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**60**

# Critical Illnesses Guide

Start ▶



**DISEASES OF THE CIRCULATORY SYSTEM****SPECIFIC DISEASES****DISEASES OF THE EXCRETORY SYSTEM****DISEASES OF THE NERVOUS SYSTEM****ORGAN DISORDERS AND DISEASES****DISEASES OF THE MUSCULAR SYSTEM****DISEASES OF THE DIGESTIVE SYSTEM****ENDOCRINE SYSTEM RELATED DISEASE****COLLAGEN DISEASES****HEMATOLOGY-RELATED DISEASE****DISEASE OF THE RESPIRATORY SYSTEM****GLOSSARY****DISEASES OF THE CIRCULATORY SYSTEM**

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- Coronary Artery Bypass Surgery
- Heart Valve Replacement
- Surgery to Aorta
- Cardiomyopathy
- Other Serious Coronary Artery Disease
- Primary Pulmonary Arterial Hypertension
- Severe Infective Endocarditis
- Eisenmenger's Syndrome

**DISEASES OF THE EXCRETORY SYSTEM**

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- Medullary Cystic Disease

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- Severe Ulcerative Colitis

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- Poliomyelitis
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- Apallic Syndrome
- Brain Surgery
- Creutzfeldt-Jacob Disease (CJD)
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- Coma

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- Cancer
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- Major Burns
- Occupationally Acquired HIV
- Necrotizing Fasciitis
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- HIV due to Blood Transfusion

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- Loss of Limbs
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- Loss of Speech
- Loss of Independent Existence
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**DISEASE OF THE RESPIRATORY SYSTEM**

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## Diseases of the Circulatory System

- Heart Attack (Myocardial Infarction)
- Coronary Artery Bypass Surgery
- Heart Valve Replacement
- Surgery to Aorta
- Cardiomyopathy
- Other Serious Coronary Artery Disease
- Primary Pulmonary Arterial Hypertension
- Severe Infective Endocarditis
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## Heart Attack

(Myocardial Infarction)

Death of a portion of the heart muscle (myocardium) arising from inadequate blood supply to the relevant area.

### WHAT IS COVERED

The diagnosis must be supported by 3 or more of the following 5 criteria which are consistent with a new heart attack

- A history of typical chest pain;
- New electrocardiographic changes proving infarction;
- Diagnostic elevation of cardiac enzyme CK-MB;
- Diagnostic elevation of Troponin T > 0.6 mcg/L or Troponin I > 2 mcg/L; and
- Left ventricular ejection fraction less than 50% measured 3 months or more after the event.

### WHAT IS NOT COVERED

- Angina
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty

### REQUIREMENTS

- Attending Physician Statement form for Heart Attack [APS - Heart Attack (0809)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Electrocardiogram (ECG or EKG) result
- CK-MB result
- Troponin I or Troponin T result
- 2D Echocardiogram result [measured at least 3 months after the event]

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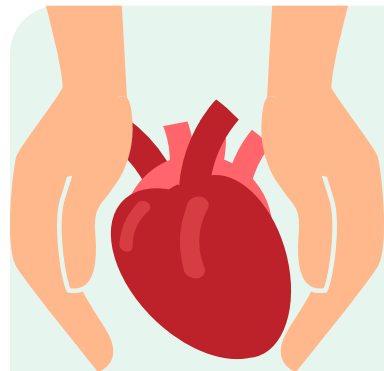
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## Coronary Artery Bypass Surgery

The actual undergoing of open-heart surgery to correct the narrowing or blockage of one or more coronary arteries with by-pass grafts.

### WHAT IS COVERED

Angiographic evidence of more than 50% coronary artery obstruction must be provided and the procedure must be considered medically necessary by a consultant cardiologist.

### WHAT IS NOT COVERED

- Angioplasty
- All other intra-arterial catheter-based techniques, or lasers procedures
- Coronary artery obstruction is less than 50%

### REQUIREMENTS

- Attending Physician Statement form for APS-Coronary Artery By-Pass Surgery (1009)
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Record of Operation or Operative Record
- Coronary Angiogram Report



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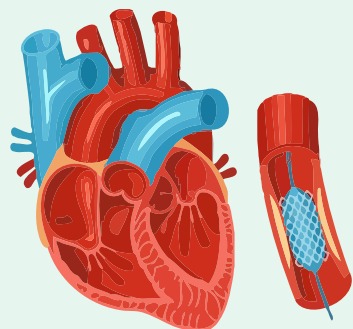
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## Heart Valve Replacement

The actual undergoing of open heart surgery to replace or repair heart valve abnormalities

### WHAT IS COVERED

Evidence of the heart valve abnormality from cardiac catheterization or echocardiogram must be provided and the procedure must be considered medically necessary by a consultant cardiologist.

### WHAT IS NOT COVERED

- Balloon valvotomy
- Heart valve replacement that is not considered medically necessary

### REQUIREMENTS

- Attending Physician Statement form for Heart Valve Replacement [APS - Heart Valve Replacement (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Echocardiogram
- Record of Operation or Operative Record



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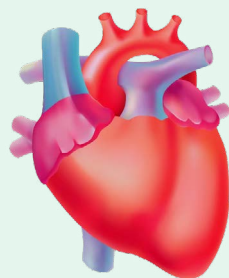
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## Surgery to Aorta

The actual undergoing of laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen.

For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches

### WHAT IS COVERED

The actual undergoing of laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen.

### WHAT IS NOT COVERED

Surgery performed using only minimally invasive or intra arterial techniques

### REQUIREMENTS

- Attending Physician Statement form for Surgery of Aorta [APS-Surgery to Aorta (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Record of Operation or Operative Record



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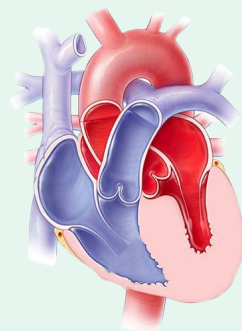
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## Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a cardiologist

### WHAT IS COVERED

- Should result in permanent and irreversible physical impairment of Class IV of the New York Heart Association's classification of cardiac impairment.
- The diagnosis has to be supported by abnormal ECG and echocardiographic findings of compromised ventricular performance.
- NYHA classification Class IV means that the patient is symptomatic at rest despite the use of medication and dietary adjustment, and there is evidence of abnormal ventricular function on physical examination and laboratory studies.

### WHAT IS NOT COVERED

Cardiomyopathy that is directly related to alcoholic and drug abuse

### REQUIREMENTS

- Attending Physician Statement for Cardiomyopathy confirmed by Cardiologist [APS - Cardiomyopathy (0710)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Electrocardiogram (ECG) result
- Medical Certification indicating cardiomyopathy class

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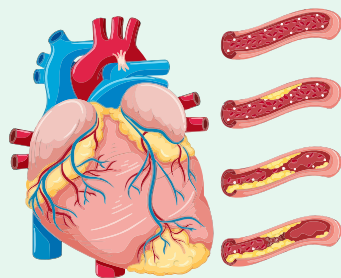
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## Other Serious Coronary Artery Disease

Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only.

For purposes of this definition, “major coronary artery” refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches with exception of LMS).

### WHAT IS COVERED

At least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only

If the occlusion of at least 60% is found on the left main stem artery this is to be considered as occlusion to 2 arteries (LCX and LAD) as they are branches of left main and the latter supplies blood to both.

### WHAT IS NOT COVERED

- Less than three (3) major arteries are occluded
- Occlusion of the three (3) major arteries is less than 60%

### REQUIREMENTS

- Attending Physician Statement form for Other Serious Coronary Artery Disease [APS - Other Serious Coronary Artery Disease (0710)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Coronary Angiogram Report

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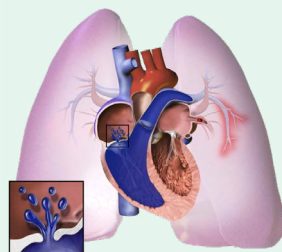
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## Primary Pulmonary Arterial Hypertension

A primary and unexplained increase in pulmonary artery pressure causing signs of right heart strain and failure.

### WHAT IS COVERED

- There must be permanent irreversible physical impairment to the degree of at least Class III of the New York Heart Association Classification of cardiac impairment.
- The diagnosis of primary pulmonary hypertension needs to be made by a cardiologist or a specialist in respiratory medicine and needs to be supported by data provided at cardiac Catheterization.
- The diagnosis must be supported by all three (3) of the following criteria:
  - Mean pulmonary artery pressure > 40 mmHG; and
  - Pulmonary vascular resistance > 3mmHg.min/L; and
  - Normal pulmonary wedge pressure < 15 mmHg.

### WHAT IS NOT COVERED

- Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, diseases of the left side of the heart and congenital heart disease.
- Not all three (3) criteria are satisfied.

### REQUIREMENTS

- Attending Physician Statement form for Primary Pulmonary Arterial Hypertension confirmed by a Cardiologist or a specialist in respiratory medicine [APS - Primary Pulmonary Arterial Hypertension(0710)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- 2d Echocardiogram result
- Pulmonary Artery Result
- Medical Certification indication of the New York Association Classification



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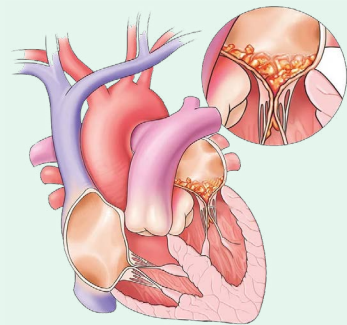
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## Severe Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms.

### WHAT IS COVERED

All of the following criteria must be met:

- Positive result of the blood culture proving presence of the infectious organism(s):
  - Microorganisms: demonstrated by culture of histology that has embolized, or in an intracardiac abscess; or
  - Pathological lesions: vegetation or intracardiac abscess present, confirmed by histology showing active endocarditis; or

- Typical microorganism consistent with Infective Endocarditis from two (2) separate blood cultures; or
- Microorganisms consistent with Infective Endocarditis form persistently positive blood cultures.

- Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Medical Practitioner who is a qualified specialist.



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**WHAT IS NOT COVERED**

If any of the 3 criteria for Severe Infective Endocarditis is not met

**REQUIREMENTS**

- Attending Physician Statement form from Others confirmed by a Medical Practitioner who is a qualified specialist. [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Culture and sensitivity result



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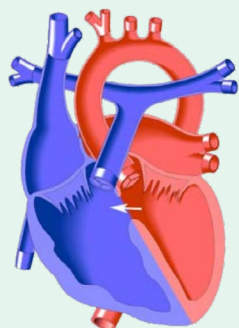
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## Eisenmenger's Syndrome

The development of severe pulmonary hypertension and shunt reversal resulting from a heart condition.

### WHAT IS COVERED

- The development of severe pulmonary hypertension and shunt reversal resulting from a heart condition.
- The diagnosis must be made by a specialist with echocardiography and cardiac catheterisation

### WHAT IS NOT COVERED

Diagnosis not confirmed by a Specialist with echocardiography and cardiac catheterisation

### REQUIREMENTS

- Attending Physician Statement form for Others from Specialist with echocardiography and cardiac catheterisation [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Record of Operation or Operative Record



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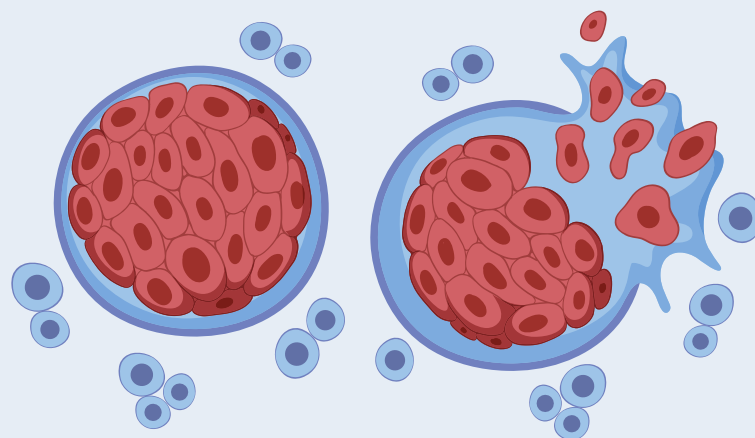
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## Specific Diseases

- Cancer
- Major Organ Transplantation
- Terminal Illness
- Major Burns
- Occupationally Acquired HIV
- Necrotizing Fasciitis
- Elephantiasis
- HIV due to Blood Transfusion

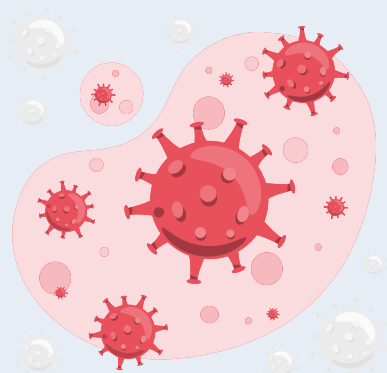


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## Cancer

A malignant tumor positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue. The term malignant tumor includes leukemia, lymphoma and sarcoma.

### WHAT IS COVERED

Cancer is covered beginning Stage 1 **except** for the following:

- Prostate Cancer (Covered starting Stage 2)
- Thyroid Cancer (Covered starting Stage 2)
- Urinary bladder tumors (Covered starting Stage 2)
- Gastro-intestinal stromal tumors (Covered starting Stage 2)
- Certain types of skin cancers (refer to number 4b and 4c of contract)
- Chronic Lymphocytic Leukemia (covered starting RAI Stage 3)

### WHAT IS NOT COVERED

All tumors which are histologically classified as any of the following:

- Pre-malignant;
- Non-invasive;
- Carcinoma-in-situ;
- Having borderline malignancy;
- Having any degree of malignant potential; Having suspicious malignancy;
- Neoplasm of uncertain or unknown behavior;
- Cervical Dysplasia CIN-1, CIN-2 and CIN-3;

Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

Malignant melanoma that has not caused invasion beyond the epidermis;



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### WHAT IS NOT COVERED

All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or

Prostate cancers of another equivalent or lesser classification;

All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

All tumors of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;

All Gastro-Intestinal Stromal tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

Chronic Lymphocytic Leukemia less than RAI Stage 3; and

All tumors in the presence of HIV infection.

### REQUIREMENTS

- Attending Physician Statement form for Cancer [APS - Cancer (0809)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Histopathology or Biopsy Result



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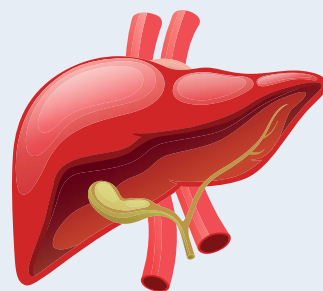
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## Major Organ Transplantation

The actual undergoing , as a recipient of, a transplant of bone marrow using hematopoietic stem cells preceded by total bone marrow ablation, or transplant of a heart, lung, liver, pancreas, or kidney.

### WHAT IS COVERED

The transplant must have been clinically necessary to treat irreversible end stage failure of the relevant organ.

### WHAT IS NOT COVERED

- Other stem cell transplants, islet cell transplants and transplants of part of an organ.
- Transplant is not clinically necessary.

### REQUIREMENTS

- Attending Physician Statement for Major Organ Transplantation [APS - Major Organ Transplantation (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Record of operation or Operative Record



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## Terminal Illness

The suffering by the Insured from a disease which, in the opinion of and agreed to by the Company's doctor, the advent of death is highly likely within six (6) months.

### WHAT IS COVERED

Likelihood of death within six (6) months as confirmed by the Insured's Medical Practitioner

### WHAT IS NOT COVERED

- Terminal illness in the presence of HIV infection.
- Life expectancy is more than six (6) months.

### REQUIREMENTS

- Attending Physician Statement form for Terminal Illness [APS - Terminal Illness (1009)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility



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## Major Burns

Third degree burns which results in full thickness skin destruction of at least 20% of the total skin area of the Insured's body.

### WHAT IS COVERED

Third degree burns which results in full thickness skin destruction of at least 20% of the total skin area of the Insured's body.

### WHAT IS NOT COVERED

Third degree burns on less than 20% of the total skin area of the Insured's body.

### REQUIREMENTS

- Attending Physician Statement for Major Burns [APS - Major Burns (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement



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## Occupationally Acquired HIV

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an occupational accident occurring after the Policy Effective Date, date of Endorsement or date of any reinstatement of this Policy, whichever is the later.

The Company must be given access to independently test all the blood samples used and to take such additional samples as may be deemed necessary.

This benefit will not apply where a cure has become available before the infection. “Cure” means any treatment that renders the HIV inactive or non-infectious.

### WHAT IS COVERED

The occupational accident must occur while the Insured was carrying out the normal professional duties of his or her occupation in the Philippines, subject to the following:

- (a) The accident must give rise to the infection within thirty (30) days of the accident taking place, and
- (b) Proof that the accident involved a definite source of the HIV infection, and
- (c) Proof of sero-conversion from HIV negative to HIV positive occurring during the one hundred and eighty (180) days after the documented accident. This proof must include a negative HIV antibody test conducted within five (5) days of the accident.

### WHAT IS NOT COVERED

HIV resulting from any other means including sexual activity and the use of intravenous drugs



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## REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Incident report
- Certificate of employment, if any
- All blood related laboratory results

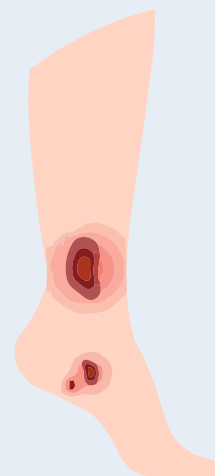


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## Necrotizing Fasciitis

Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues.

### WHAT IS COVERED

- An unequivocal diagnosis of necrotizing fasciitis must be made by a Medical Practitioner who is a specialist and the diagnosis must be supported with laboratory evidence of the presence of a bacterium that is a known cause of necrotizing fasciitis.
- There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

### WHAT IS NOT COVERED

No widespread destruction of muscle and other soft tissues resulting in total and permanent loss or function of the affected body part

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Laboratory results indicating the cause of infection is necrotizing fasciitis



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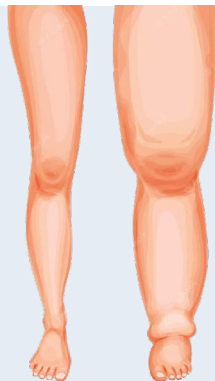
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## Elephantiasis

End stage Lymphatic Filariasis.

### WHAT IS COVERED

Must meet all of the following criteria:

- Significant enlargement and disfiguration of the infected body (legs, genitals or breasts) due to blockage of the lymphatic system by filariae parasites;
- The diagnosis of permanent lymphatic obstruction must be made by a Medical Practitioner who is a qualified specialist.
- Diagnosis must be supported by laboratory tests showing circulating filariae antigen or microfilariae in a blood smear (*Wuchereria bancrofti* or *Brugia malayi*)

### WHAT IS NOT COVERED

Other forms of lymphedema or acute lymphangitis

Not all criteria are satisfied.

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Circulating filariae antigen or microfilariae blood result



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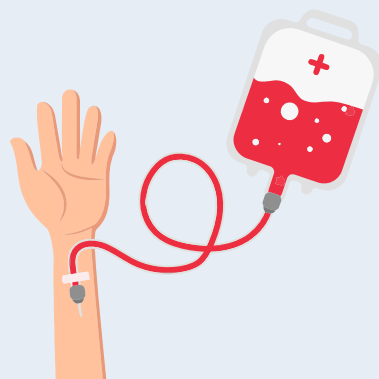
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## HIV due to Blood Transfusion

Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion.

### WHAT IS COVERED

All of the following must be met:

- The blood transfusion was medically necessary or given as part of a medical treatment;
- The blood transfusion was received in the Philippines after the Effective Date, date of Endorsement or date of any reinstatement of this Policy, whichever is later;
- The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and

- The Insured does not suffer from Thalassemia Major or Haemophilia.

### WHAT IS NOT COVERED

- HIV infection not caused by blood transfusion.
- Not all criteria are satisfied

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Incident Report
- All blood related laboratory results



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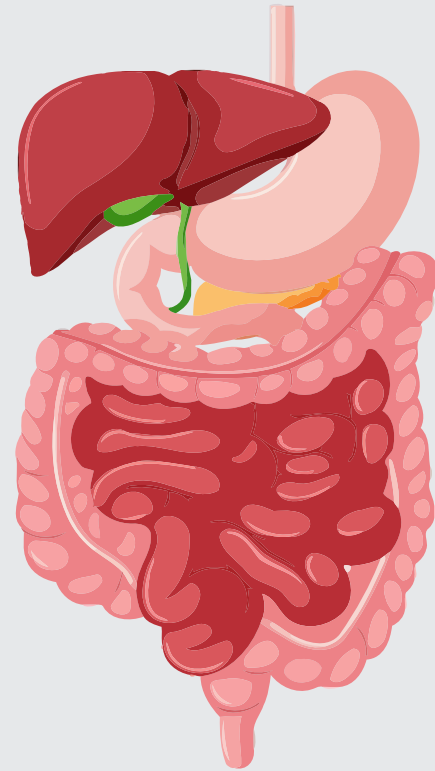
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## Diseases of the Excretory System

- Kidney Failure
- Medullary Cystic Disease



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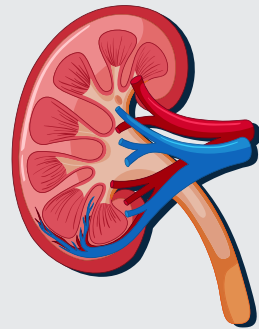
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## Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplant.

### WHAT IS COVERED

Diagnosis or CKD Stage IV or V, Early Stage Renal Disease, Early Stage Renal Failure

EGFR result of at least 29 mL/min/1.73m<sup>2</sup>

### WHAT IS NOT COVERED

- Condition does not require permanent renal dialysis or kidney transplant
- CKD Stages I to III
- EGFR result is more than 29 mL/min/1.73m<sup>2</sup>

### REQUIREMENTS

- Attending Physician Statement form for Kidney Failure [APS - Kidney Failure (1009)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Creatinine result
- E-GFR result, If any
- Kidney disease Treatment plan



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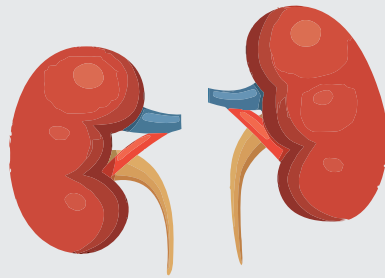
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## Medullary Cystic Disease

A hereditary kidney disorder characterized by gradual and progressive loss of kidney function because of cysts in the kidney medulla.

### WHAT IS COVERED

Diagnosis must be supported by imaging evidence of multiple medullary cysts with cortical atrophys.

### WHAT IS NOT COVERED

Diagnosis is not supported by any imaging evidence of multiple medullary cysts with cortical atrophy showing gradual and progressive loss of kidney function

### REQUIREMENTS

- Attending Physician Statement for Medullary Cystic Disease [APS-Medullary Cystic Disease (1009) ]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Imaging test such as: ultrasound, CT scan or MRI



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## Diseases of the Nervous System



- Stroke
- Benign Brain Tumor
- Multiple Sclerosis
- Amyotrophic Lateral Sclerosis
- Parkinson’s Disease
- Poliomyelitis
- Encephalitis
- Alzheimer’s Disease
- Apallic Syndrome
- Brain Surgery
- Creutzfeldt-Jacob Disease (CJD)
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- Progressive Supranuclear Palsy
- Bacterial Meningitis
- Surgery for Idiopathic Scoliosis
- Coma

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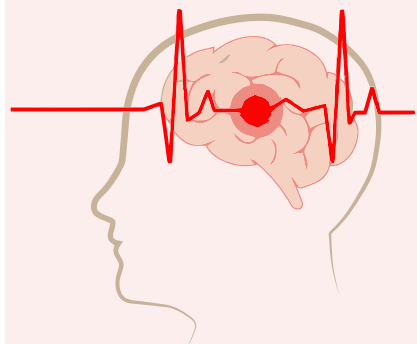
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## Stroke

A cerebrovascular incident including Infarction of brain tissue, cerebral and subarachnoid hemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms.

### WHAT IS COVERED

All of the following must be met:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

### WHAT IS NOT COVERED

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve; and
- Ischaemic disorders of the vestibular system
- Not all criteria are met

### REQUIREMENTS

- Attending Physician Statement form for Stroke signed by a Neurologist [at least 6 weeks after the event] [APS - Stroke (0809)]
- Latest MRI or CT Scan result
- Latest Discharge summary or clinical abstract or medical abstract of the confinement



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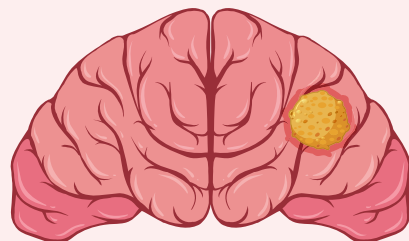
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## Benign Brain Tumor

A non-malignant tumor located in the cranial vault and limited to the brain, meninges or cranial nerves

### WHAT IS COVERED

Must meet all of the following conditions:

- It is life threatening
- It has caused damage to the brain
- It has undergone surgical removal, or, if inoperable, has caused a permanent neurological deficit
- Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging (MRI), Computerized Tomography, or other reliable imaging techniques

### WHAT IS NOT COVERED

- Cysts
- Granulomas
- Vascular Malformations
- Hematomas
- Tumor of the pituitary gland or spinal cord
- Tumors that do not meet all of the four (4) criteria

### REQUIREMENTS

- Attending Physician Statement for Benign brain tumor [APS - Benign Brain Tumor (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Histopath/biopsy
- Magnetic Resonance Imaging
- Record of Operation or Operative Record



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## Multiple Sclerosis

A disease due to demyelination of neurological brain tissue.

### WHAT IS COVERED

There must be evidence of permanent neurological signs which have persisted for a continuous period of at least six (6) months

### WHAT IS NOT COVERED

- Other causes of neurological damage such as Systemic Lupus Erythematosus (SLE) and Human Immunodeficiency Virus (HIV)
- Neurological signs persist for less than six (6) months

### REQUIREMENTS

- Attending Physician Statement for Multiple Sclerosis [APS – Multiple Sclerosis (1009) ]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Copy of MRI, computerized tomography or other reliable imaging techniques
- Complete Neurological Examination Report



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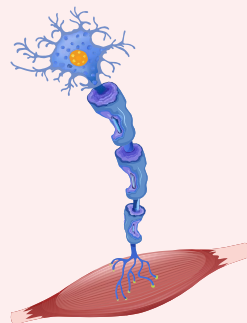
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## Amyotrophic Lateral Sclerosis (ALS)

Unequivocal diagnosis by a consultant neurologist confirming well defined neurological deficit with persistent signs of involvement of the spinal nerve columns and the motor centers in the brain and with spastic weakness and atrophy of the muscles of the extremities.

### WHAT IS COVERED

Unequivocal diagnosis by a consultant neurologist confirming well defined neurological deficit with persistent signs of involvement of the spinal nerve columns and the motor centers in the brain and with spastic weakness and atrophy of the muscles of the extremities.

### WHAT IS NOT COVERED

- Diagnosis of Amyotrophic Lateral Sclerosis that does not show well defined neurological deficit with persistent signs of involvement of the spinal nerve columns and the motor centers in the brain.
- No spastic weakness and atrophy of the muscles of the extremities.

### REQUIREMENTS

- Attending Physician Statement for Amyotrophic Lateral Sclerosis [Amyotrophic Lateral Sclerosis (1009) ]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Electromyogram report (EMG)



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## Parkinson's Disease

Degenerative disease of the central nervous systems as a result of loss of pigment containing neurons of the brain.

### WHAT IS COVERED

There must be an unequivocal diagnosis by a consultant neurologist where the condition:

- Cannot be controlled with medication;
- Shows signs of progressive impairment; and
- There is the permanent inability to perform, without any form of assistance, three (3) of the six (6) Activities of Daily Living for a continuous period of at least 180 days.

Only idiopathic Parkinson's Disease is covered

### WHAT IS NOT COVERED

- Drug induced or toxic causes of Parkinsonism
- The condition is controlled through medication
- There are no signs of progressive impairment
- The insured was unable to perform at least three (3) ADLs for less than 180 days

### REQUIREMENTS

- Attending Physician's Statement Parkinson's Disease [APS-Parkinson's Disease (1109)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Care giving questionnaire



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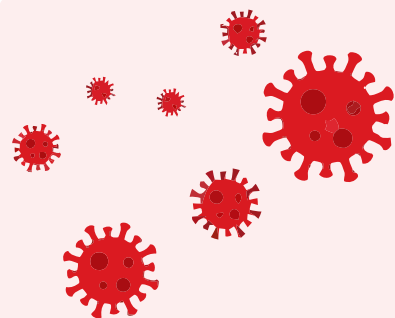
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## Poliomyelitis

Unequivocal diagnosis by a consultant neurologist of acute infection by the polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness that must persist for at least three months.

### WHAT IS COVERED

- Unequivocal diagnosis by a consultant neurologist of acute infection by the polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness that must persist for at least three months.
- The polio virus must be identified as the cause of paralytic disease as evidenced by impaired motor function or respiratory weakness that must persist for at least three months

### WHAT IS NOT COVERED

- Cases not involving paralysis.
- Motor function or respiratory weakness lasts for less than three (3) months
- Paralysis not caused by the polio virus

### REQUIREMENTS

- Attending Physician Statement for Poliomyelitis signed by a Neurologist [APS-Poliomyelitis (1109)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement.
- Complete Neurological examination report



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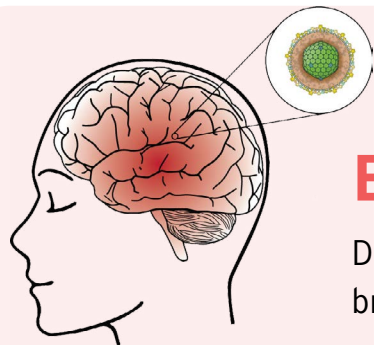
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## Encephalitis

Diagnosis of severe inflammation of the brain, associated with viral infections

### WHAT IS COVERED

- The inflammation must result in permanent functional neurological impairment confirmed by a neurologist lasting at least six (6) weeks.
- The permanent neurological impairment includes, but is not limited to mental retardation and paralysis.

### WHAT IS NOT COVERED

- Encephalitis resulting from HIV infection
- Functional neurological impairment lasts less than six (6) weeks

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Care giving questionnaire form
- Complete Neurological Examination Report


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## Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging.

### WHAT IS COVERED

- The diagnosis of Alzheimer's disease must be confirmed by a Medical Practitioner who is an appropriate consultant and supported by the Company's appointed Medical Practitioner.
- There must be significant reduction in mental and social functioning requiring the continuous supervision of the Insured.
- There must also be a permanent inability of the Insured to perform, without any form of assistance, at least three (3) of the six (6) Activities of Daily Living for a continuous period of at least 180 days.

### WHAT IS NOT COVERED

- Psychiatric illnesses and alcohol related brain damage
- There is no significant reduction in mental and social functioning and does not require continuous supervision of the insured.
- Inability to perform less than three (3) ADLs for a continuous period of at least 180 days
- Inability to perform at least three (3) ADLs lasts for less than 180 days

### REQUIREMENTS

- Attending Physician Statement for Alzheimer's Disease [APS - Alzheimer's Disease (0710)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Caregiving questionnaire



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## Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem intact.

### WHAT IS COVERED

The condition has to be medically documented for at least one (1) month.

### WHAT IS NOT COVERED

- Incomplete or no medical documentation
- Medically documented for less than one (1) month

### REQUIREMENTS

- Attending Physician Statement for Apallic Syndrome confirmed by Neurologist [APS - Apallic Syndrome (0710)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility



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## Brain Surgery

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.

### WHAT IS COVERED

- The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.
- Keyhole surgery is included
- The procedure must be considered medically necessary by a Medical Practitioner who is a qualified specialist

### WHAT IS NOT COVERED

- Minimally invasive treatment where no surgical incision is performed, such as irradiation by gamma knife or endovascular neuroradiological interventions, such as embolizations, thrombolysis, and Stereotactic biopsy
- Brain surgery as a result of accident

### REQUIREMENTS

- Attending Physician Statement for Benign Brain Tumor [APS - Benign Brain Tumor (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Record of Operation or Operative Record



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## Creutzfeldt-Jacob Disease (CJD)

An incurable brain infection that causes rapidly progressive deterioration of mental function and movement.

### WHAT IS COVERED

- A neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging.
- There must be objective neurological abnormalities on exam along with severe progressive dementia.

### WHAT IS NOT COVERED

Diagnosis of Creutzfeldt-Jacob Disease (CJD) that does not show neurological abnormalities on exam along with severe progressive dementia.

### REQUIREMENTS

- Attending Physician Statement form for Creutzfeldt-Jacob Disease [APS - Creutzfeldt-Jacob Disease (CJD) (0710)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Electroencephalogram (EEG) result
- CT scan / MRI result
- Complete Neurological examination



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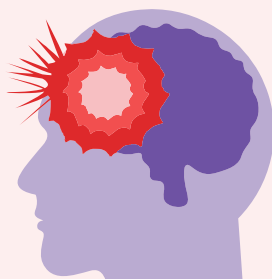
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## Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than six (6) weeks from date of the accident.

### WHAT IS COVERED

- Accidental head injury resulting in permanent neurological deficit to be assessed **no sooner than six (6) weeks from date of the accident.**
- The injury must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

### WHAT IS NOT COVERED

- Spinal cord injury
- Head injury due to any other causes
- Injury resulting in temporary neurological deficit
- Injury not caused solely and directly by accidental, violent, external and visible means.

### REQUIREMENTS

- Attending Physician Statement for Other [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- MRI/Computerized tomography or other reliable imaging techniques
- Complete Neurological exam report
- Police report



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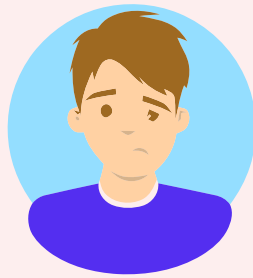
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## Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability

### WHAT IS COVERED

All of the following must be met:

- Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- The Diagnosis of Myasthenia Gravis and categorization are confirmed by a neurologist.
- Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

### WHAT IS NOT COVERED

Muscle weakness falls under classes I to III only

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Medical Certificate indicating Myasthenia Gravis class



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## Progressive Supranuclear Palsy

Progressive supranuclear palsy resulting independently of all other causes with unequivocal diagnosis made by a consultant neurologist.

### WHAT IS COVERED

- Progressive supranuclear palsy resulting independently of all other causes with unequivocal diagnosis made by a consultant neurologist.
- The condition must result in neurological deficit persisting for at least 90 days and the permanent inability to perform, without any form of assistance, at least three (3) of the six (6) Activities of Daily Living for a continuous period of at least 180 days.

### WHAT IS NOT COVERED

The condition does not result in permanent inability to perform, without any form of assistance, at least three (3) of the six (6) Activities of Daily Living for a continuous period of at least 90 days.

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Complete Neurological Examination Report
- Caregiving questionnaire



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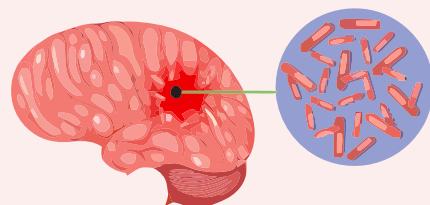
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## Bacterial Meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in significant and permanent functional neurological impairment lasting for a minimum period of thirty (30) days.

### WHAT IS COVERED

- Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in significant and permanent functional neurological impairment lasting for a minimum period of thirty (30) days.
- The diagnosis is by a consultant neurologist and the presence of bacterial infection is confirmed in cerebrospinal fluid by lumbar puncture.

### WHAT IS NOT COVERED

- All other forms of meningitis, including viral meningitis
- Neurological impairment lasting less than 30 days

### REQUIREMENTS

- Attending Physician Statement form for Bacterial Meningitis from consultant neurologist [APS - Bacterial Meningitis (0710)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Lumbar puncture test result



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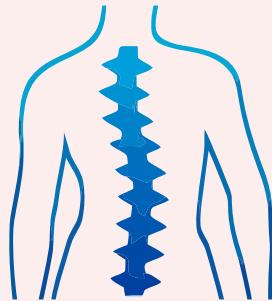
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## Surgery for Idiopathic Scoliosis

Surgery for idiopathic scoliosis with spinal surgery to reconfirm abnormal spine curvature to its normal shape (as a straight line viewed from the back).

This scoliosis condition means that the spine curve position is more than 40 Cobb angle degrees.

### WHAT IS COVERED

Surgery where the spine curve position is more than 40 Cobb angle degrees.

### WHAT IS NOT COVERED

Spine curve position is less than 40 Cobb angle degrees

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Record of Operation or Operative Record
- X-ray result showing spine curve position



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## Coma

A coma that persists for at least 96 hours.

### WHAT IS COVERED

The diagnosis must be supported by evidence of all of the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

### WHAT IS NOT COVERED

- Coma resulting directly from alcohol or drug abuse,
- Medically induced coma.
- Coma lasting less than 96 hours
- Not all criteria are satisfied.

### REQUIREMENTS

- Attending Physician Statement for Coma [APS - Coma (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Complete Neurological examination report



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## Organ Disorders and Diseases

- Chronic Liver Disease
- Paralysis
- Blindness
- Loss of Limbs
- Loss of Hearing
- Loss of Speech
- Loss of Independent Existence
- Total and Permanent Disability
- Amputation due to Complication from Diabetes

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## Paralysis

Total and irreversible loss of use of at least two (2) entire limbs due to injury or disease. This condition must be confirmed by an appropriate medical specialist

### WHAT IS COVERED

Total and irreversible loss of use of at least two (2) entire limbs due to injury or disease.

### WHAT IS NOT COVERED

- Paralysis due to self-inflicted injuries
- Loss of use of at least two (2) entire limbs is not total and irreversible
- Total and irreversible loss of use of only one entire limb

### REQUIREMENTS

- Attending Physician Statement for Paralysis [APS-Paralysis (1009)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Caregiving questionnaire



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## Blindness

Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes.

### WHAT IS COVERED

- Permanent and irreversible loss of sight in both eyes as a result of illness or accident to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in both eyes using a Snellen eye chart or equivalent test, or visual field of 20 degrees or less in both eyes.
- The blindness must be confirmed by an ophthalmologist.

### WHAT IS NOT COVERED

Temporary and reversible loss of sight

Only 1 eye is declared as blind

### REQUIREMENTS

- Attending Physician Statement for Blindness signed by an Ophthalmologist [APS - Blindness (1009)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Visual acuity test result



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## Loss of Limbs

Total and irreversible severance of two limbs at or above the wrist or ankle.

### WHAT IS COVERED

Total and irreversible severance of two limbs at or above the wrist or ankle.

### WHAT IS NOT COVERED

Only 1 limb or no limb is severed

### REQUIREMENTS

- Attending Physician Statement [APS-Loss of Limbs (0710)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Record of Operation or Operative Record
- Photos of severed limb



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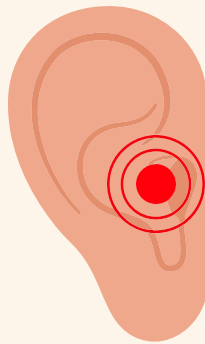
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## Loss of Hearing

Total and irreversible loss of hearing in both ears as a result of illness or accident.

### WHAT IS COVERED

- This diagnosis must be supported by audiometric and sound-threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist.
- Total means the loss of at least 80 decibels in all frequencies of hearing

### WHAT IS NOT COVERED

- Hearing loss does not reach 80 decibels on all frequencies.
- Temporary and reversible loss of hearing
- Hearing loss in only one (1) ear

### REQUIREMENTS

- Attending Physician Statement Loss of Hearing signed by an ENT specialist [APS – Loss of Hearing) (1009)]
- Audiometric and sound-threshold tests
- Latest Discharge summary or clinical abstract or medical abstract of the confinement



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## Loss of Speech

Total and irrecoverable loss of the ability to speak due to physical damage to the vocal cords which must be established for a continuous period of twelve (12) months.

### WHAT IS COVERED

- Total and irrecoverable loss of the ability to speak due to physical damage to the vocal cords which must be established for a continuous period of twelve (12) months.
- Injury or disease to the vocal chords must be confirmed by an appropriate specialist.

### WHAT IS NOT COVERED

- All psychiatric related causes are excluded
- Loss of speech not lasting for a continuous 12-month period

### REQUIREMENTS

- Attending Physician Statement for Loss of Speech [APS – Loss of Speech (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement



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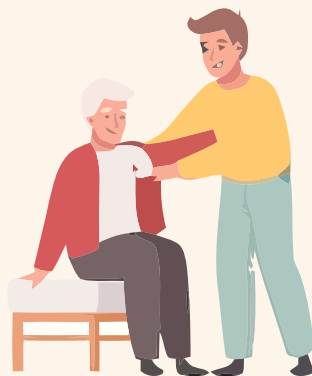
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## Loss of Independent Existence

The permanent loss of independent existence resulting in a permanent inability to perform, without any form of assistance at least three (3) of the six (6) Activities of Daily Living for a continuous period of at least 180 days with or without using mechanic tool, special tool or other assistance and adaptation to use such tool for the disabled people.

### WHAT IS COVERED

- The permanent loss of independent existence resulting in a permanent inability to perform, without any form of assistance at least three (3) of the six (6) Activities of Daily Living for a continuous period of at least 180 days with or without using mechanic tool, special tool or other assistance and adaptation to use such tool for the disabled people.

- Loss of independent existence must be confirmed by doctor.
- Permanent means that the condition would not be recovered by current knowledge and technology.

### WHAT IS NOT COVERED

- Loss of independent existence is not permanent
- Inability to perform less than three (3) ADLs for at least 180 days
- Inability to perform at least three (3) ADLs for less than 180 days
- The condition is recoverable through current knowledge and technology.



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## Total and Permanent Disability

### WHAT IS COVERED

- The Insured has suffered a disability between the ages of 18 and 65, caused by disease or bodily injury which is total and permanent leading to a state of inability to engage in any occupation or from performing any work for remuneration or profit. Such state of inability must have continued without interruption for at least 180 days; or
- Insured has suffered total and irrecoverable loss of use of:
  - both eyes, or
  - any two limbs at or above the wrist or ankle, or
  - one eye and any one limb at or above the wrist or ankle

- Insured has suffered a disability caused by disease or bodily injury which is total and permanent leading to a state of inability to perform, without any form of assistance, at least three (3) of the six (6) Activities of Daily Living for a continuous period of at least 180 days.

### WHAT IS NOT COVERED

- The disability lasts for less than 180 days; or
- Loss of use of only one eye; or
- Loss of only one limb; or
- Loss of two limbs below the wrist or ankle; or
- Inability to perform three (3) ADLs for less than 180 days; or
- Inability to perform less than three (3) ADLs for at least 180 days



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## REQUIREMENTS

- Attending Physician Statement form for Total and Permanent Disability [APS - Total and Permanent Disability (1109)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Care Giving Questionnaire Form
- Neurological Exam Report (if stroke or neuro related)



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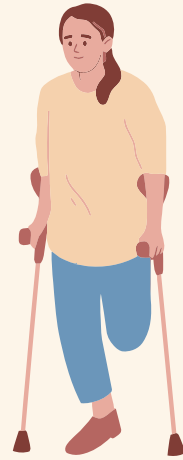
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## Amputation due to complication from Diabetes

The actual undergoing of amputation of a leg or foot at or above the level of the ankles to treat gangrene that has occurred as a complication of diabetes

### WHAT IS COVERED

The actual undergoing of amputation of a leg or foot at or above the level of the ankles to treat gangrene that has occurred as a complication of diabetes

### WHAT IS NOT COVERED

- Amputation has not been done
- Amputation is below the level of the ankles

### REQUIREMENTS

- Attending Physician Statement Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Record of Operation or Operative Record



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## Diseases of the Muscular System

- Muscular Dystrophy
- Progressive Bulbar Palsy
- Progressive Muscular Atrophy
- Hemolytic Streptococcal Gangrene



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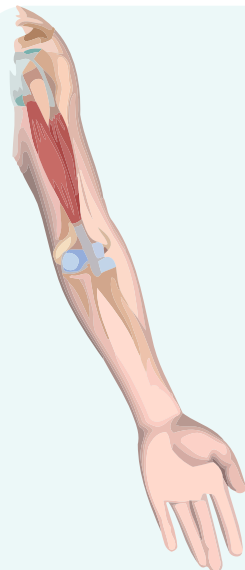
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## Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterized by progressive weakness and atrophy of muscle.

### WHAT IS COVERED

- The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist and confirmed by appropriate neuromuscular testing such as Electromyogram (EMG).
- The condition must result in the permanent inability to perform, without any form of assistance, at least three (3) of the six (6) Activities of Daily Living for a continuous period of at least 180 days.

### WHAT IS NOT COVERED

The condition does not result in permanent inability to perform, without any form of assistance, at least three (3) of the six (6) Activities of Daily Living for a continuous period of at least 180 days.

### REQUIREMENTS

- Attending Physician Statement for Muscular dystrophy signed by a neurologist [APS-Muscular Dystrophy (1109) ]
- Caregiving questionnaire
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Electromyogram report (EMG)



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## Progressive Bulbar Palsy

Degenerative wasting of the muscles including the bulbar muscles as diagnosed by a consultant neurologist.

### WHAT IS COVERED

- Degenerative wasting of the muscles including the bulbar muscles as diagnosed by a consultant neurologist.
- Must be confirmed by appropriate neuromuscular testing such as Electromyogram (EMG)

### WHAT IS NOT COVERED

Diagnosis of Progressive Bulbar Palsy without wasting of the muscles

### REQUIREMENTS

- Attending Physician Statement for Progressive Bulbar Palsy signed by a Neurologist [APS-Progressive Bulbar Palsy (1109)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Electromyogram (EMG) result



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## Progressive Muscular Atrophy

Involving the wasting of muscles, increased spasticity, and the Insured's permanent inability to perform, without any form of assistance, at least three (3) of the six (6) Activities of Daily Living as diagnosed by a consultant neurologist.

### WHAT IS COVERED

Involving the wasting of muscles, increased spasticity, and the Insured's permanent inability to perform, without any form of assistance, at least three (3) of the six (6) Activities of Daily Living as diagnosed by a consultant neurologist.

### WHAT IS NOT COVERED

- Ability to perform more than three (3) ADLs
- Temporary inability to perform at least three (3) ADLs

### REQUIREMENTS

- Attending Physician Statement signed by a Neurologist [APS-Progressive Muscular Atrophy (1109)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Electromyogram (EMG) result
- Caregiving questionnaire



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## Hemolytic Streptococcal Gangrene

An infection of the superficial and/or deep fascia investing the muscles of an extremity or the trunk, progress being fulminant and needing immediate surgical intervention and debridement.

### WHAT IS COVERED

Infected wound should need immediate surgical intervention and debridement. Hemolytic Streptococcal Gangrene diagnosis evidenced by culture and sensitivity result and confirmed by a specialist after surgical exploration.

### WHAT IS NOT COVERED

- Wound infection is not due to Hemolytic Streptococcal Gangrene.
- Wound not requiring immediate surgical intervention and debridement

### REQUIREMENTS

- Attending Physician Statement form Others confirmed by a surgeon [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Culture and Sensitivity result
- Record of Operation or Operative Record



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## Diseases of the Digestive System

- Chronic Liver Disease
- Chronic Relapsing Pancreatitis
- Crohn's Disease
- Fulminant Hepatitis
- Severe Ulcerative Colitis



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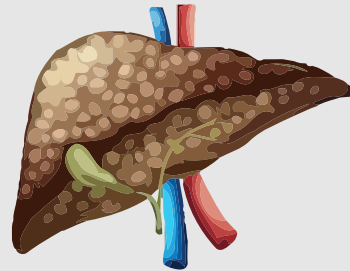
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## Chronic Liver Disease

End stage liver failure which is permanent and irreversible and characterized by permanent jaundice, ascites, and encephalopathy.

### WHAT IS COVERED

End stage liver failure which is permanent and irreversible and characterized by permanent jaundice, ascites, and encephalopathy.

### WHAT IS NOT COVERED

- Liver disease secondary to drug or alcohol abuse.
- Liver failure is not permanent and irreversible and is not characterized by permanent jaundice, ascites and encephalopathy

### REQUIREMENTS

- Attending Physician Statement for Chronic Liver Disease [APS- Chronic Liver Disease (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Liver function test
- Imaging tests - ultrasound, CT scan and MRI



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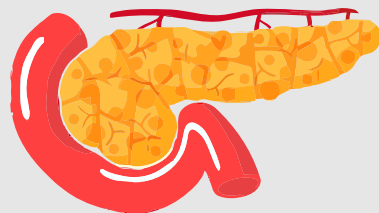
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## Chronic Relapsing Pancreatitis

More than three (3) attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

### WHAT IS COVERED

More than three (3) attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

### WHAT IS NOT COVERED

- Chronic Relapsing Pancreatitis caused by alcohol use
- Attacks of three (3) times or less
- Attacks which do not result in pancreatic Dysfunction causing malabsorption
- Enzyme replacement therapy is not required

### REQUIREMENTS

- Attending Physician Statement for Chronic Relapsing Pancreatitis signed by Gastroenterologist [APS-Chronic Relapsing Pancreatitis (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement.
- Endoscopic Retrograde Cholangiopancreatography



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## Crohn's Disease

Is a chronic, transmural inflammatory disorder of the bowel.

### WHAT IS COVERED

To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- Stricture formation causing intestinal obstruction requiring admission to hospital, and
- Fistula formation between loops of bowel, and
- At least one bowel segment resection.

The diagnosis must be made by a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

### WHAT IS NOT COVERED

If any of the three (3) criteria for Crohn's Disease is not met

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others] confirmed by Gastroenterologist
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Sigmoidoscopy or Colonoscopy report
- Record of operation or Operative Record regarding bowel segment resection



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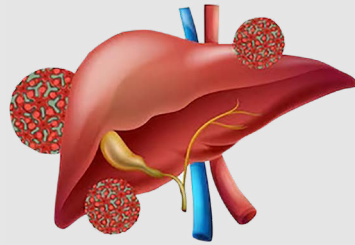
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## Fulminant Hepatitis

A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure

### WHAT IS COVERED

All of the following criteria should be met:

- Rapidly decreasing liver size as confirmed by abdominal ultrasound; and
- Necrosis involving entire lobules, leaving only a collapsed reticular framework; and
- Rapid deterioration of liver function tests;
- Deepening jaundice;
- Hepatic encephalopathy.

### WHAT IS NOT COVERED

If any of the five (5) criteria for Fulminant Hepatitis is not met

### REQUIREMENTS

- Attending Physician Statement form for Fulminant Hepatitis [APS - Fulminant Hepatitis (0710)]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Abdominal ultrasound result
- Liver Function Test result



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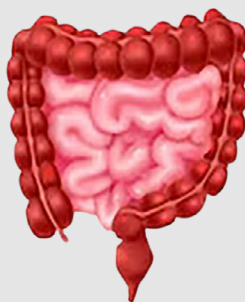
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## Severe Ulcerative Colitis

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances

### WHAT IS COVERED

All of the following criteria must be met:

- The entire colon is affected, with severe bloody diarrhea; and
- The necessary treatment is total colectomy and ileostomy; and
- The diagnosis must be based on histopathological features and confirmed by a specialist in gastroenterology.

### WHAT IS NOT COVERED

If any of the 3 criteria for Severe Ulcerative Colitis is not met

### REQUIREMENTS

- Attending Physician Statement form for Others confirmed by gastroenterology [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Record of Operation or Operative Record (colectomy and ileostomy)
- Colonoscopy report
- Histopathology report



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## Endocrine System Related Disease

- Addison's Disease
- Pheochromocytoma



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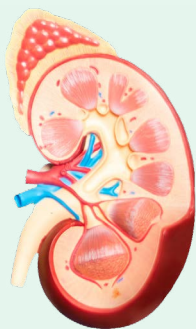
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## Chronic Adrenal Insufficiency

(Addison's Disease)

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy.

### WHAT IS COVERED

Must be confirmed by a medical practitioner who is a qualified specialist through:

- ACTH simulation tests;
- Insulin-induced hypoglycemia test;
- Plasma ACTH level measurement; and
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included.

### WHAT IS NOT COVERED

Adrenal insufficiency not caused by autoimmune disorder.

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- ACTH test result
- Insulin-induced hypoglycemia test
- Plasma ACTH level measurement; and
- Plasma Renin Activity (PRA) level measurement.



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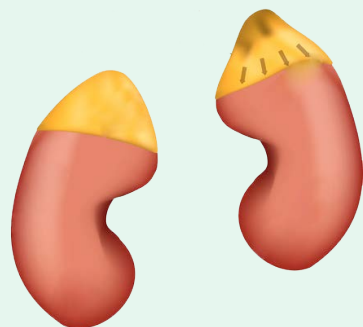
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## Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour.

### WHAT IS COVERED

Tumor that requires surgery for removal.

### WHAT IS NOT COVERED

Tumor not requiring surgery

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Record of Operation or Operative Record



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## Collagen Diseases

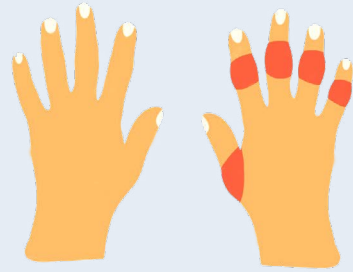
- Severe Rheumatoid Arthritis
- Systemic Lupus Erythematosus
- Progressive Scleroderma

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## Severe Rheumatoid Arthritis

Chronic Rheumatoid arthritis as a result of autoimmune disturbance which is diagnosed by a rheumatologist and immunologist.

### WHAT IS COVERED

All of the following criteria should be met:

- Diagnosis based on American College of Rheumatology guidelines, and
- Chronic progressive joint destruction with deformity, affecting at least three following joints (e.g. interphalangeal hand joints, wrists, elbows, knees, hips, ankles, cervical bones, or interphalangeal foot joints). The diagnosis must be supported by clinical examination and imaging study evidenced the involvement.

- There is the permanent inability to perform, without any form of assistance, three (3) of the six (6) Activities of Daily Living for a continuous period of at least 180 days.

### WHAT IS NOT COVERED

Not all three criteria are satisfied

### REQUIREMENTS

- Attending Physician Statement form for Severe Rheumatoid Arthritis confirmed by rheumatologist and immunologist [APS - Severe Rheumatoid Arthritis (0809)]
- Latest discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Care giving questionnaire form



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## Systemic Lupus Erythematosus (SLE)

A multisystem, autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens

### WHAT IS COVERED

- Systemic lupus erythematosus will be restricted to those forms which involve the kidneys (Type III to Type V Lupus Nephritis, established by renal biopsy) or Central Nervous System (CNS).
- CNS Lupus means seizures with permanent neurological deficit. The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology.

### WHAT IS NOT COVERED

Other forms of lupus, including discoid lupus and forms which involve only blood or joint are specifically excluded.

WHO Lupus Classification:

- Class I - Minimal change glomerulonephritis
- Class II - Mesangial glomerulonephritis
- Class III - Focal Segmental glomerulonephritis
- Class IV - Diffuse glomerulonephritis
- Class V - Membranous glomerulonephritis

Lupus Nephritis other than Types III to V

CNS Lupus without permanent neurological deficit

### REQUIREMENTS

- Attending Physician Statement form for Systemic Lupus Erythematosus [APS - Systematic Lupus Erythematosus (1109)]
- Renal Biopsy
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Medical Certification stating type of Lupus Nephritis



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## Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs.

### WHAT IS COVERED

The diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

### WHAT IS NOT COVERED

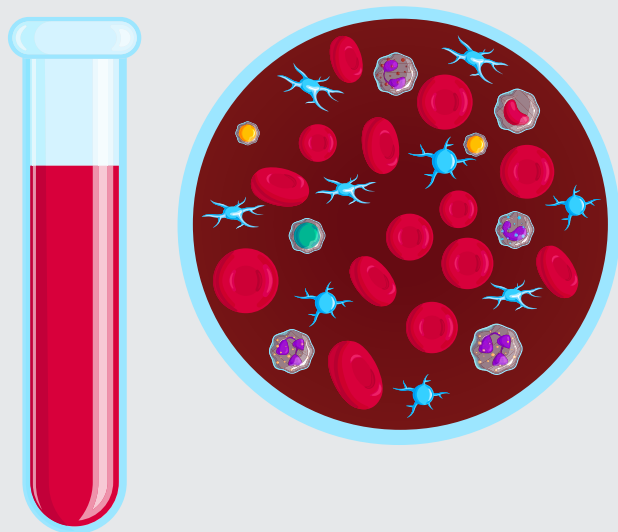
- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

### REQUIREMENTS

- Attending Physician Statement form for Others [APS – Others]
- Latest Discharge summary or clinical abstract or medical abstract if insured was confined to a medical facility
- Biopsy Result



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## Hematology-Related Disease

- Aplastic Anemia

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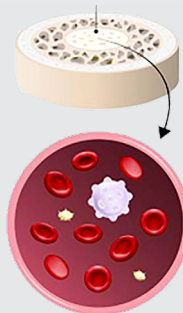
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## Aplastic Anemia

Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia.

### WHAT IS COVERED

Diagnosis supported by a Bone Marrow Biopsy confirmed by Consultant Hematologist

Requiring treatment with at least one of the following:

- Blood product transfusion,
- Marrow stimulating agents,
- Immunosuppressive agents, or
- Bone marrow transplantation.

### WHAT IS NOT COVERED

- No Bone Marrow Biopsy supporting diagnosis of Aplastic Anemia
- No treatment required

### REQUIREMENTS

- Attending Physician Statement for Aplastic Anemia signed by a Hematologist [APS - Aplastic Anemia (1009) ]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Bone Marrow Biopsy
- Treatment plan of the disease



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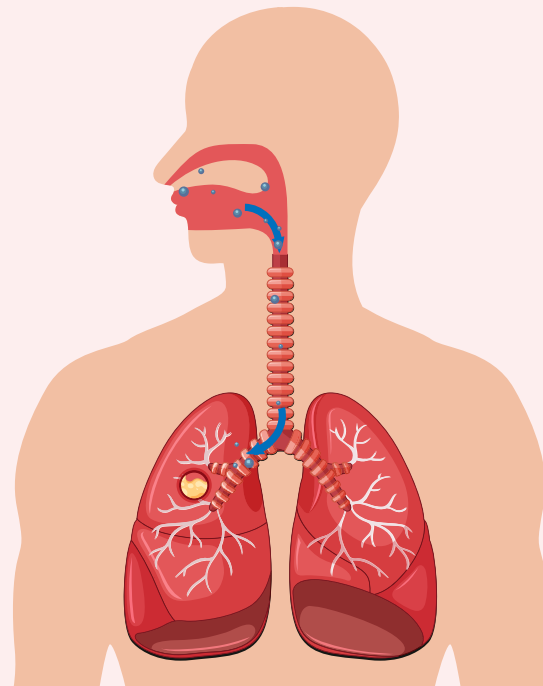
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## Disease of the Respiratory System

■ Disease of the Respiratory System



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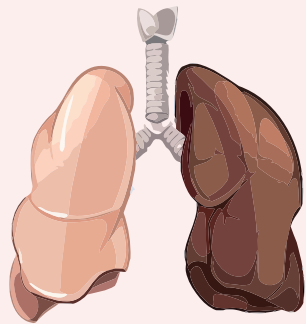
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## End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure, as evidenced by a Forced Expiratory Volume at one second (FEV1) test results consistently less than 1 liter and requiring permanent supplementary oxygen therapy for hypoxemia.

### WHAT IS COVERED

The following criteria should be met:

- Forced Expiratory Volume at one second (FEV1) test results consistently less than 1 liter and requiring permanent supplementary oxygen therapy for hypoxemia.
- Arterial blood gas analyses must show a partial oxygen pressure of 55mmHg or less ( $PaO_2 < 55\text{mmHg}$ ) and there must be dyspnea at rest.

### WHAT IS NOT COVERED

Diagnosis of End Stage Lung Disease that does not meet FEV1 test and Arterial blood gas analysis criteria

### REQUIREMENTS

- Attending Physician Statement form for End Stage Lung Disease [APS- End Stage Lung Disease (1009)]
- Latest Discharge summary or clinical abstract or medical abstract of the confinement
- Forced Expiratory Volume at one second (FEV1) test result
- Arterial blood gas analysis



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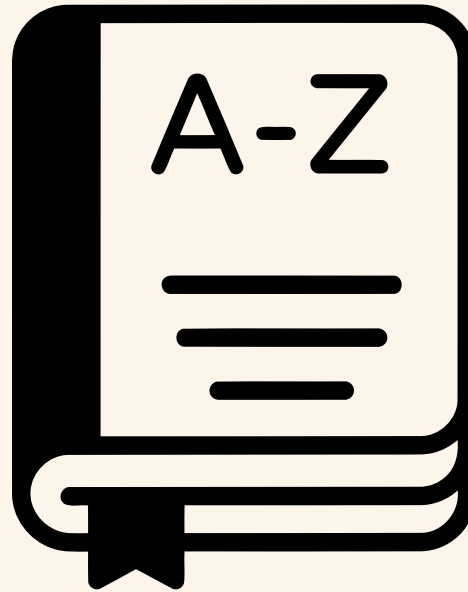
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**2D ECHOCARDIOGRAM (2D ECHO)**

An ultrasound of the heart used to check for damages, blockages and blood flow rate

**ACTIVITIES OF DAILY LIVING (ADLS)**

The skills required to manage one's basic physical needs, including washing, dressing, transferring, mobility, toileting, and feeding

**ADRENAL GLAND**

A small gland that makes steroid hormones, adrenaline, and noradrenaline. Which help control heart rate, blood pressure, and other important body functions.

**ANEMIA**

A condition wherein the body does not have enough healthy red blood cells or hemoglobin to carry oxygen to the tissues

**ANEURYSM**

A bulge caused by weakness in the blood vessel wall

**ANGINA**

Chest pain caused by inadequate blood flow to the heart

**ANGIOGRAM**

A diagnostic procedure that uses x-ray images to detect blockages in the heart vessels.

**ANGIOPLASTY**

A procedure used to widen blocked or narrowed arteries of the heart.

**ANTIBODY**

A protein that protects the body against unwanted substances that enter it



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### ANTIGEN

A substance that induces an immune response in the body.

### ASCITES

The build-up of fluid in the space between the lining of the abdomen and abdominal organs.

### ATROPHY

Decrease in size of a body part, cell, organ or other tissue

### AUTOANTIBODIES

An antibody produced by the immune system that is directed against one or more of the body's own proteins

### AUTOMIMMUNE DISEASE

A condition in which the body's immune system mistakes its own healthy tissues as foreign and attacks them

### BACTERIAL MENINGITIS

An infection of the membranes (meninges) that protect the spinal cord and brain which causes swelling.

### BALLOON VALVOTOMY

A minimally invasive treatment used to open a narrowed heart valve

### BIOPSY

A sample of tissue taken from the body in order to examine it more closely



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### **BRAINSTEM**

The structure that connects the cerebrum of the brain to the spinal cord and cerebellum

### **BULBAR MUSCLES**

A group of muscles in the head and neck that are used in speaking, swallowing, chewing, and holding the jaw in place.

### **CANCER**

A malignant tumor positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue

### **CARCINOMA IN-SITU**

A condition in which abnormal cells are found only in the place where they were first formed and have not spread to nearby tissue

### **CATECHOLAMINE**

A type of neurohormone that is important in stress responses.

### **CEREBELLUM**

The part of your brain located at the back of your head, just above and behind where your spinal cord connects to your brain itself. It maintains balance, coordinates movement of the eyes and body.

### **CEREBRAL CORTEX**

The brain's outermost layer of nerve cell tissue.

### **CEREBRUM**

The largest part of the brain that manages conscious thoughts.

### **CERVICAL DYSPLASIA**

A pre-cancerous condition in which abnormal cells grow on the surface of the cervix



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### CHRONIC

Persisting for a long time or constantly recurring.

### CK-MB

Creatinine Kinase – Myocardial Band; this enzyme is found mostly in the heart muscle. A higher than normal level may indicate the presence of an inflammation of the heart muscle or a current or recent heart attack.

### CLINICAL ABSTRACT

A record of a patient's pertinent medical information.

### COLONOSCOPY

An examination of the inside of the large intestine, including the colon, rectum and anus.

### CONGENITAL

A condition present at birth

### CRANIOTOMY

The surgical removal of part of the bone from the skull to expose the brain.

### DEBRIDEMENT

Thorough cleaning of a wound.

### DECIBEL

A unit used to measure sound.

### DEGENERATIVE

Declining or deteriorating.

### DIALYSIS

A procedure used to remove waste products and excess fluid from the blood when the kidneys stop working properly.



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## DISCHARGE SUMMARY

A document that explains why the patient was admitted, what transpired during confinement, and all related medications or treatments.

## DISCOID LUPUS

The most common type of lupus that affects the skin.

## DISSECTION OF THE AORTA

A tear in the inner layer of a weakened area of the aorta.

## EJECTION FRACTION

Amount of blood pumped by the heart each time it beats

## ELECTROCARDIOGRAM (ECG)

A non-invasive test used to record the electrical activity of the heart and assess the presence of cardiovascular diseases

## ELECTROLYTE

Chemicals that conduct electricity when dissolved in water

## ELECTROMYOGRAM (EMG)

A test that measures muscle response or electrical activity in response to a nerve's stimulation of the muscle, and is used to help detect neuromuscular abnormalities.

## ENCEPHALOPATHY

A general term that refers to brain disease, damage, or malfunction

## ENDOSCOPIC RETROGRADE COLANGIOPANCREATOGRAPHY (ERCP)

A procedure used to diagnose and treat problems in the liver, gallbladder, bile ducts, and pancreas.



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**ENDOVASCULAR SURGERY**

Minimally invasive procedures which diagnose and treat vascular diseases

**ENZYME**

Proteins that help speed up metabolism, or the chemical reactions in our bodies

**EOSINOPHILIC FASCIITIS**

A syndrome in which tissue under the skin and over the muscle, called fascia, becomes swollen, inflamed and thick.

**FASCIA**

A thin casing of connective tissue that surrounds and holds every organ, blood vessel, bone, nerve fiber and muscle in place.

**FISTULA**

An abnormal connection between two body parts, such as an organ or blood vessel and another structure, usually resulting from an injury, surgery, infection or inflammation.

**FOCAL SEGMENTAL GLOMERULONEPHRITIS**

Scar tissue in the filtering unit of the kidney

**FORCED EXPIRATORY VOLUME**

Measures how much air a person can exhale during a forced breath

**FULMINANT**

Severe and sudden in onset



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**GAMMA KNIFE**

An advanced radiation treatment for adults and children with small to medium brain tumors, abnormal blood vessel formations, epilepsy, and other neurological conditions.

**GANGRENE**

Localized death and decomposition of body tissue, resulting from either obstructed circulation or bacterial infection.

**GLOMERULONEPHRITIS**

Inflammation of the tiny filters in the kidneys

**GLUCOCORTICOID**

Steroid hormones produced from the cortex of adrenal glands

**GRANULOMA**

A small, non-cancerous cluster of white blood cells and other tissue that can be found in the lungs, head, skin or other parts of the body in some people, formed as a reaction to infections, inflammation, irritants or foreign objects.

**HEMATOMA**

A pool of mostly clotted blood caused by a broken blood vessel that was damaged by surgery or injury. It can occur anywhere in the body, including the brain

**HEMATOPOIETIC STEM CELL**

An immature cell that can develop into all types of blood cells, including white blood cells, red blood cells, and platelets.

**HEPATIC ENCEPHALOPATHY**

An often-temporary neurological disorder due to chronic, severe liver disease



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### HEPATITIS

Inflammation of the liver

### HEREDITARY

The genetic passing of characteristics or diseases from a parent to a child

### HISTOPATHOLOGY

The study and diagnosis of diseases of the tissues

### HUMAN IMMUNODEFICIENCY VIRUS (HIV)

A virus that attacks the body's immune system

### HYPOXEMIA

Having a low oxygen level in the blood.

### INTRA-ARTERIAL

Within an artery

### JAUNDICE

A yellow discoloration of the body tissue resulting from the accumulation of excess bilirubin

### KIDNEY FAILURE

A chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

### LAPAROTOMY

A surgical incision into the abdominal cavity

### LYMPHANGITIS

Inflammation of the lymphatic channels

### LYMPHATIC FILARIASIS

A parasitic disease caused by microscopic, thread-like worms that live only in the human lymph system.



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**LYMPHATIC SYSTEM**

helps maintain fluid balance in the body by collecting excess fluid and particulate matter from tissues and depositing them in the bloodstream

**LYMPHEDEMA**

Swelling due to build-up of lymph fluid in the body

**LYMPHOMA**

A general term for cancers that start in the various lymph glands around the body

**MAGNETIC RESONANCE IMAGING (MRI)**

A non-invasive technique that produces high-resolution images used to examine the organs, tissues and skeletal system

**MEDICAL ABSTRACT**

A record of a patient's pertinent medical information.

**MEDULLA OBLONGATA**

The connection between the brainstem and the spinal cord

**MELANIN**

A substance in your body that produces hair, eye and skin pigmentation

**MELANOMA**

The most serious type of skin cancer that develops in the cells that produce melanin

**MORPHEA**

A rare skin condition characterized by small red or purple patches that develop firm white or ivory centers

**NECROSIS**

Death of body tissue



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**NEOPLASM**

A new and abnormal growth of tissue in some part of the body, especially as a characteristic of cancer.

**PANCREAS**

An organ that produces enzymes that help with digestion and sends out hormones that control the amount of sugar in your bloodstream.

**PANCREATITIS**

Inflammation of the pancreas

**PROGRESSIVE SUPRANUCLEAR PALSY**

A rare neurological disorder that affects your body movements, walking and balance, and eye movement.

**PTOSIS**

Drooping of the upper eyelid due to paralysis or disease, or as a congenital condition.

**SARCOMA**

A type of cancer that develops in the bones and connective tissues

**SCOLIOSIS**

An abnormal lateral curvature of the spine

**SHUNT**

A hollow tube surgically placed in the brain or the spine to help drain cerebrospinal fluid and redirect it to another location in the body where it can be reabsorbed.

**STROKE**

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid hemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit with persisting clinical symptoms



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**SUBCUTANEOUS**

Situated under the skin

**THORACOTOMY**

A surgical procedure in which a cut is made between the ribs to see and reach the lungs or other organs in the chest or thorax

**THROMBOCYTOPENIA**

Deficiency of platelets in the blood that causes bleeding into the tissues, bruising, and slow blood clotting after injury.

**TOMOGRAPHY**

An x-ray technique in which shadows of superimposed structures are blurred out by a moving x-ray tube

**TRANSIENT ISCHEMIC ATTACK**

A stroke which lasts only for a few minutes and is caused by a temporary disruption in the blood supply to part of the brain

**TROPONIN**

A type of protein found in the muscles of the heart which help regulate muscle contractions. Composed of three (3) subunits: Troponin C, Troponin T, Troponin I

**TROPONIN T AND TROPONIN I**

proteins that are released when the heart muscle has been damaged, such as during a heart attack

**TUMOR**

An abnormal mass of tissue that forms when cells grow and divide more than they should or do not die when they should. It may be either benign or cancerous



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## ULCERATIVE COLITIS

A chronic inflammatory bowel disease (IBD) in which abnormal reactions of the immune system cause inflammation and ulcers on the inner lining of the large intestine.

