



Genworth®
Financial



LONG TERM CARE INSURANCE UNDERWRITING GUIDE

PROVIDED BY THE GENWORTH UNDERWRITING DEPARTMENT

Long Term Care Insurance Underwritten
by Genworth Life Insurance Company,
and in New York

by Genworth Life Insurance Company of New York
Administrative Offices: Richmond, VA.

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INTRODUCTION

Underwriting is the process by which an applicant's current health, medical history and lifestyle are evaluated to determine a risk profile. The underwriter's decision to accept or decline an applicant is determined by matching the profile to guidelines, which outline the limits of acceptable risk to the company.

We underwrite applicants in the age range 18-79. We do not modify the coverage applied for, nor do we apply extra premiums. We make every attempt to issue the desired coverage at the corresponding published premium.

The information in this manual reflects over 30 years of experience...the longest in the Long Term Care industry. While not all-inclusive, enough information is presented to help you in most situations you will encounter. A hotline number is included should you have questions or run into an unusual circumstance.

An appeal process is also outlined for those rare times that you disagree with our underwriting evaluation. We are always willing to have a second look, especially when additional information not included in the original application file is made available.

We value our relationship with you and look forward to providing high quality service and underwriting for you and your clients.

UNDERWRITING GUIDE

The role of an agent/producer cannot be overstated. Your role in helping to identify acceptable risks, and the quality of data collection that you perform for qualified applicants will greatly enhance the speed and quality of the underwriting experience. A fully completed, accurate application will keep the underwriting process to a minimum. More importantly it ensures that **you and/or your client will not be contacted on multiple occasions in an attempt to obtain needed information.**

A checklist for information you should always obtain from the applicant as a part of any application:

- Applicants should provide a complete, detailed answer to every question. All questions are important! **ANY unanswered questions will cause a delay in the process!**

For any “yes” answer regarding a medical condition or history:

- Provide the dates (month and year)
- What doctor(s) was seen and when?
- What were the results of the visit(s)?
- What is the current status?
- Are there any symptoms currently?
- Is there any current treatment? Treatment history?
- Are there any complications?
- Is the condition still under evaluation?
- Has surgery or other future procedure or test been discussed or planned?
- Provide all medications taken and reasons
- Include your observations and/or any information you feel might be important to the underwriter.

Refer to the guidelines on specific conditions.

If you need clarification or have questions we're available to assist you:

UNDERWRITING HOTLINE

1-800-354-6892

9:00AM – 8:00PM EST

LTC UNDERWRITING IS UNIQUE

The significance of certain medical histories and conditions differs greatly from other types of insurance such as life or disability income. Some key differences from an underwriting perspective are:

- Cognitive impairment – perhaps the most important issue for LTC
- Ability to perform the activities of daily living – transferring, bathing, dressing, incontinence, eating, toileting, mobility
- Ability to perform the instrumental activities of daily living – meal preparation, shopping, telephone use, handling finances, etc.
- Musculoskeletal issues, e.g., osteoporosis, falls and fractures
- Combination medical histories such as Diabetes with Obesity
- Multiple medications that may have adverse effects
- Current or recent physical therapy
- Independence factors, e.g., working, driving, volunteer activity, travel
- Serious disabilities may result from relatively minor accidents or illnesses.
- There may be a significant difference between the applicant's chronological age and physiological age.

Another perspective can be derived from what are known as the “Five I’s” of geriatrics:

Intellectual Impairment is a major driver of usage of LTC benefits. It is estimated that senility affects approximately 10% of the population over age 70 and greater than 20% of the people over age 80. More than half of these people suffer from Alzheimer's type of senility. Other conditions that may mimic senility include multiple drug effects, depression, or brain tumors.

Immobility can be a result of malnutrition, anemia, orthopedic conditions (e.g., osteoarthritis or osteoporosis), neurologic conditions (e.g., stroke) and psychiatric conditions (e.g., depression).

Instability may result in falls and/or injuries. Causes could be vertigo (dizziness), musculoskeletal conditions (e.g., arthritis), alcohol or drugs.

Incontinence is a lack of bowel and/or bladder control. This may be caused by conditions such as multiple sclerosis (MS), stroke (CVA), benign prostatic hypertrophy (BPH), drug effects or urinary tract problems. Some of these conditions can be treated with surgery or medication.

Iatrogenic drug reactions are common in the elderly. Older applicants are more likely to be taking various prescription medications and over-the-counter (OTC) drugs. Studies have shown that the average geriatric patient takes eight different medications daily, creating significant potential for drug interactions, toxicity and dosage errors. Any of these may adversely affect intellectual capacity and/or physical ability.

UNDERWRITING – MODIFIED VS NON-MODIFIED

If an applicant is **under the age of 65** and qualifies for the **preferred health discount rate** – the initial requirements are “modified” from our usual requirements. Only a personal history interview (PHI) will be required (in addition to the application) unless the underwriter determines that additional requirements are appropriate.

If the applicant does not qualify for the preferred health discount, or is age 65 or older, the usual (non-modified) requirements will apply.

MODIFIED UNDERWRITING REQUIREMENTS

UW CRITERIA	AGE	REQUIREMENTS
QUALIFIES FOR THE PREFERRED HEALTH DISCOUNT	18 - 64	*PERSONAL HISTORY INTERVIEW (PHI) (telephone interview)

* ALL PERSONAL HISTORY INTERVIEWS ARE ORDERED BY THE HOME OFFICE – DO NOT ORDER

NON-MODIFIED UNDERWRITING REQUIREMENTS

Underwriting requirements are determined by age and the time since the last doctor visit (within, or longer than, 2 years)

UW CRITERIA	AGE	REQUIREMENTS
HAS SEEN A DOCTOR WITHIN TWO (2) YEARS	65 – 71	MEDICAL RECORDS
	72 – 79	*MEDICAL RECORDS & PERSONAL HEALTH INTERVIEW (completed in-person)
HAS NOT SEEN A DOCTOR IN OVER TWO (2) YEARS	65 – 79	*PERSONAL HEALTH INTERVIEW (completed in-person)

DECLINED APPLICATIONS

When it is necessary to decline an applicant for coverage, we will offer as much information as possible. However, **we will never violate the privacy of your client, nor interfere with the doctor-patient relationship.**

If after receiving our letter of explanation the client wishes us to correspond with his/her physician, we will be happy to comply. We will require a written request, signed by the applicant. Be certain that the physician's full name and address is provided.

In certain circumstances it may be appropriate to offer reconsideration at some future date. If any special tests or work-ups are required as a part of the reconsideration, such items will be at the applicant's expense.

Reconsideration is not always an option, even if certain tests or workups are completed. **Be certain that reconsideration is indeed an option before suggesting any further action to your client.**

APPEALING AN UNDERWRITING DECISION

Great effort goes into avoiding the need to decline an applicant, including a second review by a senior underwriter. We monitor the decline process closely to ensure every opportunity for acceptance was explored.

Following a letter of explanation and perhaps a letter to the applicant's physician, there still may be questions or issues about our decision. In that case have your client's physician write us a letter noting any discrepancies or concerns.

UNINSURABLE SITUATIONS

Some impairments, or combination of impairments, as well as certain functional deficits will never be acceptable for LTC coverage. These conditions do not lend themselves to coverage because the symptoms are severe, tend to be progressive, and recovery is rare. Some diseases (e.g., Alzheimer's disease) are incurable.

Applications should not be taken on individuals with known uninsurable conditions.

The lists below will be useful in helping to determine your client's insurability for long term care insurance.

UNINSURABLE CONDITIONS

Acquired Immune Deficiency Syndrome (AIDS)
ADL limitation, present
AIDS Related Complex (ARC)
Alzheimer's Disease
Amputation due to disease, e.g., diabetes or atherosclerosis
Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease)
Antiphospholipid Syndrome
Aplastic Anemia
Ascites present
Ataxia, Cerebellar
Autonomic Insufficiency (Shy-Drager Syndrome)
Autonomic Neuropathy (excluding impotence)
Binswanger's Disease
Bladder incontinence requiring assistance
Blindness due to disease or with ADL/IADL limitations
Bowel incontinence requiring assistance
Buerger's Disease (thromboangiitis obliterans)
Cerebral Vascular Accident (CVA)
Chorea
Chronic Memory Loss
Cystic Fibrosis
Dementia
Diabetes treated with insulin
Dialysis, Kidney (Renal)
DWR failed
Ehlers-Danlos Syndrome
Forgetfulness (frequent or persistent)
Gangrene due to diabetes or peripheral vascular disease
Hemiplegia
Hoyer Lift
Huntington's or other forms of Chorea
Immune Deficiency Syndrome
Korsakoff's Psychosis
Leukemia-except for Chronic Lymphocytic Leukemia (CLL) and Hairy Cell Leukemia (HCL)
Marfan's Syndrome
Memory Loss, chronic
Mesothelioma
Multiple Sclerosis (MS)
Muscular Dystrophy (MD)
Organ Transplants, except kidney transplants
Organic Brain Syndrome (OBS)
Oxygen use except if used for headaches or sleep apnea
Paralysis/Paraplegia
Parkinson's Disease

Pneumocystis Pneumonia
Postero-Lateral Sclerosis
Quad Cane use
Quadriplegia
Senility
Short Portable Mental Status Questionnaire (SPMSQ) failed
Spinal Cord Injury with ADL/IADL limitations
Stroke (CVA)
Surgery scheduled or anticipated (except cataract surgery under local anesthesia)
Total Parenteral Nutrition (TPN) for regular or supplementary feeding or
administration of medication
Walker use
Wernicke-Korsakoff Syndrome
Wheelchair use

UNINSURABLE IMPAIRMENT COMBINATIONS

Aortic Aneurysm

- Atrial fibrillation
- Cardiomyopathy
- Carotid artery stenosis or blockage (>90%)
- Cerebrovascular aneurysm
- Heart attack
- Heart surgery
- Peripheral vascular disease
- Polycythemia
- Rheumatic heart disease

Asthma

- Congestive heart failure (CHF)/Cardiomyopathy

Chronic Bronchitis

- Congestive heart failure (CHF)/Cardiomyopathy

Congestive Heart Failure (CHF)

- Heart attack or angina
- Angioplasty / heart surgery
- Emphysema/COPD
- Asthma/chronic bronchitis
- Diabetes
- Tuberculosis (TB)

COPD(Chronic Obstructive Pulmonary Disease)/Emphysema

- Congestive heart failure (CHF)/Cardiomyopathy

Diabetes

- Congestive heart failure (CHF) within 5 years
- Diabetic skin ulceration or infections
- Amputation due to diabetes
- Diabetic blindness
- Heart disease or vascular surgery
- Peripheral vascular disease
- TIA or Amaurosis fugax

Heart surgery

- TIA
- Cardiomyopathy/Post-surgical congestive heart failure (CHF)
- Diabetes
- Peripheral vascular disease

Joint Replacement

- Rheumatoid arthritis
- Within 12 months with Ankylosing spondylitis or Polymyositis-

Rheumatoid Arthritis

- Joint replacement

TIA(Transient Ischemic Attack)

- Diabetes

ALCOHOLIC LIVER DISEASE

Alcoholic liver disease (ALD) describes the damage to the liver resulting from chronic alcohol ingestion. The three principal alcohol induced liver diseases are: fatty liver, hepatitis, and cirrhosis.

Alcoholic fatty liver usually is the earliest stage of alcohol liver disease. As the seriousness of the disease progresses, hepatitis in acute or subacute form may develop. Cirrhosis, the late stage of this process, is the deposition of fibrous tissue in the liver. Complications of end stage liver disease are ascites (fluid in the abdominal cavity), edema, and gastrointestinal bleeding.

A History Of Alcoholic Liver Disease Is Not Acceptable If:

- There has been active hepatic cirrhosis within 4 years
- There has been any alcohol use within 2 years
- Alcoholic Hepatitis has been diagnosed within 2 years
- A liver transplant has been recommended or completed
- There has been any hospitalization for liver disease within the past 2 years
- There has been any gastrointestinal bleeding within 2 years
- There is a history of liver cancer

Cross Reference:

Alcohol Abuse

ALCOHOLISM

(Alcohol abuse, Ethanolism, ETOH disease)

Alcoholism is the abuse of alcohol to the extent that it interferes with health, economic, or social functioning. There is compulsive behavior and loss of control despite adverse consequences.

Potential effects from alcoholism include: dementia, heart, gastrointestinal and nervous disorders; and fractures from frequent falls. Alcoholism is frequently associated with depression

A History Of Alcoholism Is Not Acceptable If:

- Abstinence / sobriety has been for less than 2 years
- There have been any hospitalizations/ER visits for alcohol related issues within 2 years
- There are any resulting physical or mental abnormalities
- There has been a diagnosis and/or symptoms of manic depression within 2 years
- There has been a diagnosis and/or symptoms of psychosis / schizophrenia within the past 4 years
- There has been any halfway house or sheltered living within 2 years
- Antabuse treatment has taken place within the past 12 months
- A neurological workup is planned or underway (CT, MRI, neuro referral)

Cross Reference:

Depression

Cirrhosis / Alcoholic Liver Disease

ALZHEIMER'S DISEASE

[Dementia, Organic Brain Syndrome (OBS), Senile Dementia]

Alzheimer's disease/dementia is the progressive degeneration of the brain with resulting loss of function. The symptoms include memory loss, and impaired thinking, reasoning, and judgment. In advanced stages, behavioral disturbances and loss of control of bodily functions occur.

A History Of Alzheimer's Disease Is Not Acceptable

AMAUROSIS FUGAX

Amaurosis Fugax is a temporary monocular (one eye) partial blindness lasting less than 24 hours. This condition is caused by an embolus, thrombosis or spasm of the retinal artery. It is often seen in hypertensive atherosclerosis and usually poses no underwriting concern unless there are multiple episodes.

A History Of Amaurosis Fugax Is Not Acceptable If:

- There have been multiple episodes
- There has been a single episode within 6 months
- In combination with diabetes

Cross Reference:

Diabetes

TIA

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

(Lou Gehrig's Disease)

Amyotrophic Lateral Sclerosis is a degeneration of nerves that affect the muscles of the body. Spastic weakness and atrophy of the limb muscles occur first with later involvement of the torso muscles. The course is progressive and the cause is unknown and the course is progressive.

A History Of Amyotrophic Lateral Sclerosis Is Not Acceptable

ANEMIAS

(Iron Deficiency, Megaloblastic Anemia, Anemia Of Chronic Disease, Aplastic Anemia)

The anemias are a collection of blood conditions in which there is a reduction in the concentration of circulating red blood cells. This reduction is usually expressed as a decrease in the hemoglobin (Hgb), hematocrit (Hct), or red blood cell count (RBC). Anemia can reflect serious underlying disease and the potential for disability. In the elderly population, it can also be a marker of deteriorating general health and the approaching loss of independence.

The three principal causes of anemia are a significant blood loss, failure of the bone marrow to produce sufficient red blood cells, and a decrease in the red blood cell survival time.

Iron Deficiency Anemia (Microcytic Anemia) is one of the more common anemias. It usually occurs as the result of chronic bleeding from the gastrointestinal tract due to gastritis, ulcers, or polyps. Insufficient dietary intake or inadequate absorption of iron can also be implicated in some cases. Regular supplementation of oral or injection iron may be acceptable.

Any iron deficiency anemia that has not been thoroughly investigated or explained may be the result of a serious medical problem.

Megaloblastic Anemia (Vitamin B12 deficiency, Folic acid deficiency) is usually attributed to vitamin B12 or folic acid deficiency, but may also be associated with alcoholism, administration of certain drugs, or inborn errors of metabolism. Regular supplementation with Vitamin B12 may be acceptable.

The neurologic manifestations of vitamin B₁₂ deficiency have a high likelihood of causing significant disability because they involve the peripheral nerves (peripheral neuropathy), spinal cord (weakness, poor coordination), or central nervous system (dementia, psychosis,).

Anemia of chronic disease is the second most common type of anemia in American adults, and may be the number one cause of anemia in those over the age of 70. It is associated with ongoing inflammatory processes including chronic infections, inflammatory bowel disease, collagen vascular disease, severe traumatic or thermal injury, malignancy, and diabetes. Often times this anemia is complicated by iron, B₁₂, or folate deficiencies that may also be a result of the chronic underlying inflammatory conditions. Treatment is directed at the underlying disease process. The prognosis is generally dependent upon the severity of the anemia and its cause.

A History Of Anemia Is Not Acceptable If:

- The cause has not been determined
- Weight loss has exceeded 20% of normal weight within the past 12 months
- Erythropoietin (Epogen) or Procrit have been used within 12 months
- There has been any hospitalization for anemia within the past 12 months
- A non-operative blood transfusion has occurred within 12 months
- The average Hematocrit reading is less than 33, or Hemoglobin is < 10
- There has been bleeding resulting from Coumadin use within 24 months
- There has been alcohol / illicit drug use within the past 24 months
- There has been 2 or more ER visits for blood loss, neurological symptoms, fatigue or Congestive Heart Failure (CHF) within the past 24 months

ANEURYSMS

An aneurysm is an abnormal dilation of an artery. The most common sites for aneurysms are the thoracic or abdominal aorta, carotid artery, intracranial and femoral arteries.

Aneurysms produce local pressure and/or rupture. Treatment generally involves surgical repair. The prognosis depends on the cause and location, resulting organ damage and the type of treatment.

Aortic Aneurysm

An aortic aneurysm is an abnormal dilation of the aorta – the large artery that carries blood from the heart to branch arteries throughout the body. It is divided into two sections. The **ascending aorta** extends from the aortic valve of the heart to the vessels of the head and neck. The **descending aorta** extends from the head and neck through the chest and abdomen and feeds the large arteries to the kidneys and lower extremities.

The recommended treatment for all ascending aortic aneurysms is surgery. Descending aneurysms require surgery when the size is 5cm or greater. Morbidity and mortality tend to be higher with ascending aneurysms.

A **dissecting aneurysm** is one in which the blood makes its way between the layers of a blood vessel. Complications include the blockage of other major vessels, rupture, or continuation into the aortic valve of the heart.

A History Of Aortic Aneurysm Is Not Acceptable If:

- An ascending aneurysm is present, or a descending that is rapidly growing in size, or already is 5cm or greater
- There is history of an untreated dissecting aneurysm, or one has been surgically corrected within 2 years
- Surgical repair of a descending or ascending within 6 months, or surgery has been recommended or planned
- A heart attack occurred during or after the surgical repair
- The surgical repair of the aneurysm included a coronary bypass and/or aortic valve replacement
- There is a history of poorly controlled hypertension, diabetes or TIA

Cerebrovascular Aneurysm

Cerebrovascular (brain) aneurysms can cause two types of hemorrhage. The **subarachnoid hemorrhage** (SAH) produces bleeding into the space surrounding the brain. There is an increased risk of another bleed in the months following the initial bleed. The **intracerebral hemorrhage** (ICH) is most often caused by hypertension and results in bleeding deep within the brain.

If bleeding has occurred these conditions are underwritten as a stroke and are therefore not acceptable for insurance.

A History Of Cerebrovascular Aneurysm Is Not Acceptable If:

- Any bleeding or rupture has occurred as a result of the aneurysm
- Surgery has been completed within the past 12 months, or has been recommended or planned

ANGINA PECTORIS

Angina Pectoris is the chest pain that results when not enough oxygen reaches the heart muscles. This condition is also known as myocardial ischemia. Symptoms other than chest pain might be shortness of breath or an irregular heart rate

Angina can be either stable or unstable. **Stable angina** only occurs when exercise or stress increases the demand for oxygen. **Unstable angina** may increase in frequency and duration and appears as repeated episodes of chest pain both at rest and with low-level activity.

A History Of Angina Pectoris Is Not Acceptable If:

- Episodes have become more frequent or severe within the past 6 months
- There is angina at rest or with a low level of activity
- There is a history of symptomatic congestive heart failure (CHF) within the past 5 years
- A heart attack and/or heart surgery has occurred within the past 6 months
- The applicant is a diabetic
- Heart surgery or angioplasty has been recommended or planned
- There is a history of diabetes, cardiomyopathy, sleep apnea or peripheral vascular disease
- Carotid Artery surgery is anticipated or has been completed

Cross Reference:

Cardiomyopathy

CHF

Diabetes

Myocardial Infarction

ANKYLOSING SPONDYLITIS (AS)

(Rheumatoid Spondylitis, Marie-Strumpell Disease)

Ankylosing spondylitis (AS) is a form of chronic inflammatory arthritis affecting primarily the spine and the large joints of the body. A distinctive feature of the disease is fixation of the joints involved. It may also be associated with inflammatory bowel disease, e.g., ulcerative colitis.

Destructive arthritis of the hips and shoulders can be extremely disabling and joint replacement is often necessary. Falls resulting from poorly functioning hips and spine can lead to fractures of the brittle, fused spine. Excessive or low body weight can increase symptoms.

Breathing problems can also occur with this condition due to fusion of the spine, which restricts expansion of the lungs.

A History Of Ankylosing Spondylitis Is Not Acceptable If:

- Narcotics have been required to control pain within the past 12 months
- Physical Therapy has been required within the past 6 months
- Joint replacement surgery has been recommended or planned – or completed with 12 months
- There has been multiple falls and/or a single fall with resulting fracture within the past 2 years
- There has been any hospitalization for complications of AS within the past 12 months

Cross Reference:

Fractures
Ulcerative Colitis

APLASTIC ANEMIA

Aplastic Anemia describes the total failure of the bone marrow to produce any cell line (pancytopenia). A partial failure is called **hypoplastic anemia**. The acquired form of aplastic anemia is thought to be due to the injury or destruction of early blood cell precursors in the bone marrow. The destruction can be the result of exposure to specific medications, toxins, or viral agents. Often no etiology is ever discovered. The prognosis is generally poor.

A History Of Aplastic Anemia Is Not Acceptable If:

- Diagnosed or active within the past 5 years
- There has been a bone marrow transplant within the past 5 years
- There has been any hospitalization for anemia within 12 months
- There has been 2 or more ER visits for blood loss, neurological symptoms, fatigue, or CHF within the past 24 months
- Erythropoietin (Epogen), Procrit or steroids have been used within 5 years

ARRHYTHMIAS

Arrhythmias are a variation in the normal rhythm of the heartbeat. The heart contracts in response to electrical impulses originating in the sinus node (sinoatrial or SA node) located at the upper border of the atria. The impulses spread rapidly through the atrial myocardium and then throughout the ventricular myocardium. Cardioversion is the restoration of a normal rhythm with medication or an electrical shock (DC) to the heart.

Three common types of arrhythmias are:

- **Paroxysmal Atrial Tachycardia (PAT)** is characterized by an abrupt onset and termination with a rate between 150-230 beats per minute.
- **Premature Ventricular Contractions (PVC'S)** are beats that originate from the ventricle rather than the atrium.
- **Sick-Sinus Syndrome (SSS)** encompasses a variety of rhythm disturbances reflecting dysfunction of the SA node. SSS is often associated with dysfunction elsewhere in the conduction system. It often results in bradycardia (slow heart rate).

These arrhythmias may result in a variety of symptoms including dizziness, palpitations, rapid heartbeat, or fainting. Treatment may be with medication, electro-cardioversion, pacemaker or defibrillator insertion.

A History Of Arrhythmia Is Not Acceptable If:

- There has been any symptomatic CHF within 12 months (e.g., shortness of breath, fluid retention or swelling in the feet, ankles or legs, difficulty breathing when lying down)
- There has been any ablation procedures within the past 3 months
- There is a history of arterial thromboembolism within the past 12 months, or cardioversion within the past 6 months
- A pacemaker placement or ablation procedure is recommended or planned

Cross Reference:

Atrial Fibrillation

Cardiomyopathy

Congestive Heart Failure (CHF)

Pacemaker

ATRIAL FIBRILLATION (AFIB)

Atrial fibrillation is the rapid and irregular contraction of the atrium (upper chamber of the heart), which leads to irregular contractions of the ventricles (the lower chambers of the heart). This causes a drop in cardiac output and may produce the following symptoms: light headedness, syncope (fainting), or angina. AFIB may be paroxysmal (intermittent) or chronic and may be associated with underlying heart disease such as coronary artery disease (CAD) and valvular disease. AFIB may lead to strokes, Transient Ischemic Attacks (TIAs), and Congestive Heart Failure (CHF).

Treatment may be with medication or with an electrical shock (cardioversion) to the heart to restore the regular rhythm. Coumadin is usually prescribed to decrease the risk of blood clot, TIA, or stroke.

A History Of Atrial Fibrillation Is Not Acceptable If:

- The diagnosis was made, or symptoms were evident in the past 6 months
- There has been an ablation procedure within the past 3 months
- The onset of AFIB with valvular heart disease, or symptoms evident within 12 months
- There has been an ER visit or hospitalization for atrial fibrillation or cardioversion within 6 months
- The applicant has had a heart attack (myocardial infarction) within 12 months
- There has been a defibrillator implant within 12 months
- There is any history of TIA or stroke
- There is a history of symptomatic congestive heart failure (CHF) within 24 months (shortness of breath, fluid retention or swelling in the feet, ankles or legs, difficulty breathing when lying flat)
- Any fainting (syncope) within 12 months
- There has been a blood clot in the legs within the past 12 months

Cross Reference:

Angina	Myocardial Infarction (MI)
Arrhythmias	TIA
Cardiomyopathy	Valvular Heart Disease
Congestive Heart Failure (CHF)	

BLADDER DYSFUNCTION / INCONTINENCE

(Neurogenic Bladder, Spastic Bladder, Stress Incontinence, Urinary Incontinence)

A neurogenic or spastic bladder lacks normal control because of nerve damage, brain damage from a stroke, or spinal cord dysfunction.

Stress incontinence is the involuntary loss of urine upon coughing, sneezing, straining, lifting, or other movements that increase abdominal pressure upon the bladder.

Bladder incontinence/urinary incontinence is the inability to maintain voluntary control over bladder function.

A History Of Bladder Dysfunction Is Not Acceptable If:

- The need for an adaptive device commenced within 6 months, or any assistance with the adaptive device is required
- There is a need for assistance with personal care
- Any complications or hospitalization within 6 months
- Surgery has been completed in the past 3 months, or is planned
- Cause is undetermined

BONE MARROW TRANSPLANT

Bone marrow transplantation has become accepted therapy for many blood disorders such as aplastic anemia, severe immune deficiency diseases, acute leukemia, and chronic granulocytic leukemia.

The recipient of a bone marrow transplant is given massive amounts of chemotherapeutic drugs prior to the transplant to destroy his/her own bone marrow and the targeted malignancy. The recipient then receives the donor's bone marrow intravenously. Anti-rejection treatment is continued for an indefinite period of time following the transplant.

A History Of Bone Marrow Transplantation Is Not Acceptable If:

- The transplantation occurred within the past 5 years
- A bone marrow biopsy or other surgery is anticipated

BOWEL IMPAIRMENTS

(Includes Anus / Rectum)

Common disorders of the intestinal tract are:

- **Anal Fissure** is a longitudinal tear in the skin of the anal canal.
- **Anal Ulcer** is an acute or chronic ulcer in the skin of the anal canal
- **Anorectal Abscess** is a localized bacterial infection of the perirectal tissue
- **Anorectal Fistula** is a tract between the anal canal and the perianal skin
- **Bowel Incontinence** is the inability to voluntarily control bowel function
- **Hemorrhoid** – Enlarged veins that line the lower rectum, anal canal and external anal sphincter – may be internal or external
- **Rectal Stricture (Rectal stenosis)** is the abnormal narrowing of the anus or rectum by either a congenital malformation or scarring from previous Anorectal disease
- **Rectal Prolapse** is a protrusion of the rectal mucosa through the anus

A History Of Bowel Impairment Is Not Acceptable If:

- Surgery was completed in the past 6 months, or is planned
- There is current bowel incontinence
- The diagnosis is uncertain or a current work-up is in progress
- A feeding tube has been used in the past 12 months

BUILD

(Overweight, Obesity, Underweight)

Obesity is a long-term, chronic disease in which having too much body fat (adipose tissue) increases your risk for developing other health problems. Obesity is measured by body mass index (BMI). A BMI of 30 or more is considered obese in adults. A BMI between 25 and 30 is considered “overweight.”

Family influence, genetics, cultural and psychological factors all contribute to becoming obese. The main factor is energy imbalance – taking in more energy (calories) from food than is used through the basal metabolic rate and physical activity. The excess energy is stored as fat.

A person who is obese is more likely to develop diabetes, high blood pressure, heart disease, stroke, elevated cholesterol, breathing problems, sleep apnea, cancer, gallstones, arthritis, blood vessel problems, skin infections, gout and liver problems.

Stereotypes of obese people and the emphasis our society places on thinness may result in low self-esteem, depression and eating disorders.

Underweight is a topic usually addressed by specific illness rather than a subject unto its own. Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder are examples.

It is important to note that lack of a diagnosis does not eliminate the possibility of underlying disorders. The inability to gain weight can stem from nervous disorders, chronic illness, alcoholism or other nutritional deficiencies.

A History Of Overweight / Underweight Is Not Acceptable If:
<ul style="list-style-type: none">• The weight is outside the limit displayed in the following table• Measurements fall outside of specific impairment criteria outlined elsewhere in the guidelines (e.g., diabetes)

HEIGHT	Maximum Weight		Minimum Weight (ALL)
	FEMALE	MALE	
4' 06''	149	157	71
4' 07''	155	163	73
4' 08''	160	169	76
4' 09''	166	175	79
4' 10''	172	182	82
4' 11''	178	188	84
5' 0''	184	194	87
5' 1''	190	201	90
5' 2''	197	208	93
5' 3''	203	214	96
5' 4''	210	221	99
5' 5''	216	228	102
5' 6''	223	235	106
5' 7''	230	243	109
5' 8''	237	250	112
5' 9''	244	257	115
5' 10''	251	265	119
5' 11''	258	272	122
6' 0''	265	280	126
6' 1''	273	288	129
6' 2''	280	296	133
6' 3''	288	304	136
6' 4''	296	312	140
6' 5''	304	321	144
6' 6''	312	329	147

CANCER (CA) – GENERAL OVERVIEW

(Carcinoma, Neoplasm, Malignancy)

Based on our experience, cancer is the fourth most common reason for admission to a long-term care facility. Metastatic cancer is most often encountered when cancer spreads to a distant organ via the lymph or circulatory system. Common sites for cancer of the elderly include the breast, lungs, prostate, colon, pancreas, lymph, brain and bone.

All normal tissues grow, live for a time and die, and all are replaced by new tissue. Cancer growth does not follow this orderly growth pattern, but rather has increased metabolism, growth and reproduction rate, and an increased blood supply. The growth process serves no useful purpose, but continues unchecked and is not controlled by the laws of normal growth. The tumor cells may invade locally or spread distantly, and always at the expense of the host.

Treatment of cancer may involve surgery, radiation therapy, or chemotherapy. In some cases, treatment may involve all three modalities. The treatment of choice is surgery where complete removal of the cancer is possible and inspection microscopically reveals no evidence of spreading outside the organ or to the lymph nodes. The length of time since surgery, plus any history of recurrences and regular medical follow-up help us to determine the prognosis. Obviously the involvement of lymph nodes, the presence of distant metastasis, or a tumor recurrence adversely affects prognosis.

Recent technologic development of immunologic assays has identified certain markers associated with a number of cancers. Tumor-associated antigens have been identified for these cancers and can now be measured with exquisite specificity. This manual refers to the following three tumor antigens/antibodies:

- **CEA (carcinoembryonic antigen)** is the most widely used tumor marker, and found to be increased in cancers of the colon, lung, breasts, and pancreas. Although non-malignant factors may result in temporary elevations of this antigen (i.e., smoking), a level of greater than 10 mg/ml is highly suggestive of active cancer.
- **PSA (prostate-specific antigen)** elevation is associated with prostate cancer as well as benign prostate disorders (i.e., benign prostatic hypertrophy). Two commonly used assays are available with upper limits of normal being 2.8 mg/ml and 4.0 mg/ml. However, it should be emphasized that following definitive prostate cancer surgery, the PSA level should be virtually undetectable.
- **CA125** antibody is associated with ovarian cancer and is rarely elevated by non-malignant causes. A level greater than 35 U/ml is considered abnormal and consistent with persistent ovarian cancer.

Staging can be thought of as a system for describing cancers to determine the treatment for a given tumor and the prognosis for the patient. When staging a cancer, the physician takes into consideration the size of the tumor, how deeply it has invaded into the surrounding tissue, whether it has spread to adjacent lymph nodes, and whether it has spread to other organs. The physician will also describe the specific cell type that makes up the tumor. (In some cancers, the cell type is significant because some cancer cell types are more aggressive and more invasive than others.)

Physicians use two basic systems for describing (staging) cancers: a numerical system from Stage 0 to Stage IV and an alphabetical system from Stage A to Stage D. Stage 0 and Stage A describe the smallest tumors and thus have the best prognosis. Stage IV and Stage D describe large tumors that have spread and thus have the worst prognosis. Cancers of the breast, kidney, lung, ovary, stomach, and uterus are staged by the numerical system. Cancers of the colon, prostate, and urinary bladder are staged by the alphabetical or numerical systems.

When **evaluating the risk** of a cancer history, an underwriter takes many factors into consideration: location, date of diagnosis, type of treatment and date of final treatment, complications, recurrence, staging, cancer type and persistence or change in tumor marker levels.

The home office underwriter depends on the field underwriter to gather as many details as possible. Underwriting will always require medical records from the doctor following any history of cancer if the history took place within 5 years.

A History Of Cancer Is Not Acceptable If:

- It has recurred, or spread to multiple organs
- Classified as Stage III / Stage C (may be rare exceptions)
- Classified as Stage IV / D

Cross Reference:
Specific cancer

CANCER – URINARY BLADDER AND URETER

Bladder tumors are seen twice as often in men as in women. The average age of the bladder cancer patient is 65 years. The disease is usually localized at the time of diagnosis.

The predominant symptom is **hematuria** (blood in the urine). Blood is usually noted throughout urination. Symptoms include increased urinary frequency, **dysuria** (painful urination), urgency, and **nocturia** (night time urination). Symptoms may also be experienced after treatment.

Unlike other cancers, local recurrences are common and may be acceptable.

Treatment often includes surgical excision of the tumor. Bladder irrigation with BCG is common and usually acceptable. Surgical removal of the bladder and chemotherapy is reserved for more advanced tumors.

Significant post-treatment complications may include urinary problems or on-going chemotherapy (excluding bladder irrigations, BCG).

A History Of Bladder Cancer Is Not Acceptable If:

- The tumor is stage 0, A or B1 within 3 months of the final date of treatment
- The tumor is stage B2 within 4 years of the date of final treatment
- The tumor is stage C or D
- There has been any metastasis or lymph node involvement
- There is ongoing need for chemotherapy other than bladder irrigation with BCG
- The bladder was removed with an ileal conduit placed (drainage system) within the past 3 years
- There has been any hospitalization within the past 12 months for obstructive uropathy

CANCER – BREAST

Breast cancer is the most common malignancy among women in the United States accounting for 27% of all cancers in women. Although no specific cause has been identified, groups at high risk for the development of breast cancer include first-degree relatives of patients with breast cancer, and women with proliferative changes on breast biopsy (**atypical hyperplasia**). Radiation exposure, hormones, and diet also have been suggested as causative factors in this disease.

Breast lumps are detectable in over 90% of individuals with breast cancer, and constitute the most common symptom reported on history and physical exam. Typically, these lesions are solitary, unilateral, solid, irregular, non-mobile, and non-tender and may be associated with nipple discharge. The usefulness of mammography in the detection of breast cancer in early stages has been well documented. Because of the combination of increased self examination and appropriate mammography studies, more than 50% of primary breast cancers are now diagnosed as Stage I or better.

Stage 0 (carcinoma in situ) is a very early cancer. The tumors are usually found in the duct area. Lumpectomy is the usual surgical treatment and may include radiation.

Stage I has not spread outside the breast and is less than 2 centimeters in diameter. Treatment consists of the surgical resection of the tumor and may involve post-surgical radiation or chemotherapy.

Stage II may include either of the following: (1) the cancer is between 2 and 5 centimeters and may or may not have spread to the lymph nodes under the arm. (2) The cancer is larger than 5 centimeters but has not spread to the lymph nodes. Treatment consists of the surgical resection of the breast with post-surgical radiation or chemotherapy.

Stage III may include a tumor of any size and the cancer having spread the regional lymph nodes.

Stage IV involves the spreading of the cancer to other organs.

Hormonal therapy may be used on an on-going basis following initial surgical treatment.

Inflammatory breast cancer is a special class, and rare form of breast cancer. The breast looks inflamed because of its red appearance and warmth. The skin may show signs of ridges and wheals or it may have a pitted appearance. Inflammatory breast cancer tends to spread quickly.

A History Of Breast Cancer Is Not Acceptable If:

- Stage 0 or 1 tumor and less than 3 months from date of final treatment
- Stage II tumor less than 12 months from date of final treatment
- The tumor is stage III or IV
- 4 or more lymph nodes are involved (1-3 nodes may be acceptable 12 months following the date of final treatment)
- There is ongoing need for chemotherapy
- There is any mention of Inflammatory Cancer
- There has been any evidence of metastasis (spread to other organs)

CANCER – COLON / RECTUM

(Large Bowel)

Cancer of the large bowel is the second most common malignancy in the United States after lung cancer. There are approximately 65,000 deaths per year from colorectal cancer. The risk of developing colorectal cancer increases with age beginning at the age of 40 and reaching a peak incidence between the ages of 60 and 75. Cancers of the colon occur more frequently in females, while cancers of the rectum occur more frequently in males.

Colon cancer prevention includes regular bowel surveillance (i.e. testing stool for blood, fiber optic sigmoidoscopy and colonoscopy). Increased dietary fiber and decreased fat intake appear to reduce the risk of colorectal cancer.

Cancers of the colon and rectum have a slow growth rate and many reach a large size and a fair degree of invasiveness prior to producing symptoms. In fact, almost one-third of patients presenting with colorectal cancers will have metastases at the time of initial diagnosis. These cancers are treated by surgical excision. The post-operative use of either chemotherapy or radiation therapy suggests more advanced disease with a poor prognosis.

Duke's Staging of Bowel Cancer

- A – Confined to the bowel mucosa, with no involvement of the bowel wall muscularis.
- B – There is involvement of the bowel wall muscularis but no involvement of adjacent structures or of proximal lymph nodes.
- C – There is penetration of the bowel wall, together with involvement of adjacent structures and proximal lymph nodes.
- D – There is involvement of distant lymph nodes and organs

Significant post-treatment complications may include problems with colostomy management, rectal incontinence, or radiation enteritis (inflammation of the intestines).

A History Of Colon / Rectum Cancer Is Not Acceptable If:

- A tumor is Stage A within 3 months from date of final treatment
- A tumor is Stage B within 12 months from date of final treatment
- A tumor is Stage C within 5 years from date of final treatment
- A tumor is Stage D within 10 years from date of final treatment
- There has been any radiation enteritis within the past 12 months
- There has been chemotherapy within the past 12 months

CANCER -- ESOPHAGUS

Cancer of the esophagus is one cause of progressive **dysphagia** (difficult swallowing) in the elderly. **Odynophagia** (pain with swallowing), back pain, and weight loss are the usual presenting symptoms of esophageal cancer.

By the time that most esophageal cancers are found, they have widely metastasized and are beyond cure.

A History Of The Esophagus Is Not Acceptable If:

- The date of final treatment is within 4 years
- There has been any recurrence or metastasis
- There is ongoing weight loss
- A feeding tube has been used within the past 12 months

CANCER – HEAD, NECK & THROAT

Cancers of the head and neck account for 5% of all malignancies. This group of tumors can occur at a large number of sites, especially the oral cavity (lip, tongue, floor of the mouth, gums, and hard palate), pharynx, and larynx. The prognosis of these tumors varies greatly depending on the site (oral cavity is most favorable) and the stage.

A large number of patients are asymptomatic until the cancer has become quite large. Common symptoms include a persistent sore throat, difficulty swallowing, hoarseness, loosening of the teeth, dentures that will not fit, earache and disturbances in hearing. Non-healing lesions of the oral cavity or unexplained persistent swollen glands of the neck may indicate local or Metastatic disease.

The standard treatment for head and neck cancer includes surgery or radiation therapy. Chemotherapy can be included with surgery and radiation for advanced disease

Significant post-treatment complications may include swallowing difficulties of fluids and solids, regurgitation with aspiration, or frequent lung infections.

A History Of Head, Neck Or Throat Cancer Is Not Acceptable If:

- A stage I tumor less than 12 months following the final date of treatment
- A stage II tumor less than 24 months following the final date of treatment
- The tumor was stage III or IV
- There has been any recurrence, metastasis or lymph node involvement
- A feeding tube was used within the past 12 months
- There have been any treatment complications

CANCER -- KIDNEY

Each year in the United States there are approximately 18,000 cases of cancer of the kidney. These tumors account for approximately 3% of adult malignancies and are most common in the 50-70 age group. The ratio of males to females affected is 2:1.

Symptoms include hematuria (blood in the urine), abdominal or flank pain, abdominal mass, weight loss, and fever. Hypertension is often present. In addition, anemia is present in 20-40% of cases.

Nephrectomy (surgical removal of the kidney) is usually curative. The post-operative use of either chemotherapy or radiation therapy suggests more advanced disease with a poor prognosis.

Significant post-treatment complications may include blood in the urine (**hematuria**), protein in the urine (**proteinuria**), unstable renal function, or chronic/acute renal failure..

A History Of Kidney Cancer Is Not Acceptable If:

- A stage I, II, or IIIA tumor is within 12 months following final treatment
- The tumor was stage IIIB or IV
- There is any recurrence or metastasis
- There has been any chemotherapy or radiation treatment, or use of biologic therapy (interferon or interleukin)

Cross Reference:

Renal Failure

CANCER -- LUNG

Lung cancer is the most common cause of cancer death in the United States, 35% of cancer deaths in men and 20% in women. Lung cancer is now a major health problem in women and exceeds breast cancer as a cause of cancer death. The ratio of men to women affected is now 2:1, whereas only ten years ago it was 5:1. The single most important causative factor in lung cancer is cigarette smoke.

Clinical manifestations of lung cancer are variable and depend on the location of the tumor, cell type, rate of growth, and the presence of underlying pulmonary disease. Frequent symptoms include new or changing cough, hoarseness, **hemoptysis** (coughing up blood), chest pain and wheezing.

Lung cancer is usually treated by surgical excision. The post-operative use of either chemotherapy or radiation therapy suggests more advanced disease with a poor prognosis.

Significant post-treatment complications may include cardiomyopathy, pulmonary fibrosis, or pulmonary insufficiency (resulting from resection of the lung).

A History Of Lung Cancer Is Not Acceptable If:

- A stage I tumor within 3 years from date of final treatment
- A stage II or III tumor within 5 years from date of final treatment
- A stage IV tumor within 10 years from date of final treatment
- Small cell cancer within 5 years from date of final treatment
- There is any evidence of cardiomyopathy, ascites (accumulation of fluid in the abdominal cavity), pulmonary fibrosis, liver involvement, or pleural effusion
- There has been any suggestion of metastasis within 10 years
- There is current smoking

CANCER -- OVARY

Ovarian cancer is the most lethal of all the gynecological cancers. The peak incidence occurs in women in their 50's and the average age at the time of diagnosis is 55 years.

Symptoms include vague lower abdominal discomfort, mild digestive irregularities, anorexia, abnormal vaginal bleeding, and mild increase of abdominal girth.

Surgical excision may be successful in early stage disease; however, chemotherapy is often required because most women have an advanced stage at time of diagnosis.

Significant post-treatment complications may include bowel problems or weight loss.

A History Of Ovarian Cancer Is Not Acceptable If:

- A stage I or II tumor is within 3 years from date of final treatment
- The tumor was stage III or IV
- There has been any recurrence or metastasis
- There has been an ongoing need for chemotherapy
- Any radiation enteritis is evident within the past 12 months
- There has been any history of liver involvement, kidney failure or pulmonary fibrosis
- Ongoing weight loss is evident

CANCER -- PROSTATE

Prostate cancer is frequently asymptomatic and is usually detected from an elevated PSA level, routine rectal exam or from tissue removed during a **TURP** (transurethral resection of the prostate), performed for **BPH** (benign prostatic hypertrophy). Urinary hesitancy, urgency, nocturia, and dribbling are common symptoms in elderly men for benign reasons. However, if such symptoms appear suddenly or progress, the diagnosis of prostate cancer becomes more probable.

PSA (Prostate Specific Antigen) testing is frequently done as a first line test if cancer is suspected. The PSA can be detected in all males. However, its level is increased when prostate cancer is present. As the PSA increases, there is a greater chance for cancer and a higher stage of cancer. This test is also used for monitoring the response to cancer treatment.

Successful surgery, radiation, or hormone treatment should result in a marked reduction in the PSA level. A normal level is <4 mg/ml. A level up to 10 usually indicates a benign condition, BPH or prostatitis, or a very low stage of cancer. A level of 10 – 20 can still be benign, but frequently indicates a cancer and warrants a work-up to determine the cause. Anything greater than 20 is suggestive of cancer and the higher the number the greater the stage and risk for metastasis.

Staging is a classification system based on the extent of the tumor within the prostate gland, whether lymph nodes are involved, and whether there is a distant metastatic spread. Prostate cancer is staged from A to D.

Gleason Scoring is a classification of the histologic differentiation of the prostate cancer. Scores of 5 or less have the best prognosis. Scores of 6 through 9 have an intermediate prognosis. A score of 10 usually has a poor prognosis.

Treatment consists of surgical excision, radiation (external radiation or internal seed implant), cryotherapy, hormonal therapy or orchiectomy. Generally, a combination of treatments indicates a higher stage. Prostate cancer may be more aggressive in men under 60, however the tumor may be slow growing in older men. The doctor may take a “watch and wait” approach in the older patient.

Complications may include impotence and urinary incontinence or bowel problems secondary to radiation treatment.

A History Of Prostate Cancer Is Not Acceptable If:

- The tumor is stage A or B and within 3 months from date of final treatment
- A Stage C tumor within 2 years from date of final treatment
- The tumor is stage D
- There is current use of radiation therapy

Where time limitations above are noted, an applicant **MAY** be considered following the required wait but approval will depend upon several factors such as age, degree of involvement of adjacent structures and success of treatment

CANCER -- SKIN

There are many types of skin lesions, most of which are benign and therefore insignificant. Some of the more common benign skin lesions are: seborrheic keratoses, actinic keratoses, skin tags, various types of nevi, and freckles. Some nevi and actinic keratoses may develop into cancer and are usually excised if they develop suspicious features.

The incidence of skin cancer has been increasing during recent years.

The three major types of skin cancer:

- **Squamous cell** skin cancers may develop alone or arise out of actinic or solar keratoses. They usually develop slowly over a period of a few months. They appear as red, conical, hard nodules that quickly ulcerate. Squamous cell cancers of the lip, oral cavity, tongue, and genitalia are potentially serious cancers and require special care and treatment.
- **Basal cell** skin cancers occur mostly on exposed parts of the body. They grow slowly and rarely spread to other parts of the body, though neglected lesions may ulcerate and cause great local destruction.
- **Malignant melanoma** is usually presented as a pigmented skin lesion, which may show multiple colors, irregular halo, and irregular or notched borders. It may also show irregular surface characteristics, bleeding, or ulceration. The level of invasion into the skin and underlying tissues determines the staging and prognosis. Malignant melanoma of the eye is known as ocular melanoma.

The treatment of choice for squamous cell, basal cell, and malignant melanoma cancers is total surgical excision.

A History Of Skin Cancer Is Not Acceptable If:

- Basal or Squamous cell cancer shows evidence of spreading
- There is a superficial / low stage melanoma (depth <1.7mm) prior to full recovery from the procedure
- There is a deep / high stage melanoma (depth 1.8 -3.5mm) prior to 12 months from full recovery
- A melanoma is deeper than 3.5mm
- There has been any recurrence, metastasis or lymph node involvement
- There is a history of ocular melanoma within 2 years of surgical treatment

CANCER -- STOMACH

Cancer of the stomach is a disease with poor survival rates. Symptoms of gastric cancer include anorexia, abdominal discomfort with pain, weight loss, dysphagia, and symptoms resulting from anemia.

Treatment is surgical excision and may include chemotherapy.

A History Of Stomach Cancer Is Not Acceptable If:

- The tumor is stage 0 within 4 years from date of final treatment
- The tumor is stage I within 6 years from date of final treatment
- The tumor is stage II, III or IV
- There is any recurrence, metastasis or lymph node involvement
- A feeding tube has been used within 12 months
- There is any history of liver involvement
- Ongoing weight loss is evident

CANCER -- THYROID

Cancer of the thyroid is relatively common in all age groups, but especially in people who have received prior radiation to the head and neck area. The radiation may have been administered to treat the tonsils, adenoids, thymus gland, or severe acne. Thyroid cancer is much more common in women.

The principal signs of thyroid cancer are an enlarged thyroid gland, a hard painless nodule within the gland, or palpable lymph nodes.

Treatment is surgical excision and may include post-operative radiation therapy.

A History Of Thyroid Cancer Is Not Acceptable If:

- Less than 24 months has elapsed since the date of final treatment
- Surgery has been recommended or scheduled
- There has been any evidence metastasis within 10 years from date of final treatment
- There is lymph node involvement within 5 years from date of final treatment

CANCER -- UTERUS

Cancer of the uterus is the most common malignancy of the female genital tract. The peak incidence occurs in women in their 6th and 7th decade of life. A majority of the cases are diagnosed at an early stage because symptoms develop early in the disease and the endometrial tissue is easily accessed via D&C (dilatation and curettage).

Treatment is surgical excision and may include chemotherapy and radiation therapy.

Significant post-treatment complications may include bowel problems.

A History Of Uterine Cancer Is Not Acceptable If:

- A stage 0 tumor is within 3 months from date of final treatment
- A stage I or II tumor is within 6 months from date of final treatment
- A stage III tumor is within 4 years from date of final treatment
- The tumor was stage IV
- There has been any chemotherapy within the past 4 years
- There has been any use of hormonal therapy, e.g., Tamoxifen (Nolvadex) within the past 4 years

CARCINOID TUMORS

A group of intestinal tumors, first described in 1907, appeared to be more benign than malignant and as such were named carcinoid (resembling cancer) *tumors*. One cannot differentiate benign from malignant carcinoids. Malignancy can only be determined if there is regional lymph node or distant metastasis. In addition to gastrointestinal locations, these tumors may also occur in the lungs.

Some of these tumors are associated with a syndrome that includes flushing, diarrhea, wheezing, and valvular heart disease. This is called the **carcinoid syndrome**. The cause of the flush is unknown, but may be precipitated by the ingestion of food or alcohol, or the administration of calcium, epinephrine, or isoproterenol. The diarrhea is usually watery and associated with abdominal cramping. Bronchial spasm and wheezing are common, and right-sided heart lesions may develop, leading to right-sided congestive heart failure. Many patients with carcinoid syndrome have liver metastases. Lymph node metastases may also be present.

Treatment is surgical excision and may include chemotherapy.

A History Of Carcinoid Tumor Is Not Acceptable If:

- Chemotherapy was required as treatment
- The tumor size was greater than 2cm
- There is lymph node metastasis with the primary site being the rectum or stomach
- Any distant metastasis is evident
- There has been any occurrence of carcinoid syndrome within 12 months

CARDIOMYOPATHIES

Cardiomyopathies are a collection of diseases of the heart muscle that can result from a number of disorders. The common effect of these disorders is either acute inflammation, or more often chronic fibrosis of the heart muscle.

Symptoms may include shortness of breath, cough, fatigue, edema, chest pain, lightheadedness, or palpitations.

There are 3 types of cardiomyopathies:

- **Dilated (congestive)** cardiomyopathy is the dilation of the heart chambers resulting in poor ventricular function.
- **Non-dilated (restrictive)** cardiomyopathy exhibits heart chambers that are normal in size, but the walls are thickened resulting in restriction of the blood flow into the heart.
- **Hypertrophic cardiomyopathy** is characterized by a normal heart chamber size, but disproportionate enlargement of the left ventricle wall.

A History Of Cardiomyopathy Is Not Acceptable If:

- There have been symptoms of Cardiomyopathy or Congestive Heart Failure (CHF) within the past 24 months
- There is current use of steroids or Imuran for cardiomyopathy
- There is any history of the following:
 - Angina or heart attack
 - Asthma / Chronic bronchitis / Emphysema / COPD
 - Diabetes
 - Coronary Bypass Surgery / Angioplasty / Stent
 - Heart Valve Replacement
 - Transient Ischemic Attack (TIA)
 - Tuberculosis
- There has been any reference to heart transplantation

Cross Reference:

Angina

Asthma / Chronic bronchitis / Emphysema / COPD

CHF

CABG / PTCA

Diabetes

Heart Attack

TIA

Tuberculosis

Valvular Heart Disease

CAROTID ARTERY DISEASE

(Carotid Artery Stenosis)

Carotid artery stenosis is the narrowing of the carotid arteries. These are the main arteries in the neck that supply blood to the brain. Carotid artery disease is a major risk factor for stroke.

The narrowing is usually caused by plaque in a blood vessel. Plaque forms when cholesterol, fat and other substances build up in the inner lining of an artery. This process is called atherosclerosis.

The **common carotid artery** in the neck branches into **the internal carotid artery**, which supplies blood to the brain, and the **external carotid artery**, which supplies blood to the face and scalp. Atherosclerotic disease of the common carotid or internal carotid artery is a potential source for a stroke or TIA.

A History Of Carotid Artery Disease Is Not Acceptable If:

- Carotid artery surgery completed within the past 12 months, or anticipated / scheduled
- There is any history of:
 - Coronary Bypass Surgery / Angioplasty / Stent
 - Diabetes
 - Peripheral Vascular Disease surgery
- There is any history of Transient Ischemic Attack (TIA) or Retinal Artery Occlusion within the past 5 years, or multiple episodes
- There has been any tobacco use within the past 12 months

Cross Reference:

Coronary Bypass Surgery / Angioplasty / Stent

Diabetes

Peripheral Vascular Disease

TIA

CEREBRAL PALSY

Cerebral palsy is a commonly used term for a variety of neurologic disorders usually caused by brain trauma. Physical signs may include spastic paralysis, muscle weakness, involuntary movements, speech difficulties, and occasionally mental retardation.

The neurological deficits tend to be stable and non-progressive, and can vary greatly in degree of severity and involvement.

A History Of Cerebral Palsy Is Not Acceptable If:

- There are any ADL or IADL deficits

Cross Reference:

Uninsurable Functional Deficits

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

(Asthma, Chronic Bronchitis, Emphysema)

Chronic obstructive pulmonary disease (COPD) refers to a number of diseases characterized by a chronic, relatively irreversible obstruction to airflow. Individuals with COPD may exhibit an asthmatic component.

The three most common forms of COPD:

- **Chronic bronchitis** is characterized by a chronic productive (sputum producing) cough. The hypersecretion of mucus obstructs airways causing hypoventilation, inflammation, and bronchospasm.
- **Emphysema** is the obstruction of small airways causing the destruction of the bronchioles and alveoli where the air exchange takes place. Signs and symptoms of progressive emphysema include labored breathing (dyspnea) on exertion, easy fatigue, weight loss, "barrel chest", and expiratory wheezes.
- **Asthma** is a reversible obstructive pulmonary disorder characterized by an increased reactivity of the bronchial passages to a variety of stimuli. Airways are narrowed by contraction of the muscle lining the walls of both small and large bronchial passages. This narrowing causes the typical symptoms of wheezing and shortness of breath.

Treatment for all of these conditions may consist of inhalers, nebulizers, or pulmo-aids in addition to oral medication.

A History Of COPD Is Not Acceptable If:

- There has been 2 or more ER visits within 12 months, or a hospitalization within 6 months, for respiratory symptoms
- Within 12 months there has been use of oxygen
- There has been symptomatic congestive heart failure (CHF) or cardiomyopathy within 5 years
- Activities are restricted due to shortness of breath, or symptoms are worsening (e.g., fatigue, shortness of breath, pulmonary rehabilitation)
- More than 20mg of Prednisone per day is used
- There is a diagnosis of pulmonary hypertension

Cross Reference:

CHF

Cardiomyopathy

CONGESTIVE HEART FAILURE

(Cardiac Failure)

The function of the heart is to pump an adequate volume of blood to various tissues of the body. Congestive heart failure occurs when the heart fails as a pump causing increased fluid retention in the lungs and lower parts of the body. Causes of CHF include coronary artery disease, hypertension, valvular heart disease, and cardiomyopathy.

Symptoms and signs include shortness of breath, cough, fatigue, heart enlargement, and swelling of the legs. Treatment is with medications.

A History Of Congestive Heart Failure Is Not Acceptable If:

- There has been symptomatic CHF and/or a diagnosis within 12 months
- There has been 3 or more episodes
- Any of the following histories have been evident within the past 5 years:
 - Angina or heart attack
 - Asthma / Chronic bronchitis / Emphysema / COPD
 - Diabetes
 - Tuberculosis
- Any CHF has occurred after coronary bypass surgery / angioplasty / stent or heart valve replacement
- There has been any symptomatic CHF in combination with cardiomyopathy within the past 24 months
- There has been an onset of atrial fibrillation within the past 24 months
- A heart transplant has been discussed or recommended
- There is a diagnosis of pulmonary hypertension
- There has been a hospitalization or ER visit for hypertension within the past 24 months

Cross Reference:

Angina

Asthma / Chronic bronchitis / Emphysema / COPD

CABG / Angioplasty / Stent

Cardiomyopathy

Diabetes

Heart Attack

Hypertension

Pulmonary Hypertension

Tuberculosis

Valvular Heart Disease

CORONARY ARTERY BYPASS SURGERY / ANGIOPLASTY

(Angioplasty, Coronary Artery Bypass Graft (CABG), Percutaneous Transluminal Coronary Angioplasty (PTCA), Stent)

Coronary Artery Bypass Grafting (CABG) and Percutaneous Transluminal Coronary Angioplasty (PTCA) are the surgical treatments for ischemic heart disease.

Bypass surgery is accomplished through the use of a section of a vein or artery to bypass an area of obstruction in the coronary artery(s).

Angioplasty is carried out by maneuvering a balloon tipped catheter through the skin and into the arterial system to the coronary arteries. The balloon tip is expanded against the obstructing lesion to widen the narrowed artery.

Symptoms of coronary artery disease may include fatigue, palpitations, angina, chest pain, dizziness, shortness of breath, or limitations of activities.

A History Of CABG Is Not Acceptable If:

- The surgery has been recommended or planned
- PTCA/stent was completed within 3 months or CABG within 6 months
- There is a history of cardiomyopathy or post-surgical congestive heart failure (CHF)
- There is any history of the following:
 - Carotid Artery Disease or Pulmonary Hypertension
 - Diabetes
 - Peripheral Vascular Disease (PVD)
 - Retinal Artery Occlusion
 - Sleep Apnea
 - Transient Ischemic Attack (TIA)
 - Ventricular Fibrillation or Ventricular Tachycardia
- There have been symptoms of angina within 6 months

Cross Reference:

Atrial Fibrillation
Angina
CHF

Cardiomyopathy
Carotid Artery Disease
Diabetes

PVD
Sleep Apnea
TIA

CROHN'S DISEASE

(Regional Enteritis, Ileitis)

Crohn's disease is an inflammation involving the entire bowel wall (mucosa, muscular layers, and serosa), which can involve any portion of the gastrointestinal tract, but usually involves the distal portion of the small bowel and portions of the large bowel (colon).

Symptoms include abdominal pain, diarrhea and rectal bleeding. Nausea, vomiting, weight loss and intestinal obstruction may develop as well as perforation and severe bowel dilatation (megacolon).

Very severe or acute cases may be treated with intravenous steroids and hyperalimentation (intravenous feeding of a complete diet), surgical resection of the diseased area of the bowel or total bowel resection. Treatment of chronic disease includes oral anti-inflammatories and steroid enemas.

A History Of Crohn's Disease Is Not Acceptable If:

- The disease is active / symptomatic
- Surgery has been recommended or planned – or completed within the past 12 months
- Steroids are being used in excess of 20mg daily
- There has been any hospitalization for the disease within 12 months
- There has been any incidence of severe diarrhea within 6 months
- A feeding tube has been used, or there is evidence of bowel obstruction, perforation, or fistulas within the past 12 months

Cross Reference:
Bowel Impairments

CUSHING'S SYNDROME

(Hypercortisolism)

Cushing's syndrome is the term that refers to the overproduction of the body's natural amounts of cortisol and is due to a number of different causes. The most common is over-secretion by the pituitary gland of the adrenal stimulating hormone. This causes excessive secretion of cortisol by the adrenal gland.

Cushing's syndrome may also result from benign tumors of the adrenal gland and the over-administration of corticosteroid medications. The typical symptoms of Cushing's syndrome are obesity, diabetes, weakness, advanced osteoporosis, and a number of skin conditions, including acne and recurrent skin ulcerations.

Treatment requires knowledge of the underlying cause. Pituitary or adrenal surgery may be necessary. Reduction of corticosteroids, e.g., Prednisone, may also be helpful. The use of "steroid saving" medications may allow Prednisone reduction if its use is required for the treatment of other conditions.

A History Of Cushing's Syndrome Is Not Acceptable If:

- The cause is unknown and/or a work-up is underway
- Pituitary or Adrenal surgery has been recommended or planned, or completed within the past 6 months
- There is a history of pathological (spontaneous) fractures

Cross Reference:

Osteoporosis

Diabetes

DEPRESSION

(Anxiety, Mania, Manic Depression, Bipolar Disorder)

Depression is a loss of interest in friends and in everyday pursuits, with feelings of helplessness and worthlessness. Symptoms include loss of appetite, weight loss, sleep disturbance, fatigue and weakness.

There are many types of depressive illnesses, and depression is common among the elderly. Older people may experience cognitive symptoms associated with depression, such as memory loss and confusion that may be difficult to distinguish from dementia.

A type of depressive illness called **bipolar or manic-depressive disorder** is characterized by periods of severe depression alternating with manic episodes. **Mania** refers to distinct episodes where the predominant mood is elevated, expansive or irritable, and may include hyperactivity, pressured speech, flight of ideas, less need for sleep, distractibility, and inflated self-esteem.

The risk for long-term care derives from the depressed individual's inability or unwillingness to perform activities independently, the side effects of medications used to treat this condition, and self-inflicted injuries.

A History Of Depression Is Not Acceptable If:

- A neurologic or psychiatric work-up is planned or in progress
- Treatment for manic depression has been initiated within 24 months, or electro-convulsive (ECT or shock) therapy has occurred within 48 months
- There has been an ER visit or hospitalization for
 - Anxiety or Depression within 12 months
 - Bipolar disorder within 24 months
- There has been a history of alcohol or drug dependency within 24 months

Cross Reference:

Alcoholism

DIABETES MELLITUS (DM)

Diabetes is a chronic disease of sugar metabolism where either the pancreas produces insufficient amounts of insulin or insulin is produced in sufficient quantity but cannot be fully utilized. Hyperglycemia (elevated blood sugar) is the result. Persistent hyperglycemia eventually damages virtually all organ systems.

There are two basic types of diabetes: Type I **insulin-dependent diabetes mellitus** (IDDM), and Type II **non-insulin-dependent diabetes mellitus** (NIDDM). Type II is sometimes called Adult Onset Diabetes Mellitus (AODM).

Diabetes is of increased significance when combined with obesity, high blood pressure, heart disease, and other circulatory problems. These combination histories are underwritten very conservatively. The major underwriting considerations of this disease include the stability of the disease and the presence and severity of complications.

A History Of Diabetes Mellitus Is Not Acceptable If:

- Insulin has been used in the past 12 months
- There is a history of:
 - Abdominal Aortic Aneurysm
 - Amaurosis Fugax, Stroke or TIA
 - Bypass surgery or Vascular surgery
 - Cardiomyopathy
 - Coronary Artery Disease or Heart Attack
 - Peripheral Vascular Disease
 - Arterial Thromboembolism (blood clot)
- There is a history of Congestive Heart Failure (CHF) within 5 years
- There has been a hospitalization for diabetic complications within 24 mos
- Any skin complications have occurred (skin breakdown, ulcers)
- An amputation or blindness have resulted from Diabetes
- There is any associated kidney disease
- Obesity is evident (see chart below)
- A1C level exceeds 8 or no A1C or blood sugar levels have been determined within the past 12 months

If the height / weight exceeds the limits below, an application should not be submitted

Build Table (DIABETIC)		
HEIGHT	Maximum Weight (ALL)	Minimum Weight (ALL)
4' 06"	141	71
4' 07"	146	73
4' 08"	151	76
4' 09"	157	79
4' 10"	162	82
4' 11"	168	84
5' 0"	174	87
5' 1"	180	90
5' 2"	186	93
5' 3"	192	96
5' 4"	198	99
5' 5"	204	102
5' 6"	210	106
5' 7"	217	109
5' 8"	223	112
5' 9"	230	115
5' 10"	237	119
5' 11"	244	122
6' 0"	251	126
6' 1"	258	129
6' 2"	265	133
6' 3"	272	136
6' 4"	279	140
6' 5"	287	144
6' 6"	294	147

Cross Reference:

Cardiomyopathy / Congestive Heart Failure
 Coronary Artery Bypass / Angioplasty
 Heart Attack (MI)
 Peripheral Vascular Disease
 Renal Failure
 TIA

DIZZINESS

Dizziness is one of several terms used to describe an unpleasant sensation of insecure balance. There are three broad categories, which may be useful in determining the underlying cause:

- **Vertigo** (spinning) is a distortion of orientation or an erroneous perception of motion. Generally, it is secondary to an inner ear disorder or circulation problems. It may be either continuous or positional.
- **Disequilibrium** (unsteadiness-imbalance) is a feeling of imminent fall (without loss of consciousness) and may be indicative of an underlying neurologic disorder.
- **Near Syncope** (fainting-lightheadedness) is a feeling of impending loss of consciousness. It is frequently due to a cardiovascular disorder

A History Of Dizziness Is Not Acceptable If:

- There has been any single fracture resulting from a fall within 6 months, or multiple falls with fractures
- A workup is ongoing or anticipated
- There has been any ENT or neurological surgery within the past 12 months, or planned or recommended

Cross Reference:

Fractures

EPILEPSY

(Seizures)

Epilepsy is a disease of generalized or localized seizures, often producing a transient loss of consciousness. Most are of unknown cause.

Some known causes of epilepsy are:

- Trauma
- Tumors in the brain
- Vascular disorders including stroke
- Metabolic disorders including diabetes, renal failure, or drug/alcohol withdrawal
- Post brain surgery

If the cause is known, we will evaluate according to the cause.

A History Of Epilepsy Is Not Acceptable If:

- There has been a single seizure of unknown cause within 12 months
- There have been multiple seizures of unknown cause within 24 months

FIBROMYALGIA

Fibromyalgia is a poorly understood syndrome of pain and fatigue. It was once called fibrositis because it was thought to be an inflammation of the fibrous tissues. However, studies usually fail to show any inflammation.

A diagnosis of fibromyalgia is based on a clinical picture of widespread pain and tenderness described as “aching all over”, fatigue, exhaustion after minimal effort, and sleep disturbance. True fibromyalgia affects approximately 2-4% of the population, and is more common among women.

A diagnosis of fibromyalgia includes documentation of significant tenderness in at least 11 of 18 possible locations in the body. The sleep disturbance may be described as difficulty falling asleep or staying asleep.

Other symptoms may include intestinal troubles (Irritable Bowel Syndrome), anxiety and other mood disturbances, headaches, allergies, and Raynaud’s phenomenon (intermittent cold white hands).

Fibromyalgia is commonly associated with Chronic Fatigue Syndrome (CFS).

Treatment consists primarily of antidepressants. Graded aerobic exercise has also been found to be of help.

A History Of Fibromyalgia Is Not Acceptable If:

- Narcotics have been required to control pain within the past 12 months
- Assistive devices (e.g., cane, wheelchair, etc.) are currently used
- Physical therapy has been required within the past 12 months

Cross Reference:

Chronic Fatigue Syndrome

FRACTURES

Fractures are more common in women than men, probably due to postmenopausal osteoporosis and the tendency for women to outlive men. Dizziness, syncope, peripheral neuropathy, arthritis, and over-medication can lead to falls. The presence of osteoporosis often determines whether a fall results in a fracture or not.

The most common sites of fractures secondary to osteoporosis are the hips followed by compression fractures of the spinal column, fractures of the pelvis, shoulders, and wrist. Healing of fractures in the elderly is often delayed because of a reduced blood supply to the area, pre-existing arthritis, reduced nutrition, and decreased physical activity.

Pathological fractures (spontaneous, i.e. unassociated with a fall or trauma) are common in the elderly. Osteoporosis, metastatic tumors, multiple myeloma, and Paget's disease can cause spontaneous fractures.

A History Of Fractures Is Not Acceptable If:

- A hip, femoral, tibia or vertebral body fracture is within 3 months of full recovery
- A pelvic fracture is within 12 months of full recovery
- Two or more pelvic fractures have occurred due to falls, osteoporosis or Paget's disease
- Three or more long bone (e.g., arm, leg) fractures have occurred due to falls, osteoporosis or Paget's disease
- Three or more vertebral body compression fractures have occurred due to ankylosing spondylitis, osteoporosis, Paget's disease or rheumatoid arthritis
- Hip replacement surgery has been performed and is within 3 months of full recovery and return to full functional status
- There has been a pathologic (spontaneous) fracture
- Narcotics are required daily to control pain

Cross Reference:

Osteoporosis

FUNCTIONAL DEFICITS (ADL, IADL)

Functional deficits imply the need for assistance with the activities of daily living (ADL's) and/or the instrumental activities of daily living (IADL's). The ADL's include major activities such as dressing, bathing, toileting, transferring, eating and incontinence. The IADL's cover normal daily activities such as taking medication, using the telephone, shopping, laundry, managing finances, meal preparation, transportation, mobility and housework.

The specific activity (s), the degree of assistance required, and the overall medical history will determine eligibility for long-term care coverage.

A History Of Functional Deficit Is Not Acceptable If:

- There is any supervision or assistance required for any ADL
- There is any supervision or assistance required for any two or more IADL's other than taking medication
- There is any supervision or assistance required for taking medication

Cross Reference:
Specific Impairments

HEART TRANSPLANT

Heart transplantation is now a viable option for patients with previously untreatable end-stage heart disease. This procedure in selected patients not only prolongs life, but also improves the quality of life. Heart transplantation has gone from an experimental procedure to the treatment of choice for patients with end-stage heart disease.

Significant advances in surgical technique, tissue preservation, and prevention of post-transplant complications have allowed for a greatly increased number of heart transplantations, as well as an increase in survival rates worldwide. The limited number of donor hearts, unfortunately, makes this procedure unavailable to many otherwise suitable recipients.

At this time, heart transplantation patients are not considered for LTC coverage due to the frequent number of unforeseen complications, especially during the first five years post-transplant.

A History Of Heart Transplant Is Not Acceptable

Cross Reference:

Cardiomyopathy

Congestive Heart Failure

Pulmonary Hypertension

HEMOCHROMATOSIS

Hemochromatosis is a genetic disorder that results in excessive absorption of dietary iron. As a result, the body's iron stores increase markedly. The disease's clinical manifestations result from end-organ damage (e.g., liver, heart, pancreas, joint) by the iron deposited within the system. Since this is a genetic condition, it is not preventable.

Hemochromatosis may be successfully treated and controlled if the diagnosis is made early and treatment begun promptly.

Treatment consists of frequent phlebotomies (removal of blood), which over a period of months to years can result in the removal of excessive iron stores. Except for patients with organ involvement, the prognosis is good.

A History Of Hemochromatosis Is Not Acceptable If:

- There is a history of cirrhosis, liver cancer, GI bleeding or CHF
- Treatment has been recommended but not done

HEPATITIS

(Acute Viral Hepatitis, Chronic Viral Hepatitis)

Hepatitis refers to a viral inflammation of the liver. There are five viral agents proven to cause hepatitis in humans: hepatitis A, hepatitis B, hepatitis C (formerly non-A, non-B), hepatitis D, and hepatitis E. The spectrum of severity ranges from an asymptomatic mild disease to a severe and fatal infection. A liver biopsy is used to determine the severity.

Hepatitis A usually occurs as an acute infection and totally resolves in most individuals. Acute Hepatitis B resolves in most individuals but may go on to a chronic form. Most individuals who contract Hepatitis C develop some degree of chronic hepatitis. Chronic hepatitis from any cause may progress to cirrhosis of the liver, liver failure, or be complicated by liver cancer.

Treatment for chronic hepatitis is with medication and rarely, liver transplantation.

A History Of Hepatitis Is Not Acceptable If:

- A liver biopsy has been recommended or planned
- Cirrhosis of the liver has been diagnosed within the past 4 years
- There has been associated gastrointestinal bleeding within the past 24 months
- Steroids have been used for underlying liver disease within 12 months
- A liver transplant has been recommended, planned or completed
- A hospitalization has occurred for underlying liver disease within 12 months
- There is any history of liver cancer

HYPERTENSION

Hypertension (HTN) is persistently high arterial blood pressure (HBP). It is an independent and important risk factor for coronary artery disease, stroke, congestive heart failure (CHF), peripheral vascular disease, and kidney disease. Its presence has a high potential for morbidity and disability.

A History Of Hypertension Is Not Acceptable If:

- Blood pressure readings exceed 200/110 within the past 12 months
- There is a history of Transient Ischemic Attack (TIA) within the past 5 years
- There has been a hospitalization or ER visit for hypertension or CHF within the past 2 years

Cross Reference:

CHF

TIA

KIDNEY TRANSPLANT

The treatment of choice for patients with advanced or end stage renal disease (ESRD) is kidney transplantation. Complications include rejection, infections, and increased incidence of skin cancer due to the administration of immunosuppressant medications and the presence of associated chronic illnesses.

A History Of Kidney Transplant Is Not Acceptable If:

- The transplant was performed within 5 years
- More than 10mg of prednisone per day is used
- Post-transplant there is any abnormal kidney function, signs of rejection or a failed transplant
- There is a history of coronary artery disease or diabetes
- Hospitalization for complications of the transplant or immunosuppression / infections has occurred within the past 24 months
- Any history of opportunistic infections
- There is increased incidence of cancer following the transplant

LEUKEMIA

[Chronic Lymphocytic (CLL), Hairy Cell (HCL)]

Sometimes called cancer of the blood, leukemia is a malignant disorder of the blood forming tissues that most often affects the white blood cells. It is characterized by the appearance of abnormal white blood cells and is classified on the basis of the type of these cells, the number present, and whether the clinical course is acute or chronic. Acute leukemia is usually a rapidly progressive disease, and often fatal without prompt intervention.

Nearly all cases of leukemia are of the following types: acute lymphocytic leukemia (ALL), acute myelogenous leukemia (AML), acute monocytic leukemia (AMOL), acute and chronic granulocytic leukemia, chronic lymphocytic leukemia (CLL), and hairy cell leukemia (HCL).

Chronic lymphocytic leukemia is a disease of later life, usually occurring after the age of 50. Symptoms include fatigue, enlarged lymph nodes, and enlargement of the liver or spleen. Marked increase in the number of circulating lymphocytes is usually seen in blood counts. Lymphocytic involvement of nodes and major organs may also be noted.

Underwriting consideration must include satisfactory medical follow-up documenting stability of the condition, to include stable lab results.

A History Of Chronic Lymphocytic Leukemia Is Not Acceptable If:

- There has been any chemotherapy within the past 3 years
- A stage 0 within 6 months of diagnosis
- A stage 1 within 12 months of last treatment
- A stage II, III or IV within 3 years of last treatment

Hairy cell leukemia is a disease of the B-lymphocyte and is so named because cells appear hairy on a blood smear and bone marrow biopsy.

Signs and symptoms include fatigue, spleen enlargement, and reductions in red cells, white cells, and platelets. Hairy cell leukemia is usually an indolent disorder characterized by recurrent infections, including tuberculosis.

HCL requires no specific therapy. Spleen removal is often done because of very low blood counts (cytopenia) or recurrent infections. As a result, normal blood counts return in 50% of cases.

A History Of Hairy Cell Leukemia Is Not Acceptable If:

- The diagnosis and/or last treatment occurred within the past 2 years
- There has been any infection within the past 2 years
- There has been any hospitalization or spleen removal for this disease within the past 2 years

A History Of Any Other Leukemia is Not Acceptable

LIVER TRANSPLANT

Liver transplantations are performed in patients with terminal or “end-stage” liver disease, typically due to cirrhosis or liver cancer. While public awareness of the success of this procedure has increased in recent years, it is still subject to a high percentage of failure due to graft rejection and technical complications.

A History Of Liver Transplantation Is Not Acceptable

Cross Reference:

Hepatitis

LYMPHOMA

(Hodgkin's Disease, Non-Hodgkin's Lymphoma)

Lymphomas are malignancies of the lymphatic system. There are two broad categories of lymphomas - Hodgkin's disease and non-Hodgkin's lymphoma.

Hodgkin's disease primarily affects individuals under the age of 50. The cause is unknown and it occurs much less frequently than non-Hodgkin's lymphomas. Diagnosis is based on a biopsy of a lymph node. There are 4 major sub-groupings of Hodgkin's disease, but each has approximately the same prognosis because of the effectiveness of modern treatment. Treatment is with radiation and/or chemotherapy.

A History Of Hodgkin's Disease Is Not Acceptable If:

- Stage I, II or IIIA within 12 months following last treatment
- Stage III within 36 months following last treatment
- Stage IV within 48 months following last treatment
- There has been any recurrence within the past 6 years
- There is an ongoing need for chemotherapy and/or radiation
- A hospitalization has occurred due to complications within the past 36 months
- There has been active radiation enteritis within 12 months
- There has been "B" symptoms (night sweats, fever, weight loss, fatigue) attributed to Hodgkin's within the past 12 months

Non-Hodgkin's lymphomas occur about 3 times more frequently than Hodgkin's disease. Median age of onset is in the 60s. Like Hodgkin's disease, treatment is with radiation and/or chemotherapy.

Staging of both Hodgkin's disease and Non-Hodgkin's lymphomas is based on the lymph node region involved

A History Of Non-Hodgkin's Lymphoma Is Not Acceptable If:

- Stage I or II within 12 months following last treatment
- Stage III or IV within 5 years following last treatment
- The lymphoma is labeled "high-grade"
- There has been any recurrence
- There is an ongoing need for chemotherapy and/or radiation
- There has been any radiation enteritis within the past 12 months
- There has been "B" symptoms (night sweats, fever, weight loss, fatigue) s within the past 12 months

MEMORY LOSS

(Frequent Or Persistent Forgetfulness)

Chronic memory loss or frequent/persistent forgetfulness may be early symptoms of dementia or other serious disease. Both short term and long term memory may be affected.

A History Of Memory Loss Is Not Acceptable If:

- There is a history of chronic memory loss or forgetfulness
- Medications prescribed to improve memory
- There has been any complaint of memory loss or forgetfulness, confusion or disorientation by the applicant within the past 36 months, or multiple / progressive complaints
- Any reference to memory loss or forgetfulness by a family member or physician

MENINGITIS

Meningitis is a bacterial or viral infection of the membrane enclosing the brain and spinal cord.

While recovery is often complete, there may be neurologic residuals (i.e. cognitive impairment or paralysis).

A History Of Meningitis Is Not Acceptable If:

- There has been treatment within the past 12 months

Cross Reference:

Uninsurable Functional Deficits

MULTIPLE MYELOMA

Multiple myeloma results from an abnormal growth of plasma cells. This abnormal growth usually occurs within the bone marrow, but rarely may occur as solitary lesions outside of the bone marrow (extra medullary). These malignant plasma cells produce large quantities of abnormal proteins. The tumor and/or the abnormal proteins can cause bone pain or fracture, renal failure, susceptibility to infection, anemia, clotting abnormalities, and neurologic symptoms.

It is not uncommon to detect high levels of monoclonal serum immunoglobulin without the associated findings seen in myeloma of recurrent infections, anemia, hyperviscosity, lymphadenopathy, hepatosplenomegaly, renal failure, lytic bone lesions, or hypercalcemia. This more benign condition of macroglobulinemia, known as **Waldenstrom's Macroglobulinemia (Benign Monoclonal Gammopathy [BMG])** or benign monoclonal gammopathy is actually more common in the elderly than is multiple myeloma.

BMG has none of the significant end-organ problems normally associated with multiple myeloma. The prognosis is extremely favorable for these patients.

A History Of Multiple Myeloma / BMG Is Not Acceptable If:

- A stage IA tumor was diagnosed within 12 months
- A stage IA, IB or IIA tumor was treated within the past 5 years
- The tumor is stage IIB or greater
- There has been a bone marrow transplant and/or chemotherapy within 5 years
- There have been spontaneous fractures or blood clots

MULTIPLE SCLEROSIS

(MS, Demyelinating Disease)

Multiple sclerosis (MS) is a demyelinating disease. Demyelination refers to the destruction or removal of the myelin sheath of a nerve. It causes sensory, visual, and muscular abnormalities and is marked by remissions and exacerbations.

A History Of Multiple Sclerosis Is Not Acceptable

MUSCULAR DYSTROPHY

This group of inherited diseases of the muscles is characterized by progressive weakness and wasting. Muscular dystrophy is classified according to its mode of inheritance, age at onset, and clinical features.

There is no specific treatment for this condition.

A History Of Muscular Dystrophy Is Not Acceptable

MYASTHENIA GRAVIS

Myasthenia gravis is a disease, which causes muscular weakness due to abnormalities at the neuromuscular junction. Muscles become progressively weak when used in repetition and only partially recover after rest.

Medical treatment is often successful if thymus gland removal fails to induce a remission.

A History Of Myasthenia Gravis Is Not Acceptable If:

- The disease has been symptomatic (difficulty swallowing, chewing or progressive muscular weakness) within the past 12 months
- More than 20mg of prednisone is required daily
- Thymus gland surgery has been recommended or planned, or has been completed within the past 6 months
- There has been a hospitalization within the past 24 months for complications and/or plasmapheresis

MYOCARDIAL INFARCTION (MI)

A myocardial infarction (MI) occurs when the blood flow in a coronary artery is abruptly blocked or markedly reduced by a clot. The heart muscle supplied by the coronary artery dies. If the affected heart muscle is located in the left ventricle, the heart can no longer function efficiently as a pump and Congestive Heart Failure (CHF) may result.

If the conduction system is damaged, irregular and sometimes fatal heart rhythms may result.

Following an acute MI, treatment consists of measures aimed at dissolving the clot, as well as prevention of fatal heart rhythms.

A History Of Myocardial Infarction Is Not Acceptable If:

- The heart attack occurred within the past 3 months
- There is a history of valvular heart disease and the heart attack occurred within the past 6 months
- There is a history of congestive heart failure within 5 years
- An angiogram, angioplasty or heart surgery is anticipated
- The applicant has been hospitalized or had ER visits for angina, one time in the past 6 months or twice within 12 months
- There is any history of Peripheral Vascular Disease (PVD)
- There is a history of cardioversion within the past 12 months
- There is any history of cardiomyopathy, diabetes, pulmonary hypertension, TIA/stroke or sleep apnea
- Carotid surgery anticipated or completed

Cross Reference:

Angina

Atrial Fibrillation

Conduction Disturbances

Congestive Heart Failure (CHF)

Cardiomyopathy

Diabetes

Pulmonary Hypertension

Peripheral Vascular Disease (PVD)

Sleep Apnea

NEUROPATHY

(Peripheral Neuropathy, Neuralgia, Neuritis)

Neuropathy is a disease of the nerves. Symptoms include weakness, pain, or numbness. It generally affects the legs, but may also be present in the arms. While the cause can be unknown, it usually results from complications of diabetes, alcoholism, malnutrition or infection.

The risks associated with this condition include falls, foot and leg ulcers, and disability due to the progressive nature of the disease.

A History Of Neuropathy Is Not Acceptable If:

- There is a history of any falls due to neuropathy
- The condition is progressing
- Narcotics have been required to control the pain within 12 months
- Any foot or leg ulcers have occurred in combination with Diabetes

Cross Reference:

Diabetes

Peripheral Vascular Disease

Ulcers of the Skin

Alcohol Abuse / Alcoholism

NORMAL PRESSURE HYDROCEPHALUS (NPH)

Normal pressure hydrocephalus is a condition in which the ventricles within the brain enlarge and damage the surrounding brain tissue. However, the pressure of the Cerebral Spinal Fluid (CSF) within the ventricles is normal.

Typical symptoms of NPH include walking difficulties, bowel/bladder incontinence, and dementia.

The most common treatment is the placement of a sterile tube between the ventricle in the brain and the peritoneal cavity in the abdomen (ventriculoperitoneal shunt).

A History Of NPH Is Not Acceptable If:

- The condition is not treated
- There has been a shunt placement within 24 months, evidence of a shunt obstruction within 12 months, or there have been any falls following a shunt placement
- There have been any post-treatment complaints of memory loss, forgetfulness or confusion
- There has been any bowel or bladder incontinence

OSTEOARTHRITIS (OA)

[Degenerative Joint Disease (DJD), Hypertrophic Arthritis]

Osteoarthritis is characterized by degeneration of joint cartilage and new bone formation at the joint margins. OA results from the aging process and trauma to the joint from wear and tear.

On physical exam, the joints are tender and may be inflamed. There is often joint enlargement, pain with weight bearing, and decreased range of motion. Surgical correction of the joint deformities can relieve pain and restore most function.

A History Of Osteoarthritis Is Not Acceptable If:

- Narcotics are currently used daily to control pain
- Major weight-bearing joint surgery has been recommended or planned – or has been completed within the past 3 months
- Spinal surgery has been recommended, planned, or has been completed within the past 6 months

Cross Reference:

Fractures

Rheumatoid Arthritis

Spinal Stenosis

OSTEOPOROSIS (OP)

Osteoporosis is a generalized decrease in bone mass that can progress to below the point necessary to maintain adequate mechanical body support. The principal clinical manifestations of osteoporosis in the elderly are fractures of the spine, hip, and wrist.

Osteoporosis usually develops at older ages (senile osteoporosis) or after menopause (post-menopausal osteoporosis) and can be traced back to inadequate calcium intake and post-menopausal estrogen deficiency. Occasionally, osteoporosis may be secondary to the chronic administration of steroids or to prolonged immobilization or inactivity.

A History Of Osteoporosis Is Not Acceptable If:

- Narcotics are currently used daily to control pain
- Bone Density score (s) are greater than (-4)
- A femoral, tibia or vertebral body fracture has occurred within 3 months
- A pelvic fracture has occurred within the past 12 months
- Two or more pelvic fractures have resulted from falls or osteoporosis
- Three or more vertebral body, or long-bone fractures have resulted from osteoporosis
- There has been any pathologic fracture
- Height/weight is below the minimum limit in the OP build chart

Osteoporosis Build Chart

HEIGHT	WEIGHT
4' 06"	77
4' 07"	80
4' 08"	82
4' 09"	85
4' 10"	88
4' 11"	92
5' 0"	95
5' 1"	98
5' 2"	101
5' 3"	105
5' 4"	108
5' 5"	111
5' 6"	115
5' 7"	118
5' 8"	122
5' 9"	126
5' 10"	129
5' 11"	133
6' 0"	137
6' 1"	140
6' 2"	144
6' 3"	148
6' 4"	152
6' 5"	156
6' 6"	160

Cross Reference:

Fractures

Arrhythmia

PACEMAKER - CARDIAC

A generator and electrodes, implantable and battery-powered are used to stimulate the ventricles of the heart to contract on a regular basis in certain heart disorders. The demand type of pacemaker is most common.

An impulse is generated by the pacemaker only if the heart does not meet a certain preset heart rate. Cardiac conditions that may require a pacemaker include heart block, bradycardia, sick sinus syndrome, congestive heart failure and coronary artery disease

A History Of Cardiac Pacemaker Is Not Acceptable If:

- The implant was completed within the past 3 months
- An implant has been recommended or scheduled. An application cannot be accepted within 3 months of completion.
- A defibrillator implant was completed within 12 months.

Cross Reference:

Atrial Fibrillation

Arrhythmia

PAGET'S DISEASE

Paget's disease of the bone is a chronic disorder of the adult skeleton in which localized areas of hyperactive bone are subject to excessive resorption. The bone is then replaced by a softened and enlarged bony structure. This produces bone that is often painful, structurally weak, fractures easily, and causes physical deformity. It may be either localized to specific bones or be more generalized affecting such areas as the skull, pelvis, spine, and long bones.

A History Of Paget's Disease Is Not Acceptable If:

- Narcotics have been required to control pain within the past 12 months
- Assistive devices (e.g., cane, wheelchair, etc.) are currently used
- Physical therapy is required and symptoms are not improving
- A vertebral body fracture has occurred within 3 months
- A pelvic fracture has occurred within the past 12 months
- Two or more pelvic fractures have resulted from falls or osteoporosis
- Three or more vertebral body fractures have resulted
- Three or more long-bone fractures have resulted from falls
- There has been any pathologic fracture
- There is any history of bone cancer

PANCREATITIS

Pancreatitis is inflammation of the pancreas, a gland that lies behind the stomach. The pancreas produces the hormones insulin and glucagon to control metabolism. It also produces other hormones and enzymes to aid digestion of fats, proteins, and carbohydrates.

Inflammation occurs when these digestive enzymes leak out of the pancreatic duct and attack the pancreas. The condition can be acute or chronic.

Common causes are alcohol excess, gallstones, heredity, mumps, elevated blood levels of triglycerides or calcium, surgery involving the pancreas, tumors, trauma, certain medications, and food allergies.

Symptoms include the following:

- Nausea and vomiting
- Fever
- Accelerated heart rate
- Sweating
- Jaundice
- Shock

A History Of Pancreatitis Is Not Acceptable If:

- The diagnosis was made or symptoms have occurred within the past 6 months
- Chronic pancreatitis occurs in combination with diabetes or with residual pain
- Gall bladder surgery has been recommended or scheduled but not yet completed
- There is any history of liver cirrhosis

PARKINSON'S DISEASE

Parkinson's disease is a neurological disease producing tremors, rigidity (resistance to passive movement), and bradykinesia (slowness of voluntary movements, and a reduction of automatic movements). A progressive dementia may also occur.

There is postural instability demonstrated by difficulty in getting up from a chair, and a gait characterized by small shuffling steps, as well as demonstrated unsteadiness on turning, and difficulty stopping.

A History Of Parkinson's Disease Is Not Acceptable

Cross Reference:

Tremors

PERICARDITIS

Pericarditis is an inflammation of the pericardium – the thin, fluid-filled sac surrounding the heart. It can cause severe chest pain, especially upon inspiration, and shortness of breath.

Pericarditis may be either acute or chronic. Chronic inflammation can cause the pericardial sac to lose some elasticity, scar or adhere to the heart. Consequently the chambers cannot fully fill with blood. This is known as constrictive pericarditis, which can potentially lead to right-sided heart failure (cor pulmonale).

A History of Pericarditis is Not Acceptable if:

- There is any current, or history of, untreated pericarditis
- Within the past 6 months the only treatment has been with NSAIDS
- Within the past year treatment has involved surgery or dialysis
- The cause was scleroderma, cancer, rheumatoid arthritis or HIV / AIDS
- There has been more than one episode

Cross Reference:

Rheumatoid Arthritis

Scleroderma

PERIPHERAL VASCULAR DISEASE (PVD)

Peripheral vascular disease is characterized by a reduction of the blood supply to the lower extremities. Atherosclerotic plaques form in the arteries, thereby narrowing the vessel and reducing the flow of blood. Leg pain with minimal exercise (claudication) is the most common symptom. As the disease progresses, it further compromises the vascular system with resultant skin ulcers, gangrene, and the need for amputation.

Treatment of PVD may be with life style changes (diet, exercise, smoking cessation) or with medication. In severe cases, angioplasty or bypass graft surgery may be needed.

A History Of Peripheral Vascular Disease Is Not Acceptable If:

- There is pain (claudication) in the lower extremities at rest or after walking less than ½ mile
- Skin breakdown or skin ulcers have occurred, or recurred, within 24 months
- There has been a vascular bypass graft or surgery - of the lower extremities or renal artery within 12 months.
- There has been a sympathectomy (surgery) or use of an Unna boot within the past 24 months
- The applicant has had physical therapy for PVD or complications within the past 12 months
- There has been any ER visit or hospitalization for PVD within 12 months
- In combination with PVD there has been an amputation due to PVD; history of carotid artery, coronary artery or cerebrovascular disease; diabetes, gangrene or intestinal ischemia (lack of blood flow to the bowel)

Cross Reference:

Amputation

Diabetes

Carotid Artery Disease

Ulcer of the skin

Coronary Artery Disease

POLIOMYELITIS / POST-POLIO SYNDROME

Poliomyelitis (polio, infantile paralysis) is an acute viral infection that first invades the intestine and then migrates to the spinal cord, brain stem, and brain.

Polio may result in paralysis of various muscles in the shoulder, arms, diaphragm, torso, and legs. A type of polio called **bulbar polio** may also affect the cranial nerves and brain stem, which control swallowing, speaking, chewing, breathing, and circulation.

Half of polio patients recover without permanent effects. The other half will experience muscle paralysis and atrophy that may cause shortening and deformity of the extremities and spine. For these patients, permanent use of braces, crutches, canes, and wheelchairs may be required.

Post Polio Syndrome (PPS) describes a condition in which progressive paralysis and atrophy occur 25 to 35 years after the original onset of the disease. This syndrome is thought to be the result of the physiological changes of aging with further loss of spinal nerve cells depleted by the original poliovirus.

PPS may cause fatigue, weakness, muscle pain/atrophy, and deterioration of function. Patients with bulbar polio may experience increased difficulty swallowing and speaking, and an increased incidence of choking and sleep apnea.

A History Of Poliomyelitis/Post–Polio Syndrome Is Not Acceptable If:

- There has been any bowel or bladder incontinence (stress incontinence excluded)
- There have been symptoms of PPS within the past 12 months
- There has been difficulty swallowing in combination with weight loss
- More than one fall has occurred within the past 6 months, or fall with a fracture within the past 12 months
- Narcotics are required daily to control pain

POLYCYSTIC KIDNEY DISEASE (PKD)

Polycystic kidney disease is an inherited bilateral malformation of the kidneys typified by multiple cysts (masses). The cysts gradually enlarge at the expense of normal renal tissue.

Symptoms may not appear until adult life, but asymptomatic cases may be detected at younger ages by ultrasound. PKD is also associated with an increased frequency of mitral valve prolapse, aortic root dilatation and cerebral aneurysm.

Treatment may include chronic dialysis or kidney transplantation.

A History Of Polycystic Kidney Disease Is Not Acceptable If:

- Dialysis has been required, or has been recommended or planned
- A kidney transplant has occurred within the past 5 years, or has been recommended or planned
- There has been a hospitalization for complications of this disease within the past 24 months

Cross Reference:

Renal Failure, chronic
Kidney Transplantation
Uninsurable conditions

POLYCYTHEMIA

(Polycythemia Vera)

Primary Polycythemia is a chronic blood disease of unknown cause in which there is an increase in the number of red blood cells. The disease has an association with leukemia, and chronic myelogenous leukemia may develop.

A secondary form of polycythemia is seen in individuals with underlying pulmonary disease. This causes inadequate oxygenation of red cells, leading to a “reactive” increase of cells to compensate.

Treatment of polycythemia includes the use of low dose chemotherapeutic drugs as well as phlebotomies.

A History Of Polycythemia Is Not Acceptable If:

- A phlebotomy is used in excess of 4 times per year
- Treatment includes the use of alkylating agents
- There is any history of TIA or amaurosis fugax
- There is history of a thrombotic event within 24 months, or two or more at any time

POLYMYALGIA RHEUMATICA (PMR)

Polymyalgia Rheumatica (PMR) is a syndrome of unknown cause characterized by severe pain and stiffness of the muscle groups. Fever, anorexia, weight loss, and anemia may also be present.

Separate, but closely related clinical entities are **temporal arteritis** (TA) or **giant cell arteritis** (GCA). These conditions are characterized by inflammation of the medium sized arteries, especially the temporal artery of the forehead, which could result in sudden blindness due to vascular obstruction.

Treatment with corticosteroids (Prednisone) is often effective in controlling symptoms.

A History Of Polymyalgia Rheumatica Is Not Acceptable If:

- There has been difficulty swallowing in combination with unintentional weight loss
- More than 20mg of Prednisone is required daily
- Narcotics are required daily to control pain
- There are vision problems resulting from giant cell arteritis

Cross Reference:
Fractures

POLYMYOSITIS

(Dermatomyositis)

Polymyositis is an inflammatory muscle disorder of unknown cause that may be accompanied by inflammation at other sites including the joints, lungs, and heart. **Dermatomyositis** is the name used for the disorder when the skin is also involved. There is a strong association with increased incidence of cancer, as well as systemic lupus erythematosus (SLE) and scleroderma.

Muscle weakness, particularly of the pelvis and shoulders, is the primary feature of the disease. This results in problems with getting up from a sitting position or working with the arms overhead. Difficulty swallowing may also occur if the esophageal muscles are involved, possibly resulting in malnutrition and weight loss.

A History Of Polymyositis / Dermatomyositis Is Not Acceptable If:

- The diagnosis was within the past 12 months
- Narcotics are required daily to control pain
- More than 20mg of Prednisone are being used daily
- There has been a vertebral body compression fracture within the past 3 months, or, 3 or more vertebral fractures at any time
- There has been difficulty swallowing in combination with unintentional weight loss
- Joint surgery has been recommended or planned, or completed within the past 12 months

Cross Reference:

Fractures

PRIMARY BILIARY CIRRHOSIS

The cause of primary biliary cirrhosis is unknown but characterized by the progressive destruction of bile ducts within the liver. This leads to eventual fibrosis and cirrhosis. Associated diseases include **Sjogren's syndrome**, severe osteoporosis, thyroiditis and renal conditions. Advanced disease may benefit from liver transplantation.

Symptoms most commonly include pruritus (severe itching) and fatigue. Some individuals, without symptoms, are diagnosed on the basis of laboratory test results.

Treatment consists of the use of Colchicine (slows down the progression of the disease), Imuran, Thioprine, supplements of vitamin D and calcium. The current use of Colchicine, Imuran or Thioprine can be underwritten if there is **no** indication of disease progression or associated complications.

A History Of Primary Biliary Cirrhosis Is Not Acceptable If:

- There has been active hepatic cirrhosis within the past 4 years
- A liver transplant has been recommended or completed
- There is a history of liver cancer
- There has been any alcohol use within 2 years

Cross Reference:

Cirrhosis

PROSTATE DISORDERS

(Benign Prostatic Hypertrophy (BPH), Prostatitis)

Benign Prostatic Hypertrophy (BPH) and Prostatitis (prostate infection) are non-malignant conditions of the prostate. BPH is an enlargement of the prostate that can have several causes. The enlargement (hypertrophy) of the gland usually results in incomplete emptying of the bladder and frequency of urination. This condition is generally of no significance if a complete work-up has been done to rule out cancer and may be treated medically or surgically by TURP.

Prostatitis is an infection of the prostate gland and is treated with antibiotics.

Both BPH and prostatitis may cause a slight to moderate elevation of the PSA (Prostate Specific Antigen).

A History Of Prostate Disorder Is Not Acceptable If:

- There has been an elevated or rising PSA that has not been fully evaluated
- Surgery has occurred within 3 months, or has been recommended or planned

PULMONARY HYPERTENSION

Pulmonary Hypertension is characterized by high blood pressure in the blood vessels that supply oxygen-poor blood to the lungs.

There are two forms of pulmonary hypertension – primary and secondary. The primary form has no known cause. The secondary form is caused by an underlying heart condition, lung disease or pulmonary embolism. Secondary pulmonary hypertension has also been associated with the use of certain diet drugs.

Complications include tricuspid regurgitation and right-side heart failure (cor pulmonale). Treatment includes lifestyle changes, taking medication and in extreme cases, surgery (e.g., heart transplant).

A History Of Pulmonary Hypertension Is Not Acceptable If:

- There is a clinical diagnosis of COPD / Emphysema / Asthma / Chronic Bronchitis
- There is cor pulmonale
- The applicant currently smokes, or has smoked within 2 years
- The diagnosis has been made within the past 6 months, or there have been symptoms within 6 months
- There has been any reference made to a heart transplant
- The condition was caused by medications, drugs or HIV / AIDS
- In combination with Pulmonary hypertension there has been any angioplasty or stent, congestive heart failure (CHF), heart surgery, multi-valvular heart disease, heart attack, sleep apnea or venous thromboembolism (blood clot)
- The diagnosis is Primary Pulmonary Hypertension

RENAL FAILURE

(Kidney Failure / Insufficiency, Acute / Chronic)

Acute renal failure is the sudden decline in the ability of the kidneys to function properly. The causes of acute renal failure are numerous and include infections, medication side effects, and trauma.

Chronic renal failure refers to permanent irreversible damage to both kidneys. Depending on the severity of the damage, chronic dialysis may be necessary.

A History Of Renal Failure Is Not Acceptable If:

- Dialysis has been required within the past 24 months
- A kidney transplant has been performed within 5 years, or has been recommended
- There is a history of diabetes
- There is a creatinine level of 3.0 or greater
- Any hospitalization for complications of renal failure has occurred within 24 months
- Use of an indwelling catheter has commenced within the past 12 months
- There is a history of chronic hydronephrosis or pyelonephritis that has been unresponsive to treatment
- There has been any steroid use within the past 24 months

RHEUMATOID ARTHRITIS (RA)

(Psoriatic Arthritis, Sjögren's Syndrome)

Rheumatoid arthritis (RA) is a systemic disease that is characterized by a bilateral inflammation and stiffness of the joints. It may also involve major organs, especially the heart and lungs. The term Sjögren's refers to symptoms of dryness of the eyes and mouth sometimes seen in patients with RA.

The clinical course of rheumatoid arthritis is highly variable. In some cases, symptoms are mild, while in others, the disease rapidly progresses to severe disability. This often results in ADL and IADL deficiencies.

Active or progressive disease is characterized by frequent doctor visits, multiple joint injections, recent or current courses of high-risk medications (e.g., steroids), or recent, frequent medication changes.

A History Of Rheumatoid Arthritis Is Not Acceptable If:

- Narcotics are required daily to control pain
- More than 20mg of Prednisone is required daily
- Joint replacement surgery related to RA has been recommended, planned or completed
- There has been active disease with progressive symptoms, multiple medication changes and/or lack of response to treatment within 24 months
- There has been a vertebral body compression fracture within 3 months, or 3 or more vertebral fractures at any time
- There has been any hospitalization or ER visit for RA within 24 months

Cross Reference:

Fractures

RUPTURED DISC

(Slipped disc, Herniated Nucleus Pulposus)

A ruptured disc results from the tearing of spinal ligaments, which normally hold the disc in place between the vertebral bones. The disc may then become displaced resulting in pressure on the spinal column or spinal nerves.

The most common site of a herniated disc is in the lumbar area, followed by the cervical area. Symptoms of a herniated disc include muscle weakness, atrophy, pain, and diminished sensation.

A History Of Ruptured Disc Is Not Acceptable If:

- Narcotics are required daily to control pain
- Surgery has been recommended or planned, or has occurred within the past 6 months

SARCOIDOSIS

Sarcoidosis is a disease of unknown cause that primarily affects the lungs although it may affect other organs (e.g., liver, joints, brain). The disease is characterized by the presence of granulomas (nodules) in various tissues. It is classified into three stages according to the degree of lung involvement. It is generally treated with corticosteroids i.e., Prednisone.

A History Of Sarcoidosis Is Not Acceptable If:

- More than 20mg of Prednisone is used per day
- There are any current symptoms (e.g., shortness of breath)
- Diagnosis was made within the past 12 months

SCHIZOPHRENIA

(Paranoia, Delusional States)

Schizophrenia is a group of psychotic mental disorders characterized by disturbances in form and content of thought (loose associations, delusions, and hallucinations), mood (blunted, flattened, or inappropriate affect), sense of self in relationship to the external world (loss of ego or autistic withdrawal), and bizarre and apparently purposeless behavior.

A History Of Schizophrenia Is Not Acceptable If:

- There have been any symptoms within 48 months
- Day care use, ER visits or hospitalizations within the past 48 months
- There has been any alcoholism or illicit drug use within the past 48 months
- Any anti-psychotic medications have been initiated within 48 months

Cross Reference:

Uninsurable Functional Deficits

Alcohol/Drug Dependency

SCLERODERMA

(CREST Syndrome)

Scleroderma is a disease characterized by deposition of fibrous tissue in the skin, lung, heart, kidney, musculoskeletal, gastrointestinal, and central nervous systems. CREST syndrome is a similar condition, but with a better prognosis, because involvement is limited to the skin, joints, and esophagus.

The skin is often the first organ system involved. Scleroderma is usually manifested by diffuse and mild swelling of the skin. The skin gradually loses pliability and becomes tightly drawn and bound to underlying structures. There is no effective treatment for this condition other than managing the complications [i.e. hypertension, Congestive Heart Failure (CHF), and pulmonary disease].

A History Of Scleroderma Is Not Acceptable If:

- There have been any complications of Scleroderma such as CHF, arrhythmia, heart block, pericarditis, cor pulmonale or kidney disease
- There have been any complications of CREST Syndrome such as esophageal involvement, kidney disease, Raynaud's, or skin thickening
- There is any history of pulmonary fibrosis
- More than 20mg of prednisone is used daily
- There is any history of skin ulcers or chronic non-healing skin infections within the past 24 months

SKIN ULCERS

Venous ulcerations are often preceded by stasis dermatitis. This is due to venous hypertension in the lower extremities. Ulcerations may occur spontaneously or follow a superficial injury. The ulcers are usually located on the ankle, but may occur anywhere.

Arterial ulcerations are due primarily to atherosclerosis of the limb vessels, which produces ischemia of the skin. The ulcers are located primarily on the toes and the lower leg. Even small ulcers can be very painful and are often deep, going down to the subcutaneous tissue, muscle, and even into the bone.

Diabetic ulcers are also associated with an increased incidence of atherosclerosis of the medium and large arteries. Because of diminished blood flow, diabetics are prone to arterial ulcers, frequently in the toes or elsewhere on the foot. Healing is slow and difficult because diabetics heal more slowly and have a lower resistance to infection.

Pressure ulcers, also known as **decubitus ulcers**, are a common problem among people with spinal cord injuries and chronic neurological disease (such as stroke). More than 90% of pressure ulcers are located in the lower part of the body over bony prominences. Common sites include the sacrum, heel, ankle, and hip.

A History Of Skin Ulcers Is Not Acceptable If:

- There has been a single occurrence of a venous ulcer within 12 months
- There has been a single occurrence of an arterial or pressure ulcer within the past 24 months
- There is any history of diabetes and/or a diabetic ulcer
- Multiple and or recurrent skin ulcers are evident (any skin ulcer)
- There has been any lower extremity or by-pass surgery within the past 12 months
- There is any history of gangrene or amputation due to disease
- There has been two or more episodes of deep vein thrombosis

Cross Reference:

Pulmonary Embolism
Diabetes

Peripheral Vascular Disease

SLEEP APNEA

Sleep apnea is a sleep related breathing disorder in which there are pauses in respiration lasting 10 seconds or longer. During these pauses, there is a decrease in oxygen saturation and there may be a variety of cardiac arrhythmias. Sleep apnea is generally classified as: central, obstructive, or mixed. The obstructive type comprises 90% of all sleep-related disorders.

A Continuous Positive Airway Pressure apparatus (CPAP) is used in treatment. If there is severe upper airway obstruction, surgery may be needed.

A History Of Sleep Apnea Is Not Acceptable If:

- CPAP use has commenced within the past 3 months, or recommended but not used
- There have been multiple hospitalizations within the past 12 months
- Surgery for sleep apnea has been recommended or scheduled
- There is a history of Heart Failure, Coronary Artery Disease or Pulmonary Hypertension

Cross Reference:

Angina

CABG

MI

Pulmonary Hypertension

SPINAL STENOSIS

Spinal stenosis is a narrowing of the spinal canal caused by excess bone formation. This causes pressure on the spinal nerves or spinal cord producing pain and weakness of the back and lower extremities.

A History Of Spinal Stenosis Is Not Acceptable If:

- Narcotics are required daily to control pain
- Symptoms have increased in severity within 12 months
- There is exertional leg pain
- Surgery has been recommended or completed within 6 months

Cross Reference:

Fractures

STROKE

(Cerebral Vascular Accident - CVA)

Stroke is the sudden onset of a neurologic deficit lasting longer than 24 hours. Stroke is usually caused by the occlusion of the cerebral arteries due to atherosclerosis. Less commonly, a stroke may be caused by a blood clot to the brain or bleeding within the brain.

A History Of Stroke Is Not Acceptable

Cross Reference:

Transient Ischemic Attack (TIA)

SURGERY

These time frames relate to the waiting period following surgical procedures. After completion of a waiting period, surgical procedures are usually acceptable after full recovery, discharge from medical care, and resumption of normal activities.

A History Of Surgery Is Not Acceptable If:

- Back or spine surgery occurred within 6 months
- A cholecystectomy (other than laparoscopic) was performed within the past 3 months
- Gastric bypass surgery or other weight loss surgical procedure was performed within the past 12 months
- A hip or knee replacement has occurred within 3 months
- Any surgery has been recommended or planned

Cross Reference:
Specific Impairments

SYNCOPE

(Fainting, Blackout)

Syncope is a brief loss of consciousness with complete and spontaneous recovery. This is usually due to a sudden decrease in blood flow to the brain.

The most common cause is **vasovagal syncope**, which frequently occurs, in healthy individuals due to emotional stress, fear, or pain. Cardiac arrhythmias are also a common cause.

The underwriting of syncope is based on the frequency and cause.

A History Of Syncope Is Not Acceptable If:

- An episode has occurred within 6 months and the cause is unknown
- Multiple episodes have occurred within the past 12 months

Cross Reference:

Atrial Fibrillation

Conduction Disturbances

SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

(Disseminated Lupus, Discoid Lupus Erythematosus)

Systemic lupus erythematosus is a chronic inflammatory disease of the connective tissues thought to be the result of an autoimmune process. The most common symptoms consist of a febrile illness with polyarthritis, a rash on the cheeks and bridge of the nose, fatigue, chest pain, and enlarged lymph nodes. The prognosis varies widely, depending on the extent and number of organs (e.g., heart, lung, kidney, brain) involved and the degree of inflammation.

Discoid lupus is a chronic skin disorder with lesions that are usually confined to the face, neck, arms, and scalp.

A History Of SLE Is Not Acceptable If:

- The diagnosis was made and/or symptoms have been present within the past 24 months
- There have been any complications within the past 3 years (e.g., kidney, heart or brain involvement)
- Treatment with cytotoxic agents within the past 24 months or narcotics within the past 12 months
- There has been a vertebral body compression fracture within 3 months, or in excess of 2 fractures at any time
- There has been any physical therapy or joint surgery within 12 months

Cross Reference:

Fractures

THROMBOCYTHEMIA

(Thrombocytosis)

Thrombocythemia is a condition in which there is an increase in the number of platelets in the blood. This increase can result in the formation of blood clots and in hemorrhage (due to dysfunction of the abnormal platelets).

There are two types of thrombocythemia. **Primary thrombocythemia** results from an abnormality in the cells that form the platelets. **Reactive thrombocythemia** occurs in response to some other disorder (e.g., rheumatoid arthritis, Hodgkin's disease, or iron deficiency).

Treatment may include the use of chemotherapeutic drugs.

A History Of Thrombocythemia Is Not Acceptable If:

- There has been any history of bleeding or blood clots
- Chemotherapeutic drugs have been used for treatment within 12 months
- Hydrea has been initiated within the past 12 months
- The blood platelet count exceeds 600K

THROMBOCYTOPENIA

Thrombocytopenia is a condition in which there is a decrease in the number of platelets in the blood. This decrease can result in spontaneous bruising and bleeding.

Treatment is Prednisone and/ or spleen removal.

A History Of Thrombocytopenia Is Not Acceptable If:

- There have been any bleeding episodes within the past 12 months
- Prednisone has been used for treatment within the past 12 months
- Spleen removal has been recommended or planned
- The blood platelet count is below 60K

THROMBOEMBOLISM / PULMONARY EMBOLISM

An **embolism** is a blood clot, which moves through the blood stream. A **thrombus** is a blood clot adhering to the wall of a blood vessel. When a thrombus breaks loose and moves through the blood stream it is referred to as a thromboembolism.

An **arterial thromboembolism** occurs when a clot forms in the arteries. The clot may form as the result of damage to a vessel or the presence of a prosthetic device (e.g., an artificial heart valve). The clot may migrate into the coronary, carotid, or other arteries.

A **venous thromboembolism** originates as a clot in the deep veins of the lower extremities. The clot may migrate into the major blood vessels returning to the heart and then to the lungs (**pulmonary embolism**).

Venous thromboembolism is treated with Coumadin, which helps to reduce the risk of further / recurrent clot formation.

Venous Thromboembolism

A History Of Venous Thromboembolism Is Not Acceptable If:

- There has been an episode of Deep Vein Thrombosis (DVT) or thromboembolism within 6 months, or multiple episodes within 12 months
- There has been an episode of Pulmonary Embolism within 6 months, or multiple episodes within the past 12 months
- There has been an episode of Deep Vein Thrombosis (DVT), thromboembolism, or pulmonary embolism within 24 months in combination with valvular heart disease
- There is any history of Cor pulmonale (right heart failure) or Pulmonary hypertension
- Any bleeding has occurred within 12 months related to Coumadin use
- Any surgery has occurred or insertion of filters for a pulmonary embolism
 - Within the past 24 months

Cross Reference:

Pulmonary Hypertension
Valvular Heart Disease

Arterial Thromboembolism

A History Of Arterial Thromboembolism Is Not Acceptable If:

- There has been an occurrence within the past 12 months
- There has been symptomatic Congestive Heart Failure within the past 12 months
- There is any history of:
 - Diabetes
 - Ventricular aneurysm resection
- There has been an arterial thromboembolism resulting in amputation or bowel resection
- Coumadin has been initiated within 6 months, or bleeding has occurred related to Coumadin use within 12 months
- There has been a symptomatic arrhythmia, atrial fibrillation / flutter, or Cardioversion within the past 6 months
- Heart valve replacement has been recommended or completed within the past 2 years
- There is a history of Transient Ischemic Attack (TIA) within the past 5 yrs

Cross Reference:

Atrial Fibrillation

CHF

Diabetes

TIA

Valvular Heart Disease

TRANSIENT GLOBAL AMNESIA (TGA)

Transient global amnesia is a term used to describe a syndrome of uncertain etiology where there is abrupt and usually permanent loss of the memory for the prior hour to several hours. This acute confusional state generally clears within twenty-four hours, although there remains a permanent memory deficit for the period of amnesia.

The underlying cause of a TGA is not well defined.

A History Of Transient Global Amnesia Is Not Acceptable If:

- An episode has occurred within the past 6 months
- Two or more episodes have occurred within the past 2 years
- A work-up is planned or underway

Cross Reference:
Memory Loss

TRANSIENT ISCHEMIC ATTACK (TIA)

(Retinal Artery Occlusion / Embolism)

Transient Ischemic Attacks are episodes of temporary cerebral dysfunction of vascular origin, which resolve within 24 hours. TIAs occur when emboli or plaques temporarily block the arterial blood flow to the brain, resulting in temporary symptoms.

Numbness, weakness, dizziness, fainting, vision defects, or loss of speech (aphasia) are the typical signs. TIAs are often a precursor to more significant cerebrovascular events (i.e. strokes).

When diagnostic tests show significant blockage or extensive ulceration or plaque in the carotid arteries, surgery (endarterectomy or stents) may be recommended to reduce the chance of stroke.

Strokes occur when blood flow to the brain is blocked for extended periods of time; irreparable damage to the brain often takes place resulting in loss of function or paralysis.

Treatment may include anti-coagulant drugs.

A History Of TIA Is Not Acceptable If:

- There is any history, or symptoms suggestive of a TIA within 5 years (symptoms include numbness, tingling, loss of vision, garbled speech), or multiple episodes
- There is a history of Amaurosis Fugax (transient loss of vision in one eye) within 6 months, or multiple episodes
- There is any history of Amaurosis Fugax or TIA in combination with:
 - Atrial Fibrillation or heart attack
 - AV Malformation or cerebrovascular aneurysm
 - Diabetes
 - Heart surgery or rheumatic heart disease
 - Polycythemia
 - Aortic aneurysm, whether repaired or not
 - Cardiomyopathy
 - Peripheral Vascular Disease

Cross Reference:

Diabetes Mellitus

Stroke

TREMORS

(Involuntary Movement Disorders)

A tremor is an involuntary movement usually involving the hands and occasionally the arms and head. While common in the elderly due to benign causes, tremors can be associated with significant neurological diseases (e.g., Parkinson's).

Benign tremors are usually identified or diagnosed as:

- Intention tremor
- Familial tremor
- Essential tremor

These are generally acceptable as long as the symptoms are not progressive, have been present for 24 months or longer, do not interfere with activities of daily living and a neurological work-up has ruled out Parkinson's disease.

A History Of Tremor Is Not Acceptable If:

- There has been any progression of symptoms, or if the cause is due to Parkinson's Disease
- There is a history of Huntington's Chorea or unexplained tremor at rest
- Hospitalization for psychiatric or neurological symptoms has occurred within the past 12 months

Cross Reference:

Parkinson's Disease

TUBERCULOSIS (TB)

Tuberculosis is a communicable disease caused by the **bacillus mycobacterium tuberculosis**. The lungs are the primary site of infection, but TB may also involve the genitourinary , gastrointestinal and musculoskeletal systems, and skin.

This infection is treated with specific anti-tuberculosis drugs [(e.g., isoniazid (INH)]. Treatment often requires 6-12 months of daily medication. In rare cases partial lung resection may also be required.

A History Of Tuberculosis Is Not Acceptable If:

- There is an active infection currently under treatment

ULCERATIVE COLITIS

(Proctitis, Colitis)

Ulcerative colitis is an inflammation that is restricted to the mucosal layer of the bowel and usually occurs in the large bowel (colon). **Colitis** is a term used when the involvement is localized within the colon. **Proctitis** is the term used when the rectum is involved.

Symptoms include abdominal pain, diarrhea and rectal bleeding. Nausea, vomiting, weight loss and intestinal obstruction may develop as well as perforation and severe bowel dilatation (megacolon).

Very severe or acute cases may be treated with intravenous steroids and hyperalimentation (intravenous feeding of a complete diet), surgical resection of the diseased area of the bowel or total bowel resection. Treatment of chronic disease includes oral anti-inflammatories and steroid enemas.

A History Of Ulcerative Colitis Is Not Acceptable If:

- The disease is active / symptomatic
- There have been multiple attacks (inflammations) within 12 months
- Surgery has been recommended, planned – or completed within the past 12 months
- There has been unintentional weight loss exceeding 15% of normal weight within the past 12 months
- Current treatment includes intravenous feeding, intravenous steroids, or if the use of steroids exceeds 20mg daily
- There has been severe, bloody diarrhea within the past 6 months
- There has been cholangitis or gastrointestinal bleeding within the past 12 months
- There has been a hospitalization within the past 12 months
- Use of a feeding tube has occurred within 12 months

Cross Reference:
Crohn's Disease

VALVULAR HEART DISEASE (VHD)

Valvular heart disease involves the four valves within the heart: aortic, mitral, pulmonic, and tricuspid. The aortic and mitral valves are the most often affected.

Heart murmurs may be important clinical indicators of valvular heart disease. When the valves are opening and closing in a healthy fashion, very little noise is produced by the flow of blood over the valves. However, when the valves fail to open completely (stenosis), or close completely (regurgitation or insufficiency), turbulence to the blood flow produces an abnormal sound or murmur.

Treatment may include medical treatment or surgical replacement of the abnormal valve.

A History Of Valvular Heart Disease Is Not Acceptable If:

- Valve replacement occurred within 6 months, or is anticipated / recommended
- There is any history of diabetes and/or cardiomyopathy with heart valve replacement or any post-operative history of congestive heart failure
- There has been post-surgical bleeding secondary to Coumadin use within 12 months
- There has been a symptomatic cardiac arrhythmia or atrial fibrillation within the past 12 months
- There is any history of balloon valvuloplasty for aortic stenosis
- There has been angina or a heart attack within 6 months, or 2 or more hospitalizations within 12 months for angina
- There is a history of pulmonary hypertension in combination with multi-valvular disease
- There has been a TIA
- There is any history of Endocarditis or Embolus (blood clot) within 24 months
- There is a history of aortic aneurysm resection in combination with aortic valve replacement

Cross Reference:

Angina
Atrial Fibrillation
Aortic Aneurysm
Diabetes

Arrhythmias
Cardiomyopathy
Congestive Heart Failure

Myocardial Infarction
Pulmonary HTN
TIA

VISUAL IMPAIRMENT

Cataract is a gradual loss of lens transparency that can result in a progressive loss of vision. Causes may be due to heredity, systemic diseases, X-rays or age related degeneration of the lens. When useful vision is lost, lens extraction surgery becomes necessary. This usually is of little underwriting concern.

Glaucoma is an eye disorder characterized by increased pressure within the eye, which may result in impaired vision or total blindness in the most severe cases. Glaucoma may be congenital (infantile) or secondary (due to other eye diseases or cataracts). In most cases medication controls the symptoms and lessens the pressure within the eye. Underwriting consideration is based on any loss of independence or the need for assistance with ADLs/ IADLs as a result of visual impairment.

Macular Degeneration is a leading cause of vision loss in the elderly. This results from a disturbance in the macula of the eye, which leads to a progressive build up of scar tissue, and gradual loss of vision. There is no known treatment for this disorder. Underwriting consideration is based on any loss of independence or the need for assistance with ADLs/ IADLs as a result of visual impairment.

Retinitis Pigmentosa (RP) is one name for a large group of inherited visual disorders that causes progressive degeneration of the retina of the eyes. Peripheral (or side) vision gradually decreases and eventually is lost. Central vision is usually preserved until late in these conditions. Some forms of Retinitis Pigmentosa can be associated with deafness, kidney disease, and other malfunctions, central nervous system and metabolic disorders, and chromosomal abnormalities.

A History Of Visual Impairment Is Not Acceptable If:

- See Functional Deficit Guidelines

Cross Reference:
Functional Deficits

Drug List / Notes

<u>Drug Name</u>		<u>Usage</u>
Upper Case = Brand	lower case = generic	
Abilify	aripiprazole	Psychosis
Accolate	zafirlukast	Asthma
Accupril	quinapril	Hypertension
Aceon	perindopril erbumine	Hypertension
Actimmune	interferon	Antiviral
Actonel	risedronate	Osteoporosis
Actos	pioglitazone	Diabetes
Adalat	nifedipine	Hypertension
Adapin	doxepin	Depression / Anxiety
Adderall	amphetamine	Attention Deficit
Adriamycin	doxorubicin	Cancer
Advair	fluticasone salmeterol	Asthma
AeroBid	flunisolide	Asthma
Agenerase	amprenavir	HIV
Alaran	chloroquine	Lupus / Scleroderma
Aldactazide	spironolactone	Hypertension
Aldactone	spironolactone	Hypertension
Aldochlor	methyldopa, chlorothiazide	Hypertension
Aldomet	methyldopa	Hypertension
Aldoril	methyldopa, HCTZ	Hypertension
Alferon	interferon	Antiviral
Alkeran	melphalan	Cancer
Altace	ramipril	Hypertension
Amaryl	glimeperide	Diabetes
Anafranil	clomipramine	Depression / Anxiety
Anaprox	naproxen	Osteoarthritis
Ansaid	flurbiprofen	Osteoarthritis
Antabuse	disulfiram	Alcoholism
Anturane	sulfinpoyrazone	Cardiovascular
Apresazide	hydralazine, HCTZ	Hypertension
Apresoline	hydralazine	Hypertension
Aptivus	tipranavir	HIV
Aquatesine	methyclothiazide	Hypertension
Arava	leflunomide	Rheumatoid Arthritis
Aredia	pamidronate	Cancer
Aricept	donepezil	Alzheimers / Dementia
Arimidex	anastrozole	Cancer
Aroferon	interferon	Antiviral
Aromasin	exemestane	Cancer
Artane	trihexyphenidyl hydrochloride	Parkinsons / RLS
Arthrotec	diclofenac, misoprostol	Osteoarthritis
Asacol	mesalamine	Crohns / Colitis

<u>Drug Name</u>		<u>Usage</u>
Upper Case = Brand	lower case = generic	
Asendin	amoxapine	Depression / Anxiety
Atacand	candesartan	Hypertension
Ativan	lorazepam	Depression / Anxiety
Atripla	efavirenz, emtricitabine, tenofovir	HIV
Atrovent	ipratropium	Asthma
Auranofin	ridaura, oral gold	Rheumatoid Arthritis
Avalide	irbesartan	Hypertension
Avandamet	metformin, rosiglitazone	Diabetes
Avandia	rosiglitazone	Diabetes
Avapro	irbesartan	Hypertension
Aventyl	nortriptyline	Depression / Anxiety
Avinza	morphine	Narcotic Painkiller
Avonex	interferon	Antiviral
Azilect	rasagiline	Parkinsons / RLS
Azmacort	triamcinolone	Asthma
Azulfidine	sulfasalazine	Immunosuppressant
Beclovent	beclomethasone	Asthma
Benicar	olmesartan medoxomil	Hypertension
Benicar HCT	olmesartan medoxomil, HCTZ	Hypertension
Betapace	sotalol	Cardiovascular
Betaseron	interferon	Antiviral
Blocadren	timolol	Hypertension
Boniva	ibandronate	Osteoporosis
Bumex	bumetanide	Hypertension
Buspar	bupirone	Depression / Anxiety
Byetta	exenatide	Diabetes
Calan	verapamil	Hypertension
Calciparine	heparin	Cardiovascular
Campral	acamprosate calcium	Alcoholism
Capoten	captopril	Hypertension
Capozide	captopril	Hypertension
Carbatrol	carbamazepine	Bipolar
Cardene	nicardipine	Hypertension
Cardizem	diltiazem	Hypertension
Cardura	doxazosin	Hypertension
Cartia	diltiazem	Hypertension
Cartrol	carteolol	Hypertension
Casodex	bicalutamide	Cancer
Cataflam	diclofenac potassium	Osteoarthritis
Catapres	clonidine	Hypertension
Celebrex	celecoxib	Osteoarthritis

<u>Drug Name</u>		<u>Usage</u>
Upper Case = Brand	lower case = generic	
Celestone	betamethasone	Osteoarthritis
Celexa	citalopram	Depression / Anxiety
CellCept	mycophenolate	Immunosuppressant
Centrax	prazepam	Depression / Anxiety
Cerefolin	methylfolate	Alzheimers / Dementia
Cerespan	papaverine	Cardiovascular
Cibenzylina	phenoxybenzamine	Hypertension
Clinoril	sulindac	Osteoarthritis
Clozaril	clozapine	Psychosis
Codeine Phosphate	codeine	Narcotic Painkiller
Codeine Sulfate	codeine	Narcotic Painkiller
Cogentin	benztropine mesylate	Parkinsons / RLS
Cognex	tacrine	Alzheimers / Dementia
Colchicine	colchicine	Hepatitis / Cirrhosis
Combipres	clonidine, chlorthalidone	Hypertension
Combivent	albuterol, ipratropium	Asthma
Combivir	lamivudine, zidovudine	HIV
Compazine	prochlorperazine	Psychosis
Comtan	entacapone	Parkinsons / RLS
Concerta	methylphenidate	Attention Deficit
Cordarone	amiodarone	Cardiovascular
Coreg	carvedilol	Hypertension
Corgard	nadolol	Hypertension
Cortef	hydrocortisone	Osteoarthritis
Cortisone	cortone acetate	Osteoarthritis
Corzide	nadolol	Hypertension
Coumadin	warfarin sodium	Cardiovascular
Covera	verapamil	Hypertension
Covert	ibutilide	Cardiovascular
Cozaar	losartan	Hypertension
Crixivan	indinavir sulfate	HIV
Cuprimine	penicillamine	Lupus / Scleroderma
Cyclospasmol	cyclandelate	Alzheimers / Dementia
Cymbalta	duloxetine	Depression / Anxiety
Cytotec	Misoprostol	Lupus / Scleroderma
Cytoxan	cyclophosphamide	Rheumatoid Arthritis
Dalmane	flurazepam	Psychosis
Darvocet	propoxyphene	Narcotic Painkiller
Darvon	propoxyphene	Narcotic Painkiller
Daypro	oxaprozin	Osteoarthritis
Decadron	dexamethasone	Osteoarthritis
Deltasone	prednisone	Steroids
Demerol	meperidine	Narcotic Painkiller

<u>Drug Name</u>		<u>Usage</u>
Upper Case = Brand	lower case = generic	
Depade	naltrexone	Alcoholism
Depakote	divalproex	Bipolar
Depen	penicillamine	Lupus / Scleroderma
Deprenyl	elegizing	Parkinsons / RLS
Deprynel	selegiline hydrochloride	Parkinsons / RLS
DES	diethylstilbestrol	Cancer
Desyrel	trazodone	Depression / Anxiety
Dexedrine	dextroamphetamine	Depression / Anxiety
Diabeta	glyburide	Diabetes
Diabinese	chlorpropamide	Diabetes
Dibenzyline	phenoxybenzamine	Hypertension
Didronel	etidronate	Osteoporosis
Dilacor	diltiazem	Hypertension
Dilantin	phenytoin	Seizures
Dilaudid	hydromorphone	Narcotic Painkiller
Diltia	diltiazem	Hypertension
Diovan	valsartan	Hypertension
Dipentum	olsalazine	Crohns / Colitis
Dolobid	diflunisal	Osteoarthritis
Dostinex	cabergoline	Parkinsons / RLS
Duragesic	fentanyl transdermal	Narcotic Painkiller
Dyazide	hydrochlorothiazide	Hypertension
DynaCirc	isradipine	Hypertension
Dyrenium	triamterene	Hypertension
Ebixa	memantine	Alzheimers / Dementia
Edronax	reboxetine	Depression / Anxiety
Effexor	venlafaxine	Depression / Anxiety
Elavil	amitriptyline	Depression / Anxiety
Eldepryl	selegiline	Parkinsons / RLS
Emtriva	emtricitabine	HIV
Enbrel	etanercept	Rheumatoid Arthritis
Endep	amitriptyline	Depression / Anxiety
Epivir	lamivudine	HIV
Epotin	erythropoietin	Anemia
Epzicom	abacavir, lamivudine	HIV
Erbix	cetuximab	Cancer
Eskalith	lithium	Bipolar
Etrafon	perphenazine, amitriptyline	Depression / Anxiety
Eulexin	flutamide	Cancer
Evista	raloxifene	Osteoporosis
Exelon	rivastigmine	Alzheimers / Dementia
Exubera	insulin	Diabetes
Fareston	toremifene	Cancer

<u>Drug Name</u>		<u>Usage</u>
Upper Case = Brand	lower case = generic	
Feldene	piroxicam	Osteoarthritis
Femara	letrozole	Cancer
Fentora	fentanyl	Narcotic Painkiller
Florinef	fludrocortisone	Steroids
Flovent	fluticasone propionate	Asthma
Forteo	teriparatide	Osteoporosis
Fosamax	alendronate	Osteoporosis
Fuzeon	enfuvirtide	HIV
Geodon	ziprasidone	Psychosis
Glucophage	metformin	Diabetes
Glucotrol	glipizide	Diabetes
Glynase	glyburide	Diabetes
Glyset	meglitol	Diabetes
Halcion	triazolam	Psychosis
Haldol	haloperidol	Psychosis
Hepsera	adefovir dipivoxil	Hepatitis / Cirrhosis
Herceptin	trastuzumab	Cancer
Hivid	zalcitabine, dideoxycytidine	HIV
Humalog	insulin	Diabetes
Humira	adalimumab	Rheumatoid Arthritis
Humulin	insulin	Diabetes
Hydergine	ergoloid	Alzheimers / Dementia
Hydrocet	acetaminophen, hydrocodone	Narcotic Painkiller
Hydrochlorothiazide (HCTZ)	hydrochlorothiazide (HCTZ)	Hypertension
Hydrocodone	hydrocodone	Narcotic Painkiller
Hytrin	terazosin	Hypertension
Hyzaar	losartan	Hypertension
Imdur	isosorbide mononitrate	Cardiovascular
Imferon	iron dextran	Anemia
Imuran	azathioprine	Immunosuppressant
Inapsine	droperidol	Psychosis
Inderal	propranolol	Hypertension
Inderide	propranolol	Hypertension
Indocin	indomethacin	Osteoarthritis
Infergen	interferon	Hepatitis / Cirrhosis
INH	isoniazid	Tuberculosis
Intron	interferon	Antiviral
Invirase	saquinavir mesylate	HIV
ISMO	isosorbide mononitrate	Cardiovascular
Isoptin	verapamil	Hypertension
Kadian	morphine	Narcotic Painkiller

<u>Drug Name</u>		<u>Usage</u>
<u>Upper Case = Brand</u>	<u>lower case = generic</u>	
Kaletra	lopinavir, ritonavir	HIV
Kemadrin	procyclidine	Parkinsons / RLS
Kerlone	betaxolol	Hypertension
Kineret	anakinra	Rheumatoid Arthritis
Klonopin	clonazepam	Depression / Anxiety
Lamictal	lamotrigine	Bipolar
Lanoxin	digoxin	Cardiovascular
Lantus	insulin	Diabetes
Larodopa	levodopa	Parkinsons / RLS
Lasix	furosemide	Hypertension
Lente	insulin	Diabetes
Leukeran	chlorambucil	Rheumatoid Arthritis
Levatol	penbutolol	Hypertension
Levemir	insulin	Diabetes
Lexapro	escitalopram oxalate	Depression / Anxiety
Lexiva	fosamprenavir calcium	HIV
Lexxel	felodipine	Hypertension
Librium	chlordiazepoxide	Bipolar
Lidocaine	xylocaine	Cardiovascular
Limbitrol	chlordiazepoxide, amitriptyline	Depression / Anxiety
Lithobid	lithium	Bipolar
Lithonate	lithium	Bipolar
Lodine	etodolac	Osteoarthritis
Lodosyn	carbidopa	Parkinsons / RLS
Lopressor	metoprolol	Hypertension
Lortab	acetaminophen, hydrocodone	Narcotic Painkiller
Lotensin	benazepril	Hypertension
Lotrel	amlodipine	Hypertension
Loxitane	loxapine	Psychosis
Lozol	indapamide	Hypertension
Ludiomil	maprotiline	Depression / Anxiety
Lupron	leuprolide	Cancer
Luvox	fluvoxamine	Depression / Anxiety
Marplan	isocarboxazid	Depression / Anxiety
Mavik	trandolapril	Hypertension
Maxair	pirbuterol	Asthma
Maxzide	hydrochlorothiazide	Hypertension
Meclomen	meclofenamate	Osteoarthritis
Medrol	methylprednisolone	Osteoarthritis
Megace	megestrol acetate	Cancer
Mellaril	thioridazine	Psychosis

<u>Drug Name</u>		<u>Usage</u>
Upper Case = Brand	lower case = generic	
Metadate	methylphenidate	Attention Deficit
Methadose	methadone	Narcotic Painkiller
Methotrexate	methotrexate	Rheumatoid Arthritis
Methylin	methylphenidate	Attention Deficit
Miacalcin	calcitonin	Osteoporosis
Micardis	telmisartan	Hypertension
Micronase	glyburide	Diabetes
Minipress	prazosin	Hypertension
Minizide	prazosin	Hypertension
Minocin	minocycline	Rheumatoid Arthritis
Mirapex	pramipexole	Parkinsons / RLS
Mithracin	plicamycin	Cancer
Moban	molindone	Psychosis
Mobic	meloxicam	Osteoarthritis
Moduretic	hydrochlorothiazide	Hypertension
Mogadon	nitrazepam	Psychosis
Monopril	fosinopril	Hypertension
Morphine Sulfate	morphine	Narcotic Painkiller
MS-Contin	morphine	Narcotic Painkiller
Mykrox	metolazone	Hypertension
Myochrysine	injectable gold	Rheumatoid Arthritis
Mysoline	primidone	Seizures
Nalfon	fenoprofen	Osteoarthritis
Namenda	memantine	Alzheimers / Dementia
Naprosyn	naproxen	Osteoarthritis
Nardil	phenelzine	Depression / Anxiety
Navane	thiothixene	Psychosis
Neoral	cyclosporine	Immunosuppressant
Neurontin	gabapentin	Seizures
Nexavar	sorafenib	Cancer
Niloric	ergoloid mesylate	Alzheimers / Dementia
Nitro Bid	nitroglycerine	Cardiovascular
Nolvadex	tamoxifen	Cancer
Normodyne	labetalol	Hypertension
Norpace	disopyramide	Cardiovascular
Norpramin	desipramine	Depression / Anxiety
Norvasc	amlodipine	Hypertension
Norvir	ritonavir	HIV
Novlin	insulin	Diabetes
Novolog	insulin	Diabetes
NPH	insulin	Diabetes
Numorphan	oxymorphone	Narcotic Painkiller
Opium	opium	Narcotic Painkiller

<u>Drug Name</u>		<u>Usage</u>
Upper Case = Brand	lower case = generic	
Orap	pimozide	Psychosis
Orudis	ketoprofen	Osteoarthritis
Oruvail	ketoprofen	Osteoarthritis
Oxycocet	oxycocet	Narcotic Painkiller
Oxycodan	oxycodan	Narcotic Painkiller
Oxycodone	oxycodone	Narcotic Painkiller
Oxycontin-MS	oxycodone, morphine	Narcotic Painkiller
Pacerone	amiodarone	Cardiovascular
Pamelor	nortriptyline	Depression / Anxiety
Papabid	papaverine	Cardiovascular
Parlodel	bromocriptine	Parkinsons / RLS
Parnate	tranylcypramine	Psychosis
Parsidol	trihexyphenidyl hydrochloride	Parkinsons / RLS
Pavabid	papaverine	Alzheimers / Dementia
Paxil	paroxetine	Depression / Anxiety
Paxipam	halazepam	Depression / Anxiety
Penicillamine	cuprimine, depen	Rheumatoid Arthritis
Pentasa	mesalamine	Crohns / Colitis
Percocet	acetaminophen, oxycodone	Narcotic Painkiller
Percodan	acetaminophen, oxycodone	Narcotic Painkiller
Permax	pergolide	Parkinsons / RLS
Pertofrane	chlordiazepoxide, amitriptyline	Depression / Anxiety
Plaquenil	hydroxychloroquine	Rheumatoid Arthritis
Platinol	cisplatin	Cancer
Plavix	clopidogrel	Cardiovascular
Plendil	felodipine	Hypertension
Posicor	mibefradil	Hypertension
Prandin	repaglinide	Diabetes
Precose	acarbose	Diabetes
Prednisolone	prednisolone	Steroids
Prednisone	prednisone	Steroids
Prezista	darunavir	HIV
Priftin	rifapentine	Tuberculosis
Prinivil	lisinopril	Hypertension
Prinzide	hydrochlorothiazide	Hypertension
Procardia	nifedipine	Hypertension
Procrit	epoetin alfa	Anemia
Prolixin	fluphenazine	Psychosis
Proventil	albuterol	Asthma
Prozac	fluoxetine	Depression / Anxiety
Pulmicort	budesonide	Asthma
Purinethol	mercaptopurine	Cancer

Drug Name		Usage
Upper Case = Brand	lower case = generic	
Quinidine	quinidine	Cardiovascular
QVAR	beclomethasone	Asthma
Razadyne	galantamine	Alzheimers / Dementia
Rebetol	ribavirin	Hepatitis / Cirrhosis
Relafen	nabumetone	Osteoarthritis
Remeron	mirtazapine	Depression / Anxiety
Remicade	infliximab	Rheumatoid Arthritis
Reminyl	galantamine	Alzheimers / Dementia
Requip	ropinirole	Parkinsons / RLS
Rescriptor	delavirdine	HIV
Restoril	temazepam	Depression / Anxiety
Retrovir	zidovudine	HIV
ReVia	naltrexone	Alcoholism
Reyataz	atazanavir sulfate	HIV
Rezulin	troglitazone	Diabetes
Rheumatrex	methotrexate	Rheumatoid Arthritis
Risperdal	risperidone	Psychosis
Ritalin	methylphenidate	Attention Deficit
Rituxan	rituximab	Rheumatoid Arthritis
Roferon	interferon	Antiviral
Rythmol	propafenone	Cardiovascular
Sandimmune	cyclosporine	Immunosuppressant
Sectral	acebutolol	Hypertension
Serax	oxazepam	Depression / Anxiety
Serentil	mesoridazine	Psychosis
Serevent	salmeterol	Asthma
Seroquel	quetiapine	Psychosis
Serzone	nefazodone	Depression / Anxiety
Sinemet	carbidopa, levodopa	Parkinsons / RLS
Sinequan	doxepin	Depression / Anxiety
Singulair	montelukast	Asthma
Slo-Bid	theophylline	Asthma
Sparine	promazine	Psychosis
Spiroside	spironolactone, HCTZ	Hypertension
Stalevo	entacapone, levodopa	Parkinsons / RLS
Starlix	nateglinide	Diabetes
Stelazine	trifluoperazine	Psychosis
Strattera	atomoxetine	Attention Deficit
Sufenta	sufentanil	Narcotic Painkiller
Sular	nisoldipine	Hypertension
Surmontil	trimipramine	Depression / Anxiety
Sustiva	efavirenz	HIV
Symbyax	olanzapine, fluoxetine	Psychosis

<u>Drug Name</u>		<u>Usage</u>
Upper Case = Brand	lower case = generic	
Symlin	pramlintide	Diabetes
Symmetrel	amantadine	Parkinsons / RLS
Synapton	physostigmine	Alzheimers / Dementia
Talwin	pentazocine, naloxone	Narcotic Painkiller
Tambocor	flecainide	Cardiovascular
Taractan	chlorprothixene	Psychosis
Tasmar	tolcapone	Parkinsons / RLS
Tegretol	carbamazepine	Bipolar
Tenex	guanfacine	Hypertension
Tenoretic	atenolol	Hypertension
Tenormin	atenolol	Hypertension
Theo-24	theophylline	Asthma
Theo-Dur	theophylline	Asthma
Thorazine	chlorpromazine	Psychosis
Tiazac	diltiazem	Hypertension
Ticlid	ticlopidine hydrochloride	Cardiovascular
Tikosyn	dofetilide	Cardiovascular
Timolide	timolol	Hypertension
Tofranil	imipramine	Depression / Anxiety
Tolectin	tolmetin	Osteoarthritis
Toprol	metoprolol	Hypertension
Trandate	labetalol	Hypertension
Tranxene	clorazepate	Depression / Anxiety
Trental	pentoxifylline	Cardiovascular
Triavil	perphenazine, amitriptyline	Depression / Anxiety
Trilafon	perphenazine	Psychosis
Trileptal	oxcarbazepine	Seizures
Trizivir	abacavir, zidovudine, lamivudine	HIV
Truvada	tenofovir disoproxil fumarate	HIV
Tylenol #3	acetaminophen, codeine	Narcotic Painkiller
Tylenol #4	acetaminophen, codeine	Narcotic Painkiller
Ultracet	acetaminophen, tramadol	Narcotic Painkiller
Ultram	tramadol	Narcotic Painkiller
Unitrec	moexipril	Hypertension
Univasc	moexipril	Hypertension
Valium	diazepam	Depression / Anxiety
Vascor	bepidil hydrochloride	Cardiovascular
Vaseretic	enalapril	Hypertension
Vasotec	enalapril	Hypertension
Veldonna	interferon	Antiviral
Ventolin	albuterol	Asthma
Veralan	verapamil	Hypertension

<u>Drug Name</u>		<u>Usage</u>
Upper Case = Brand	lower case = generic	
Vesprin	trifluoperazine	Psychosis
Vestra	reboxetine	Depression / Anxiety
Vicodin	hydrocodone	Narcotic Painkiller
Videx	didanosine, dideoxyinosine	HIV
Viracept	nelfinavir mesylate	HIV
Viramune	nevirapine	HIV
Viread	tenofovir disoproxil fumarate	HIV
Visken	pindolol	Hypertension
Vivactil	protriptyline	Depression / Anxiety
Voltaren	diclofenac sodium	Osteoarthritis
Wellbutrin	bupropion	Depression / Anxiety
Wytensin	guanabenz	Hypertension
Xanax	alprazolam	Depression / Anxiety
Zaroxolyn	metolazone	Hypertension
Zebeta	bisoprolol	Hypertension
Zelapar	selegiline	Parkinsons / RLS
Zerit	stavudine	HIV
Zestoretic	hydrochlorothiazide	Hypertension
Zestril	hydrochlorothiazide	Hypertension
Ziac	bisoprolol	Hypertension
Ziagen	abacavir sulfate	HIV
Zoladex	goserelin	Cancer
Zoloft	sertraline	Depression / Anxiety
Zyprexa	olanzapine	Psychosis

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