Symptoms) & Physical Findings* <u>and/or</u> • Radiographic/Imaging evidence <u>and/or</u> • Electrodiagnostic testing (e.g., Electromyography and Nerve Conduction Velocity study) <p>Note: There must be evidence that the MSD is chronic or recurrent in</p>	<ul style="list-style-type: none"> • American Academy of Orthopedic Surgeons (AAOS) Endorsed Guideline - American Pain Society Clinical Guideline for the Evaluation and Management of Low Back Pain (Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society)(2007) http://annals.org/article.aspx?articleid=736814

¹⁰In the case of a WTC responder only (i.e., not in the case of a survivor) who received any treatment for a WTC-related MSD *on or before September 11, 2003*, the list of health conditions that can be verified includes: (1) low back pain; (2) carpal tunnel syndrome (CTS); and (3) other musculoskeletal disorders. The term 'WTC-related musculoskeletal disorder' means a chronic or recurrent disorder of the musculoskeletal system caused by *heavy lifting* or *repetitive strain* on the joints or musculoskeletal system occurring during rescue or recovery efforts in the New York City disaster area in the aftermath of the September 11, 2001, terrorist attacks. See 42 U.S.C. § 300mm-22(a)(4).

	<p>nature <u>and</u> that the member received medical treatment for the MSD on or before September 11, 2003.</p>	<ul style="list-style-type: none"> • AAOS Clinical Practice Guideline on the Management of Carpal Tunnel Syndrome (2016) https://www.aaos.org/globalassets/quality-and-practice-resources/carpal-tunnel/cts_cpg_4-25-19.pdf • American Family Physician, Musculoskeletal Care https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=17
<p>Acute Traumatic Injury Health Conditions¹¹ — Caused By An One-Time Exposure To Energy, Such As Heat, Electricity, Or Impact From A Crash Or Fall</p>	<ul style="list-style-type: none"> • History (Symptoms) & Physical Findings* and/or • Radiographic/Imaging evidence • Other testing modality applicable to the condition in consideration <p>Note: There must be evidence that the acute traumatic injury health condition is traumatic in nature <u>and</u> that the member received medical treatment for the acute traumatic injury health condition on or before September 11, 2003.</p>	<ul style="list-style-type: none"> • American Association for the Surgery of Trauma Endorsed Guideline - National Clinical Guideline Centre (UK), Head injury Triage, assessment, investigation and early management of head injury in children, young people and adults (2014) https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0068963/ • American Association of Neurological Surgeons; Congress of Neurological Surgeons. Guidelines for the management of acute cervical spine and spinal cord injuries: 2013 update https://academic.oup.com/neurosurgery/article-lookup/doi/10.1227/01.neu.0000430319.32247.7f • American Academy of Ophthalmology, Ocular Trauma: Acute Evaluation, Cataract, Glaucoma http://eyewiki.aaos.org/Ocular_Trauma%3A_Acute_Evaluation,_Cataract,_Glaucoma • American Burn Association, Practice Guidelines for Burn Care (2001) http://www.ameriburn.org/PracticeGuidelines2001.pdf (requires subscription) • American Association for the Surgery of Trauma, General Trauma Information

¹¹In order to be eligible for certification, the acute traumatic injury must have occurred during one of the following time periods: September 11, 2001 – July 31, 2002 for acute traumatic injuries occurring at one of the New York City Area Sites; September 11, 2001 – November 19, 2001 for acute traumatic injuries occurring at the Pentagon Site; or September 11, 2001 – October 3, 2001 for acute traumatic injuries occurring at the Shanksville, Pennsylvania Site.

		<p>https://www.aast.org/resources-detail/general-information</p> <ul style="list-style-type: none"> AAOS, OrthoGuidelines, Trauma http://www.orthoguidelines.org/specialty?specialty=Trauma
Malignant Neoplasm: <i>General</i>	<ul style="list-style-type: none"> History (Symptoms) & Physical Findings Radiographic/Endoscopic/Imaging evidence Chemistry Laboratory Tissue biopsy or pathology report* <p>Exception: Tissue biopsy is not required for certain neoplasms (e.g. hepatocellular carcinoma does not require biopsy; requires either CT, MRI, or ultrasound imaging for diagnosis). See NCCN guidelines for information about these neoplasms.</p>	<ul style="list-style-type: none"> National Comprehensive Cancer Network (NCCN) Guidelines https://www.nccn.org/professionals/physician_gls/f_guidelines.asp National Cancer Institute (NCI) Pathology Reports Fact Sheet https://www.cancer.gov/about-cancer/diagnosis-staging/diagnosis/pathology-reports-fact-sheet Borowitz M, Westra W, Cooley LD, et al. Pathology and laboratory medicine. In: Abeloff MD, Armitage JO, Niederhuber JE, Kastan MB, McKenna WG, editors. <i>Clinical Oncology</i>. 3rd ed. London: Churchill Livingstone, 2004. NCCN Guidelines. Imaging Appropriate Use Criteria: Hepatobiliary Cancers (Version 1.2019). https://www.nccn.org/professionals/imaging/content/. Accessed October 29, 2019.
Malignant Neoplasm: <i>In-Situ Neoplasm</i>	<ul style="list-style-type: none"> History (Symptoms) & Physical Findings Radiographic/Endoscopic/Imaging evidence Chemistry Laboratory Tissue biopsy or pathology report* <p>All malignant in-situ neoplasms are eligible for certification except the following: (1) lobular carcinoma in-situ of the breast (except pleomorphic lobular carcinoma); (2) in-situ carcinoma of the gallbladder; (3) colorectal in-situ carcinoma (high grade</p>	<ul style="list-style-type: none"> NCCN Guidelines http://www.nccn.org/professionals/physician_gls/f_guidelines.asp NCI Pathology Reports Fact Sheet https://www.cancer.gov/about-cancer/diagnosis-staging/diagnosis/pathology-reports-fact-sheet

	<p>intraepithelial and intramucosal neoplasia); and (4) in-situ carcinoma of the cervix.</p>	
<p>Malignant Neoplasm: <i>Unknown primary</i></p>	<ul style="list-style-type: none"> • History (Symptoms) & Physical Findings • Radiographic/Endoscopic/Imaging evidence • Chemistry Laboratory • Tissue biopsy or pathology report* <p>When the diagnosis under review is a metastatic neoplasm of an unknown primary, a diagnostic work-up summary is required to demonstrate that an appropriate search for the primary malignancy was done. The narrative should include the metastases that have been detected as a result of the diagnostic evaluation.</p> <p>When the diagnostic work-up does not reveal a primary site, the neoplasm shall be classified as C80.1 "Malignant (primary) neoplasm, unspecified."</p> <p>When the diagnostic work-up does reveal a primary site, the neoplasm shall be classified as a neoplasm of the primary site.</p> <p>To ensure clarity about the condition for which verification is requested, the medical determination should only state the final diagnosis and the date of this diagnosis.</p>	<ul style="list-style-type: none"> • Ettinger DS, Agulnik M, Cates JM, Cristea M, Denlinger CS, Eaton KD, et al. Occult Primary. Clinical Practice Guidelines in Oncology. J Natl Compr Canc Netw. 2011;9(12):1358-95.