**Section 840.310 Methods of Reporting Occupational Disease**

a) All registered, permitted, or licensed hospital laboratories, clinical laboratories, local health authorities or other facilities shall provide the Department with information on elevated blood lead level cases within seven business days after receipt of the results.

b) Health care providers' offices shall provide the Department with information on elevated blood lead level cases upon request of the Department or local health department.

c) Any person, clinical or hospital laboratory, hospital, or other facility required to report to the Department the occupational diseases specified in this Section, shall use the following terminology to indicate a reportable occupational disease:

1) Probable;

2) Consistent with;

3) Compatible with;

4) Suspected;

5) Extension or invasion "to", "onto", "into", "out onto".

d) If the following terminology would be used to report an occupational disease specified by the Department to be collected and submitted, the disease shall be interpreted as not being necessary for reporting to the Department:

1) Questionable;

2) Possible;

3) Suggests;

4) Equivocal;

5) Rule out;

6) Very close to;

7) Worrisome.

e) Determination of whether a given condition is reportable shall be made by the use of the International Classification of Diseases – 10th Revision – Clinical Modification (ICD-10-CM) codes.

f) The specified diagnoses of occupationally related diseases that shall be collected from existing IDPH databases:

1) Asbestosis, ICD-10-CM code J61;

2) Coal Worker's Pneumoconiosis, ICD-10-CM code J60;

3) Lead Poisoning - (Elevated Blood Lead Level), ICD-10-CM code T56.0X; and

4) Silicosis, ICD-10-CM code J62.

g) All existing IDPH databases will use the ICD-10-CM codes specified in subsection (f) for consistency of data collection.

(Source: Amended at 46 Ill. Reg. 2971, effective February 1, 2022)