

Union Security Insurance Company

UNDERWRITING GUIDELINES

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MEDICARE SUPPLEMENT

This Guide is designed to evaluate applicants for Medicare Supplement Insurance. While the Guide will be of help to the underwriter, it will not replace good underwriting judgment. The underwriting decision is made by the application of judgment based on knowledge acquired from prior experience and research into newly introduced medical information and technology.

This manual represents Medical Supplemental claims and underwriting experience. It is a valuable tool that should be used in combination with sound underwriting judgment.

An applicant who can answer all health questions “no” will be underwritten. A “yes” answer to these questions will be an automatic decline. Questions are sometimes answered incorrectly. The Telephone History Interview often reveals information that indicates one or more questions are incorrectly answered. If it is found that a question was answered “no” and the answer should have been “yes” the application will result in a decline.

In addition to the application and Telephone Personal History Interview, the “Drug Information List” is also used to determine the insurability of an applicant. Because of the nature of some medications, individuals taking them will be declined, regardless of the severity of the condition. When an applicant is prescribed one of these medications that have multiple uses, the applicant is required to provide the diagnosis for which the medication was prescribed. The application will be considered if it is found that the medication is prescribed for something other than an unacceptable condition.

Applications with explanations of conditions in the Applicant Health History section will be evaluated and may be issued.

In a small percentage of cases, information in the telephone interview and the application may be insufficient to make an appropriate decision. The case will be reviewed by a Senior Underwriter and the Underwriting Manager to make a decision. A declination or approval may be processed upon review. If a case is questionable after review, the submitting agent may be given the option to provide 3 years medical records for further consideration.

Information revealed in medical records is confidential and may be shared only with those who have a legitimate interest in the information. It will not be given to any Agency or Field personnel. Any request for information from medical records concerning our action on a file should be given first to the physician who provided it.

A second request for information regarding our action should be sent to the applicant.

For the purpose of this Guideline, the timeframes listed are based on the generic state applications. In states where timeframes differ from the generic application, the time frame listed on the application will override the timeframes in this guideline.

If any of the following diagnosis or situations apply the application will be declined.

AT ANY TIME	WITHIN THE PAST 24 MONTHS (cont)
Addison's Disease	Connective Tissue Disorders
Alzheimer's Disease	CREST Syndrome (Calcinosis, Raynaud's Phenomenon, Esophageal Dysmotility, Sclerodactyly, Telangiectasia) (connective tissue disorder)
Aneurysm, Unoperated	Dermatomyositis (connective tissue disorder)
ARC, AIDS, or Positive for HIV	Enlarged Heart
Cerebral Palsy	Myasthenia Gravis
Chronic Kidney Disease	Osteoporosis with Fractures
	Paget's Disease
Cirrhosis	Peripheral Neuropathy
Congestive Heart Failure	Peripheral Vascular or Arterial Disease
Defibrillator	Polymyositis (connective tissue disorder)
Dementia	Scleroderma (connective tissue disorder)
Dialysis	Sjogren's Syndrome (connective tissue disorder)
Huntington's Disease	Stroke
Kidney Failure	Systemic Lupus
Leukemia	Transient Ischemic Attack (TIA)
Lou Gehrig's Disease/Amyotrophic Lateral Sclerosis	Use of Oxygen
Lymphoma	WITHIN THE PAST 36 MONTHS
Mental Retardation	Alcoholism/Alcohol Abuse
Multiple Myeloma	Anemia requiring repeated Blood Transfusions
Multiple Sclerosis	Atrial Fibrillation
Muscular Dystrophy	Blood Disorder
Narcolepsy	Cardiomyopathy
Organ, Bone Marrow, or Stem Cell Transplant	Hodgkin's Disease
Parkinson's Disease	Chronic Hepatitis/Hepatitis
Polycystic Kidney Disease	Drug Abuse
Psychiatric Diseases (Bipolar Disorder, Major Depression, Schizophrenia)	Internal Cancer
Renal Insufficiency	Melanoma
Tuberculosis (If currently active)	Pancreas Disorder (Gastrointestinal)
Dependence on Supportive Devices (Motorized Mobility Device, Wheelchair) (Currently)	DIABETES
WITHIN THE PAST 12 MONTHS	Complication including retinopathy, neuropathy, peripheral vascular or arterial disease, heart artery blockage.
Artery Blockage	Use of Insulin or Medication Changed Within 12 months to Control Blood Sugar
Heart Attack	History of Heart Attack or Stroke
Heart Valve Disorder	INDIVIDUAL CONSIDERATION
Hypertension with Blood Pressure Reading Higher than 175 Systolic or 100 Diastolic	Colitis Ulcerative

Pacemaker	Crohn's Disease
Prostate Specific Antigen (PSA) Elevated	Fibromyalgia
Seizure	Interstitial Cystitis
WITHIN THE PAST 24 MONTHS	Kidney Stones
Amputation Caused by Disease	Polymyalgia
Arthritis Restricting Mobility or ADLs/Disabling Arthritis	Rheumatoid Arthritis
Lung or Respiratory Disorder Requiring 3 or More Medications, Nebulizer or Oxygen	Thyroid Disorder – Hypothyroidism and Hyperthyroidism
Lung or Respiratory Disorder Currently Using Tobacco.	Use of Supportive Devices: Cane
	Medical Foods

Cardiovascular and Circulatory Conditions

Anemia requiring repeated Blood Transfusions

Anemia is a condition that develops when your blood lacks enough healthy red blood cells. These cells are the main transporters of oxygen to organs. If red blood cells are also deficient in hemoglobin, then your body isn't getting enough iron. Symptoms of anemia -- like fatigue -- occur because organs aren't getting enough oxygen.

Blood transfusions are required when the body loses excess blood. Multiple transfusions required would indicate a very serious issue. Multiple transfusions would be defined as more than one hospitalization/outpatient visit requiring blood transfusions within a 1-year span.

NOTE: Coverage is unacceptable if there are multiple transfusions within the last 36 months.

Aneurysm, Unoperated

An aneurysm is a permanent ballooning in the wall of an artery. The pressure of blood passing through can force part of the weakened artery to bulge outward, forming a thin-skinned blister.

The only way to get rid of an aneurysm is to have it surgically removed -- often a risky procedure, but highly effective when successful. Sometimes, however, surgery is impossible, or it may pose more danger than the aneurysm. Careful monitoring and drug therapy may then be the best course.

Often surgical repairs are used in lieu of complete removal. These repairs include stents, glue, clipping and coiling.

Surgical Clipping is a procedure to close off a cerebral aneurysm. The neurosurgeon removes a section of your skull to access the aneurysm and locates the blood vessel that feeds the aneurysm. Then he or she places a tiny metal clip on the neck of the aneurysm to stop blood flow to it.

With endovascular coiling, the surgeon feeds a soft, flexible wire into the aneurysm via a catheter in an artery (usually the groin). The wire coils inside the aneurysm, disrupts the blood flow causing a blood clot. This clot essentially seals off the aneurysm from the artery.

Both clipping and coiling pose risks, particularly bleeding in the brain or loss of blood flow to the brain. The endovascular coil is less invasive and may be initially safer, but it also has a higher risk of subsequent re-bleeding, and additional procedures may be necessary.

There are new treatments available for brain aneurysm, including those called flow diverters. These may be particularly useful in larger aneurysms which cannot be safely treated with other options.

NOTE: Coverage is unacceptable if the aneurysm has not been surgically removed or repaired. In cases where the aneurysm has been surgically repaired, applicants may be considered if the treatment consisted of stents or coiling and took place more than 5 years ago. Coverage is unacceptable if aneurysm was surgically repaired using glue, clipping or flow diverters. Applicants with diabetes and history of aneurysm are unacceptable at any time.

Artery Blockage

Your body uses cholesterol to produce many hormones, vitamin D, and the bile acids that help to digest fat. It takes only a small amount of cholesterol in the blood to meet these needs. If you have too much cholesterol in your bloodstream, the excess may be deposited in arteries, including the coronary (heart) arteries, where it contributes to the narrowing and blockages that cause the signs and symptoms of heart disease.

If the blockage is in excess of 50%, it could lead to coronary artery disease or a heart attack. Generally speaking, physicians will only advise clients of artery blockage if the blockage is more than 50%.

NOTE: Coverage is unacceptable if diagnosed with or surgically treated within the 12 months or an artery blockage greater than 50%. Blockage medically treated less than 50% are acceptable after 12 months. Applicants with diabetes and history of artery blockage are unacceptable.

Atrial Fibrillation

During atrial fibrillation, the heart's two small upper chambers (the atria) quiver instead of beating effectively. Blood isn't pumped completely out of them, so it may pool and clot. If a piece of a blood clot in the atria leaves the heart and becomes lodged in an artery in the brain, a stroke results. About 15 percent of strokes occur in people with atrial fibrillation. The main goals of treatment for atrial fibrillation are to prevent temporary circulatory instability and to prevent stroke.

Maze Procedure is used to treat Atrial Fibrillation. Treatment with this procedure within 36 months is unacceptable.

A diagnosis of atrial fibrillation is unacceptable regardless of the drugs being given. However, the use of any medication is an indication of atrial fibrillation or another severe arrhythmic condition. Individuals prescribed medications would be unacceptable.

NOTE: For the purpose of this guideline, Atrial Flutter will be viewed the same as Atrial Fibrillation.

Coverage is unacceptable if the applicant has been treated for this condition within the past 36 months. For the purpose of this guideline, medication is considered treatment and should be declined. Coverage may be considered if applicant experienced an acute episode of Atrial Fibrillation due to surgery and are no longer taking medication.

Irregular Heartbeat/Arrhythmia

An applicant who has an irregular heartbeat or an arrhythmia and is treated within 12 months with a Blood Thinner is unacceptable.

Treatment within 12 months with a medication in combination with a blood thinner and with an admitted diagnosis of irregular heartbeat/arrhythmia, the applicant is unacceptable.

Refer to Drug List for current list for most common drugs (there are numerous others) prescribed for irregular heartbeat or arrhythmia. Some drugs may also be prescribed for other conditions such as hypertension.

NOTE: Coverage is unacceptable if the applicant has been treated for this condition within the past 12 months. Ablation can be used to treat irregular heartbeat/arrhythmia. Coverage is unacceptable if the applicant has been treated with ablation within the past 12 months. Applicants may be considered after 12 months if they are not still being treated with a blood thinner or other medications.

Blood Disorder

Blood disorders, also referred to as blood conditions or hematologic diseases, are problems, symptoms, and even malformations that affect the production or behavior of three major components of the blood: white blood cells (which are responsible for the immune system), red blood cells (which are responsible for the body's oxygenation) and platelets (which are responsible for the blood's ability to clot and heal over wounds). Problems range from a discrepancy between normal blood cell counts and apparent blood cell counts to structural issues with regards to the cells.

Declinable blood disorders include, but not limited to: aplastic anemia, hemochromatosis, hemolytic anemia, polycythemia, sickle cell disease, thalassemia, thrombocytopenia, Factor V (Protein V).

Applicants with anemia requiring monthly B12 injections may be considered.

Applicants with anemia requiring Iron Infusions more frequently than twice per year are unacceptable.

Applicants with history of Blood Clotting and require monthly protime level checks may be considered. This is considered maintenance.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition any time within the past 36 months.

Cardiomyopathy

Cardiomyopathy is a serious disease in which the heart muscle becomes inflamed and doesn't work as well as it should. There may be multiple causes including viral infections.

Cardiomyopathy can be classified as primary or secondary. Primary cardiomyopathy can't be attributed to a specific cause, such as high blood pressure, heart valve disease, artery diseases or congenital heart defects. Secondary cardiomyopathy is due to specific causes. It's often associated with diseases involving other organs as well as the heart.

There are three main types of Cardiomyopathy:

1. dilated
2. hypertrophic
3. restrictive

Dilated is the most common form. In it, the heart cavity is enlarged and stretched (cardiac dilation). The heart is weak and doesn't pump normally, and most patients develop heart failure. Abnormal heart rhythms called arrhythmias and disturbances in the heart's electrical conduction also may occur.

Treatment depends on the type of cardiomyopathy, but may include medication, implanted pacemakers, defibrillators or ventricular assist devices (LVADs), or ablation.

The goal of treatment is often symptom relief, and some patients may eventually require a heart transplant.

NOTE: Coverage is unacceptable if the applicant has been diagnosed treated or had surgery for this condition within the past 36 months.

Congestive Heart Failure

Congestive heart failure (CHF) is a condition in which the heart's function as a pump to deliver oxygen rich blood to the body is inadequate to meet the body's needs. Congestive heart failure can be caused by: diseases that weaken the heart muscle, diseases that cause stiffening of the heart muscles, or diseases that increase oxygen demand by the body tissue beyond the capability of the heart to deliver.

After congestive heart failure is diagnosed, treatment should be started immediately. Perhaps the most important and yet most neglected aspect of treatment involves lifestyle modifications. Sodium causes an increase in fluid accumulation in the body's tissues. Because the body is often congested with excess fluid, patients become very sensitive to the levels of intake of sodium and water. Restricting salt and fluid intake is often recommended because of the tendency of fluid to accumulate in the lungs and surrounding tissues.

Treatment focuses on improving the symptoms and preventing the progression of the disease. Reversible causes of heart failure also need to be addressed: (e.g. infection, alcohol ingestion, anemia, arrhythmia and hypertension). Treatments include lifestyle and pharmacological modalities.

Not Insurable diuretics commonly prescribed for cardiomyopathy and congestive heart failure: *Lasix (furosemide) at 40 mg in the absence of any heart history or cardiology treatment could be given for other conditions. These would need to be evaluated based on the condition for which the medication is given. Lasix (furosemide) over 40 mg should be declined.

These diuretics are sometimes given alone or can be given in combination with other cardiovascular medications for congestive heart failure and cardiomyopathy.

NOTE: Coverage is unacceptable if the applicant has ever been diagnosed with this condition. Coverage is also unacceptable if the applicant is seeing a cardiologist, and/or has been prescribed medications listed in the Field and Drug Guide.”
For the purposes of this guideline, hypertensive heart failure is underwritten the same as Congestive Heart Failure.

Defibrillator

A defibrillator is a medical device that is used to defibrillate the heart. It does this by shocking the heart with an electric current to stop ventricular fibrillation or pulseless ventricular tachycardia. The current is sent through two electrodes. These electrodes are normally either paddles or sticky pads. Each electrode is placed on one side of the heart.

Ventricular fibrillation is a situation of electrical chaos in the heart's conduction system. It changes the normal contractions of cardiac muscular tissue. This causes the heart to stop pumping blood around the body properly. It causes circulatory arrest and death within minutes from hypoxic brain damage. The electric current from a defibrillator stops all electrical activity in the heart by depolarizing its electrical system. This lets the hearts normal impulses regain control of the muscular tissue of the heart.

NOTE: Coverage is unacceptable if the applicant has had this device implanted at any time.

Enlarged Heart (Cardiomegaly)

An enlarged heart may be caused by a thickening of the heart muscle because of increased workload. (This increased workload can be due to heart valve disease or high blood pressure, for example.) This is called hypertrophy, which refers to enlargement of an organ or tissue due to an increase in cell size.

Left ventricular hypertrophy (LVH) is the medical term for enlargement of the left ventricle. (The left ventricle is the heart's main pumping chamber.) Hypertrophy also occurs in hypertrophic cardiomyopathy. Enlarged heart may also be dilation (expansion) of the heart due to damage that weakens the heart muscle. Examples include heart attack, congestive heart failure and dilated cardiomyopathy.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Heart Attack

Heart attacks happen when blood flow to the heart is blocked. This usually occurs because fatty deposits called plaque have built up inside the coronary arteries, which supply blood to the heart. If a plaque breaks open, the body tries to fix it by forming a clot around it. The clot can block the artery, preventing the flow of blood and oxygen to the heart.

This process of plaque buildup in the coronary arteries is called coronary artery disease or CAD.

In many people, plaque begins to form in childhood and gradually builds up over a lifetime.

Plaque deposits may limit blood flow to the heart and cause angina. But too often, a heart attack is the first sign of coronary artery disease.

A heart attack is a medical emergency which demands both immediate attention and activation of the emergency medical services. The ultimate goal of the management in the acute phase of the disease is to salvage as much myocardium as possible and prevent further complications.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 12 months. Medications outside 12 months may be considered maintenance. This condition in combination with Diabetes is unacceptable at any time. *See [Diabetes](#) section for additional information.

Heart Valve Disorder

Valvular problems may be caused by infection, heart disease, trauma or congenital valvular conditions and may be isolated to a single valve or affect multiple valves. Right sided (tricuspid, pulmonary) valvular disease is much less common than left sided (aortic, mitral) valvular disease. Roughly 90% of valvular disease is chronic, having developed gradually over many years. Complications of rheumatic fever, congenital disorders and aging cause the vast majority of chronic valvular disease. The remaining 10% of valvular disease that develops acutely (over days to weeks) is often due to complications of recent heart attack or infections.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 12 months.

Hypertension (Uncontrolled)

Hypertension, or high blood pressure, is a medical condition in which constricted arterial blood vessels increase the resistance to blood flow, causing blood to exert excessive pressure against the walls of the arteries. This causes the heart to work harder to pump blood through the narrowed arteries and can lead to long term damage to the heart and blood vessels.

Hypertension affects over 72 million people in the United States and is estimated to cause one in every eight deaths worldwide. Each increase in 20 mmHg in systolic blood pressure or 10 mmHg in diastolic blood pressure is associated with a two-fold increase in death rates from stroke, coronary heart disease and other vascular causes. It is a costly disease and yearly costs to treat hypertension in the United States are estimated to be \$69.4 billion. Approximately 25 percent of people with hypertension cannot adequately control their hypertension with medications and lifestyle modifications. It is a disease that needs new treatment solutions.

NOTE: Coverage is unacceptable if the applicant's the last reading was higher than 175 systolic or 100 diastolic.

Pacemaker

A pacemaker is a small device that is placed under the skin of the chest or abdomen to help control abnormal heart rhythms. This device uses electrical pulses to prompt the heart to beat at a normal rate.

Pacemakers are used to treat heart rhythms that are too slow, fast, or irregular. These abnormal heart rhythms are called arrhythmias. Pacemakers can relieve some symptoms related to arrhythmias, such as fatigue (tiredness) and fainting.

A pacemaker can help a person who has an abnormal heart rhythm resume a more active lifestyle.

Pacemakers also can monitor and record the heart's electrical activity and the rhythm of the heartbeat. Newer pacemakers can monitor the blood temperature, breathing rate, and other factors and adjust the heart rate to changes in your activity.

NOTE: Coverage is unacceptable if the applicant has had this device implanted within the past 12 months. If battery replacement only, coverage is acceptable. If replacement pacemaker, coverage is acceptable regardless of time frame.

If individual has a Pacemaker and takes Warfarin (or other blood thinner), associated with blood thinner is required. If blood thinner is treating Atrial Fibrillation the applicant should be declined for Atrial Fibrillation treatment. If no information provided with warfarin diagnosis, decline until which time applicant can provide proof of diagnosis associate with the blood thinner.

Peripheral Vascular or Arterial Disease

Peripheral vascular (PVD) refers to diseases of blood vessels outside the heart and brain. It is a narrowing of vessels that carry blood to the legs, arms, stomach or kidneys. Eventually the narrowed artery causes less blood to flow, and a condition called ischemia can occur. Ischemia is inadequate blood flow to the body's tissue. Peripheral artery disease (PAD) is a type of PVD. It is usually caused by a build-up of plaque in the arteries. The main forms that PVD may take include blood clots, swelling (inflammation), or narrowing and blockage of the blood vessels.

Stent placement within 24 months is considered treatment for PVD/PAD. Coverage is acceptable if stent placement is outside 24 months and not taking medications listed in Field and Drug Guide for PVD/PAD.

NOTES: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months. A diagnosis of varicose veins is not considered PVD, PAD or PVA. Medications after 24 months from diagnosis is considered maintenance with the exception of medication listed in the Field and Drug Guide.

Stroke

A stroke also known as cerebrovascular accident (CVA) or "brain attack" occurs when the blood supply to a part of the brain is interrupted or severely reduced, depriving the brain tissue of oxygen and nutrients. Interruption of blood flow is caused by a blood clot blocking an artery or by a break in a blood vessel causing hemorrhage in an area of the brain. When either of these things happens, brain cells begin to die and brain damage occurs.

When brain cells die during a stroke, abilities controlled by that area of the brain are lost. These abilities include speech, movement and memory. How a stroke patient is affected depends on where the stroke occurs in the brain and how much the brain is damaged.

For example, someone who has a small stroke may experience only minor problems such as weakness of an arm or leg. People who have larger strokes may be paralyzed on one side or lose their ability to speak. Some people recover completely from strokes, but more than 2/3 of survivors will have some type of disability.

When an acute stroke is suspected by history and physical examination, the goal of early assessment is to determine the cause. Treatment varies according to the underlying cause of the stroke, thromboembolic (ischemic) or hemorrhagic. A non-contrast head CT Scan can rapidly identify a hemorrhagic stroke by imaging bleeding in or around the brain. If no bleeding is seen, a presumptive diagnosis of ischemic stroke is made.

For purposes of this guideline, Optic Nerve Stroke/Tributary (branch) Retinal Vein Occlusion is considered a stroke and coverage is unacceptable if diagnosed, treated or had surgery within the past 24 months.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months. Medication outside 24 months is considered maintenance and coverage is acceptable. This condition in combination with Diabetes is unacceptable at any time.

Transient Ischemic Attack (TIA)

A transient ischemic attack (TIA, mini stroke) is a transient stroke that lasts only a few minutes. It occurs when the blood supply to part of the brain is briefly interrupted. TIA symptoms, which usually occur suddenly, are similar to those of stroke but do not last as long. Most symptoms of a TIA disappear within an hour, although they may persist for up to 24 hours. Symptoms can include: numbness or weakness in the face, arm, or leg, especially on one side of the body; confusion or difficulty in talking or understanding speech; trouble seeing in one or both eyes; sometimes called amaurosis fugax, and difficulty with walking, dizziness, or loss of balance and coordination.

Because there is no way to tell whether symptoms are from a TIA or an acute stroke, patients should assume that all stroke-like symptoms signal an emergency and should not wait to see if they go away. A prompt evaluation (within 60 minutes) is necessary to identify the cause of the TIA and determine appropriate therapy. Depending on a patient's medical history and the results of a medical examination, the doctor may recommend drug therapy or surgery to reduce the risk of stroke in people who have had a TIA. The use of antiplatelet agents, particularly aspirin, is a standard treatment for patients at risk for stroke. People with atrial fibrillation (irregular beating of the heart) may be prescribed anticoagulants (blood thinners). For the purposes of this guideline, *Transient Global Amnesia* is considered a TIA.

NOTE: Coverage is unacceptable if the applicant has been treated, diagnosed or had surgery for this condition within the past 24 months. Medication outside 24 months is considered maintenance and coverage is acceptable. This condition in combination with Diabetes is unacceptable at any time.

Endocrine

Addison's Disease

Addison's disease occurs when the body's adrenal glands do not produce enough hormones. The adrenal glands are part of the body's endocrine system, a group of glands that produce and secrete hormones to regulate the body's processes. The adrenal glands are located just above the kidneys and produce various hormones including cortisol, aldosterone, androgen and adrenaline. It interacts with other glands in controlling various functions of the body.

Cortisol is a vital hormone, sometimes called the “stress hormone”. It affects almost every organ in the body.

Treating Addison’s disease usually involves taking prescription corticosteroids to replace the hormones the body is not making. Cortisol is supplemented by a synthetic glucocorticoid like hydrocortisone, prednisone or cortisone. Aldosterone is replaced by a mineralocorticoid called fludrocortisone (Florinef).

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition at any time.

Diabetes

Type I - This type diabetes (insulin-dependent diabetes or juvenile diabetes) results when the pancreas loses its ability to make the hormone insulin. In Type I diabetes, the person's own immune system attacks and destroys the cells in the pancreas that produce insulin. Once those cells are destroyed, they won't ever make insulin again.

Daily injections of insulin are required to help patients use glucose. The amount and type of insulin required depends on the patient’s height, weight, age, food intake, and activity level. Insulin may be given as an injection of a single dose of one type of insulin once a day. Patients who require multiple injections over the course of a day may be able to use an insulin pump that administers small doses of insulin on demand. The small battery-operated pump is worn outside the body and is connected to a needle that is inserted into the abdomen.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Type II - This type diabetes (non-insulin dependent diabetes or adult onset diabetes) occurs when the body cannot use the insulin it makes or the body does not make enough insulin. This usually occurs in adults over 40 who are overweight, do not exercise, and have a family history of diabetes. With the increasing rate of overweight people, including children, Type II is becoming more common children and young adults.

This type diabetes is sometimes controlled by losing weight; making dietary changes; and beginning to exercise. Some people may need to take pills or insulin shots or both.

It is important to work closely with a healthcare provider to develop a treatment plan that focuses on weight, diet, exercise, and blood sugar control.

NOTE: Coverage is unacceptable if the applicant has a blood sugar reading over 180 or a hemoglobin A1C reading over 7.5. Type II diabetes requiring insulin for control is also unacceptable. Injectable, non-insulin medication is an acceptable treatment for Type II diabetes. If applicant has discontinued the use of insulin at the order of a physician, they may be considered after last use is more than 12 months ago. Coverage is unacceptable if applicant has discontinued use of insulin against medical advice.

Diabetic Complications

Complications in combination with diabetes include but are not limited to: retinopathy, nephropathy, neuropathy, and cardiovascular conditions including coronary artery disease, carotid artery disease, aneurysm, and peripheral vascular or arterial disease.

For purposes of this guideline, if diabetes in combination with a medication generally prescribed for neuropathy, diagnosis associated with that medication in order to determine eligibility. If no diagnosis provided, coverage is unacceptable until which time we are provided with the diagnosis.

NOTE: Coverage is unacceptable if the applicant has experienced any complications, including heart attack or stroke, or artery blockage at any time.

If medication has been changed for uncontrolled blood sugar within the past 12 months, coverage is unacceptable. If pre-medication change values are known and blood sugar reading was less than 180 and A1C was less than 7.5, coverage may be acceptable. Decrease in medications would indicate blood sugar is controlled and applicants may be considered for coverage.

Diabetes in combination with benign arrhythmia or heart valve disorders is acceptable. See also, [Pacemaker](#) Section of this guideline.

Pancreas Disorder (Gastrointestinal)

Pancreas disorders can cause many problems (most commonly Type I diabetes) including but not limited to:

Pseudocysts of the pancreas are abnormal collections of fluid, dead tissue, pancreatic enzymes, and blood that can lead to a painful mass in the pancreas. Pseudocysts usually develop several weeks after an episode of acute pancreatitis (a sudden, painful inflammation of the pancreas). Alcoholism also contributes to the risk of pseudocysts of the pancreas. Other, rarer causes include abdominal trauma and gallbladder disease, pancreatitis.

Pancreatitis is an inflammatory condition of the pancreas with varied causes including congenital abnormalities, hereditary conditions, medications, infections, and trauma. This disease is painful and can be deadly.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 36 months.

Chronic Kidney Disease

Chronic kidney disease (CKD), also known as chronic renal disease, is a progressive loss of renal function over a period of months or years. The symptoms of worsening kidney function are nonspecific, and might include feeling generally unwell and experiencing a reduced appetite. Often, chronic kidney disease is diagnosed as a result of screening of people known to be at risk of kidney problems, such as those with high blood pressure or diabetes and those with a blood relative with chronic kidney disease. Chronic kidney disease may also be identified when it leads to one of its recognized complications, such as cardiovascular disease, anemia or pericarditis.

Chronic kidney disease is identified by a blood test for creatinine. Higher levels of creatinine indicate a falling glomerular filtration rate (rate at which the kidneys filter blood) and as a result a decreased capability of the kidneys to excrete waste products. Creatinine levels may be normal in the early stages of CKD, and the condition is discovered if urinalysis (testing of a urine sample) shows that the kidney is allowing the loss of protein or red blood cells into the urine. To fully investigate the underlying cause of kidney damage, various forms of medical imaging, blood tests and often renal biopsy (removing a small sample of kidney tissue) are employed to find out if there is a reversible cause for the kidney malfunction.

Control of blood pressure and treatment of the original disease, whenever feasible, are the broad principles of management. Replacement of erythropoietin and vitamin D3, two hormones processed by the kidney, is usually necessary, as is calcium. Phosphate binders are used to control the serum phosphate levels, which are usually elevated in chronic kidney disease.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time. If regular visits for kidney function tests may be declined for further evaluation. Applicants may be reconsidered with 3 years medical records.

Kidney Failure

Renal failure or kidney failure is a situation in which the kidneys fail to function adequately. It is divided in acute and chronic forms; either form may be due to a large number of other medical problems.

Biochemically, it is typically detected by an elevated serum creatinine. In the science of physiology, renal failure is described as a decrease in the glomerular filtration rate. When the kidneys malfunction, problems frequently encountered are abnormal fluid levels in the body, deranged acid levels, abnormal levels of potassium, calcium, phosphate, hematuria (blood in the urine) and (in the longer term) anemia. Long-term kidney problems have significant repercussions on other diseases, such as cardiovascular disease.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time. Exception: An acute episode of kidney failure that has resolved may be acceptable after six months with a review of medical records.

Dialysis

Dialysis is primarily used to provide an artificial replacement for lost kidney function (renal replacement therapy) due to renal failure. Dialysis may be used for very sick patients who have suddenly but temporarily, lost their kidney function (acute renal failure) or for quite stable patients who have permanently lost their kidney function (stage 5 chronic kidney disease). When healthy, the kidneys maintain the body's internal equilibrium of water and minerals (sodium, potassium, chloride, calcium, phosphorus, magnesium, sulfate) and the kidneys remove from the blood the daily metabolic load of fixed hydrogen ions. The kidneys also function as a part of the endocrine system producing erythropoietin and 1,25-dihydroxycholecalciferol (calcitriol). Dialysis is an imperfect treatment to replace kidney function because it does not correct the endocrine functions of the kidney. Dialysis treatments replace some of these functions through diffusion (waste removal) and ultra-filtration (fluid removal).

NOTE: Coverage is unacceptable if the applicant has undergone this treatment at any time. Exception: An acute episode of kidney failure requiring only a few dialysis treatments that have been discontinued may be acceptable after six months with a review of medical records.

Polycystic Kidney Disease

Polycystic kidney disease (PKD or PCKD, also known as polycystic kidney syndrome) is a chronic kidney disease that is a cystic genetic disorder of the kidneys.

It occurs in humans and other animals. PKD is characterized by the presence of multiple cysts (hence, "polycystic") in both kidneys. The disease can also damage the liver, pancreas, and rarely, the heart and brain. The two major forms of polycystic kidney disease are distinguished by their patterns of inheritance.

Autosomal dominant polycystic kidney disease (ADPKD) is generally a late-onset disorder characterized by progressive cyst development and bilaterally enlarged kidneys with multiple cysts. Kidney manifestations in this disorder include renal function abnormalities, hypertension, renal pain, and renal insufficiency. Approximately 50% of patients with ADPKD have end-stage renal disease (ESRD) by the age of 60. ADPKD is a systemic disease with cysts in other organs such as the liver (which may lead to cirrhosis), seminal vesicles, pancreas, and arachnoid mater and non-cystic abnormalities such as intracranial aneurysms and dolichoectasias, dilation of the aortic root and dissection of the thoracic aorta, mitral valve prolapse and abdominal wall hernias.

Initial symptoms are hypertension, fatigue, and mild to severe back or flank pain and urinary tract infections. The disease often leads to chronic renal failure and may result in total loss of kidney function, known as end stage renal disease (ESRD), which requires some form of renal replacement therapy (e.g. dialysis).

Autosomal recessive polycystic kidney disease (ARPKD) is much rarer than ADPKD and is often fatal in utero or during the first month of life. The signs and symptoms of the condition are usually apparent at birth or in early infancy.

There is no cure for the disease. The option of a transplant generally only arises after the patient reaches end stage renal disease.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Renal Insufficiency

[See Kidney Failure](#)

Neurogenic Bladder

(Also Called Atonic, Hypertonic, Flaccid, Spastic Bladder)

Neurogenic bladder is a dysfunctional bladder caused by a neurological condition such as diabetic neuropathy, multiple sclerosis, etc. or a spinal cord injury.

- **Medications.** Your doctor may prescribe medications to improve bladder function, such as reduce bladder contractions, lower urinary frequency, improve loss of bladder control (incontinence), increase bladder storage or empty the bladder.
- **Clean technique intermittent catheterization (CIC).** In CIC, you or a health care professional inserts a thin tube (catheter) through the urethra and into your bladder several times during the day to empty your bladder. *Also referred to as selfcatheterization.
- **Continuous catheter drainage.** A health care professional may insert a catheter through your urethra or abdominal wall and into your bladder to continuously empty your bladder.
- **Surgical intervention.** Doctors trained in bladder management (urologists) may perform bladder reconstructive surgery that may resolve or improve bladder symptoms and management.

Treatment may also include a bladder stimulator.

NOTE: Coverage is unacceptable if the applicant has this condition.

Neurological, Mental, and Musculoskeletal

Arthritis Restricting Mobility or ADLs/Disabling Arthritis

See also – [Connective Tissue Disorders](#)

Arthritis is a group of conditions involving damage to the joints of the body. Arthritis is the leading cause of disability in people older than 55 years of age.

There are different forms of arthritis; each has a different cause. The most common form of arthritis, osteoarthritis (degenerative joint disease) is a result of trauma to the joint, infection of the joint, or age. Emerging evidence suggests that abnormal anatomy might contribute to the early development of osteoarthritis.

Other arthritis forms are rheumatoid arthritis and psoriatic arthritis, autoimmune diseases in which the body attacks itself. Septic arthritis is caused by joint infection. Gouty arthritis is caused by deposition of uric acid

crystals in the joint, causing inflammation. There is also an uncommon form of gout caused by the formation of rhomboid crystals of calcium pyrophosphate. This gout is known as Pseudogout.

Treatment options vary depending on the type of arthritis and include physical and occupational therapy, lifestyle changes (including exercise and weight control), medications and dietary supplements (symptomatic or targeted at the disease process causing the arthritis). Arthroplasty (joint replacement surgery) may be required in eroding forms of arthritis.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Muscular Dystrophy

Muscular dystrophy (MD) refers to a group of genetic, hereditary muscle diseases that cause progressive muscle weakness. Muscular dystrophies are characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue. Nine diseases including Duchenne, Becker, limb-girdle, congenital, facioscapulohumeral, myotonic, oculopharyngeal, distal and Emery-Dreifuss are always classified as muscular dystrophy but there are more than 100 diseases in total with similarities to muscular dystrophy. Most types of MD are multi-system disorders with manifestations in body systems including the heart, gastrointestinal and nervous systems, endocrine glands, skin, eyes and other organs.

There is no known cure for muscular dystrophy. Inactivity (such as bed-rest and even sitting for long periods) can worsen the disease. Physical therapy, occupational therapy, speech therapy and orthopedic instruments (e.g., wheelchairs, standing frames) may be helpful.

Fuch's Dystrophy may be considered if only treatment is use of eye drops. Any other treatments may be considered on an individual basis.

Polio or Post-Polio Syndrome may be considered if no ongoing treatment.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Multiple Sclerosis

Multiple sclerosis (abbreviated MS, also known as *disseminated sclerosis* or *encephalomyelitis disseminate*) is an autoimmune condition in which the immune system attacks the central nervous system, leading to demyelination. Disease onset usually occurs in young adults, and it is more common in females.

Almost any neurological symptom can appear with the disease, and often progresses to physical and cognitive disability. MS takes several forms, with new symptoms occurring either in discrete attacks (relapsing forms) or slowly accumulating over time (progressive forms). Between attacks, symptoms may go away completely, but permanent neurological problems often occur, especially as the disease advances.

There is no known cure for MS. Treatments attempt to return function after an attack, prevent new attacks, and prevent disability. MS medications can have adverse effects or be poorly tolerated, and many patients pursue alternative treatments, despite the lack of supporting scientific study. The prognosis is difficult to predict; it depends on the subtype of the disease, the individual patient's disease characteristics, the initial symptoms and the degree of disability the person experiences as time advances. Life expectancy of patients is nearly the same as that of the unaffected population.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Myasthenia Gravis

Myasthenia gravis is characterized by weakness and rapid fatigue of any of the muscles under voluntary control. The cause of myasthenia gravis is a breakdown in the normal communication between nerves and muscles.

This condition affects muscle groups controlled voluntarily, most commonly, eye muscles (drooping eyelids or double vision), face and throat muscles (speech, swallowing, chewing), arm and leg muscles (weakness). There is no cure for myasthenia gravis, but treatment can help relieve signs and symptoms.

Muscle weakness caused by myasthenia gravis worsens as the affected muscle is used repeatedly. Since symptoms typically improve with rest, muscle weakness may come and go.

Causes:

The thymus gland, a part of the immune system located in the upper chest beneath the breastbone, may trigger or maintain the production of antibodies that result in the muscle weakness common in myasthenia gravis.

The nerves communicate with muscles by releasing chemicals, called neurotransmitters, which fit precisely into receptor sites on the muscle cells. In myasthenia gravis, the immune system produces antibodies that block or destroy many of the muscles' receptor sites for a neurotransmitter called acetylcholine. With fewer receptor sites available, the muscles receive fewer nerve signals, resulting in weakness.

It is believed that the thymus gland, a part of the immune system located in the upper chest beneath the breastbone, may trigger or maintain the production of these antibodies. Large in infancy, the thymus is small in healthy adults.

But, in some adults with myasthenia gravis, the thymus is abnormally large. Some people also have tumors of the thymus. Usually, thymus gland tumors are noncancerous.

Myasthenic Crisis:

Myasthenic crisis is a life-threatening condition, which occurs when the muscles that control breathing become too weak to do their jobs. Emergency treatment is needed to provide mechanical assistance with breathing. Medications and blood-filtering therapies help people recover from myasthenic crisis, so they can again breathe on their own.

NOTE: Myasthenia gravis is declinable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Neurogenic Bladder

[\(See Genitourinary\)](#)

Osteoporosis with Fractures

Osteoporosis is a disease in which bones become fragile and more likely to break. If not prevented or if left untreated, osteoporosis can progress painlessly until a bone breaks. These broken bones, also known as fractures, occur typically in the hip, spine, and wrist.

Any bone can be affected, but of special concern are fractures of the hip and spine. A hip fracture almost always requires hospitalization and major surgery.

It can impair a person's ability to walk unassisted and may cause prolonged or permanent disability or even death. Spinal or vertebral fractures also have serious consequences, including loss of height, severe back pain, and deformity.

NOTE: Coverage is unacceptable if the applicant has had any fractures within the past 24 months.

Paget's Disease

Paget's disease, otherwise known as osteitis deformans, is a chronic disorder that typically results in enlarged and deformed bones. The excessive breakdown and formation of bone tissue that occurs with Paget's disease can cause bone to weaken, resulting in bone pain, arthritis, deformities, and fractures. Paget's Disease may be caused by a slow virus infection (i.e., paramyxovirus such as measles, canine distemper virus, and respiratory syncytial virus present for many years before symptoms appear. Most studies have pointed at either canine distemper virus or measles. There is also a hereditary factor since the disease may appear in more than one family member.

Paget's Disease is rarely diagnosed in people less than 40 years of age. Men are more commonly affected than women. Prevalence of Paget's Disease ranges from 1.5 to 8 percent depending on age and country of residence. Prevalence of familial Paget's Disease (where more than one family member has the disease) ranges from 10 to 40 percent in different parts of the world. Treatment for this disease is required by a specialist.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months. Paget's Disease located in the breast is a rare form of breast cancer and may only be considered after 36 months from diagnosis and/or last treatment.

Alzheimer's Disease

Alzheimer's disease is the most common cause for dementia, which is a syndrome characterized by impairment of memory, and other areas of thinking. These impairments are severe enough to cause a decline in the individual's normal level of functioning. The main risk factor for Alzheimer's disease is age. The cause of

Alzheimer's disease is not known. The management of Alzheimer's disease consists of medication based and non-medication based therapies.

Since Alzheimer's has no cure and it gradually renders people incapable of tending for their own needs, care giving essentially is the treatment and must be carefully managed over the course of the disease.

NOTE: Coverage is unacceptable if the applicant has been diagnosed or treated for this condition at any time.

Cerebral Palsy

The term cerebral palsy refers to any one of a number of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination but does not worsen over time. Even though cerebral palsy affects muscle movement, it is not caused by problems in the muscles or nerves. It is caused by abnormalities in parts of the brain that control muscle movements. The majority of children with cerebral palsy are born with it, although it may not be detected until months or years later. The early signs of cerebral palsy usually appear before a child reaches 3 years of age. Treatment may include physical and occupational therapy, speech therapy, drugs to control seizures, relax muscle spasms, and alleviate pain; surgery to correct anatomical abnormalities or release tight muscles; braces and other orthotic devices; wheelchairs and rolling walkers; and communication aids such as computers with attached voice synthesizers.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Dementia

[\(See Alzheimer's Disease\)](#)

Dementia describes a group of symptoms that are caused by changes in brain function. Dementia symptoms may include asking the same questions repeatedly; becoming lost in familiar places; being unable to follow directions; getting disoriented about time, people, and places; and neglecting personal safety, hygiene, and nutrition. People with dementia lose their abilities at different rates.

Dementia is caused by many conditions. Some conditions that cause dementia can be reversed, and others cannot. The two most common forms of dementia in older people are Alzheimer's disease and multi-infarct dementia (sometimes called vascular dementia). These types of dementia are irreversible, which means they cannot be cured.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Huntington's Disease

Huntington's Disease, also called Huntington's Chorea, chorea major, or HD, is a genetic neurological disorder characterized after onset by uncoordinated, jerky body movements and a decline in some mental abilities. These characteristics vary per individual, physical ones less so, but the differing decline in mental abilities can lead to a number of potential behavioral problems. The disorder itself is not fatal, but as symptoms progress, complications reducing life expectancy increase. Research of HD has increased greatly in the last few decades,

but its exact mechanism is unknown, so symptoms are managed individually. Onset of physical symptoms occurs gradually and can begin at any age, although it is statistically most common in a person's mid-forties (with a 30-year spread). Onset before age twenty, is classified as juvenile HD.

Treatments for cognitive and psychological symptoms include antidepressants and sedatives, and low doses of antipsychotics. There is limited evidence for specific treatments aimed at controlling the chorea and other movement abnormalities, although tetrabenazine (Xenazine) has been shown to reduce the severity of the chorea, it was approved in 2008 specifically for this indication.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Lou Gehrig's Disease/Amyotrophic Lateral Sclerosis

Lou Gehrig's Disease (ALS) damages **motor neurons** in the brain and spinal cord. Motor neurons are nerve cells that control muscle movement. **Upper motor neurons** send messages from the brain to the spinal cord, and **lower motor neurons** send messages from the spinal cord to the muscles. Motor neurons are an important part of the body's **neuromuscular system**. The neuromuscular system enables our bodies to move and is made up of the brain, many nerves, and muscles. Things that we do every day — like breathing, walking, running, lifting, and even reaching for a glass of water — are all controlled by the neuromuscular system.

No cure has yet been found for ALS. However, the Food and Drug Administration (FDA) has approved the first drug treatment for the disease: riluzole (Rilutek). Riluzole is believed to reduce damage to motor neurons by decreasing the release of glutamate via activation of glutamate transporters. In addition, the drug offers a wide array of other neuroprotective effects, by means of sodium and calcium channel blockades, inhibition of protein kinase C, and the promotion of NMDA receptor antagonism.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Mental Retardation

Mental retardation is a generalized, triarchic disorder, characterized by subaverage cognitive functioning and deficits in two or more adaptive behaviors with onset before the age of 18. Once focused almost entirely on cognition, the definition now includes both a component relating to mental functioning and one relating to the individual's functional skills in their environment.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Multiple Sclerosis

[\(See Musculoskeletal\)](#)

Narcolepsy

Narcolepsy is a chronic sleep disorder characterized by overwhelming daytime drowsiness and sudden attacks of sleep. The condition is most characterized by excessive daytime sleepiness (EDS), in which a person experiences extreme tiredness, possibly culminating in falling asleep during the day at inappropriate times, such as at work or school. A narcoleptic will most probably experience disturbed nocturnal sleep, which is often confused with insomnia, and disorder of REM (rapid eye movement) sleep.

Treatment is tailored to the individual, based on symptoms and therapeutic response. The time required to achieve optimal control of symptoms is highly variable and may take several months or longer. Medication adjustments are also frequently necessary, and complete control of symptoms is seldom possible. While oral medications are the mainstay of formal narcolepsy treatment, lifestyle changes are also important.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Parkinson's Disease

Parkinson's Disease also known as paralysis agitans belongs to a group of conditions called movement disorders. The four main symptoms are *tremor*, or trembling in hands, arms, legs, jaw, or head; rigidity, or stiffness of the limbs and trunk; bradykinesia, or slowness of movement; and postural instability, or impaired balance.

These symptoms usually begin gradually and worsen with time. As they become more pronounced, patients may have difficulty walking, talking, or completing other simple tasks. Not everyone with one or more of these symptoms has PD, as the symptoms sometimes appear in other diseases as well.

PD is both chronic, meaning it persists over a long period of time, and progressive, meaning its symptoms grow worse over time. It is not contagious. Although some PD cases appear to be hereditary, and a few can be traced to specific genetic mutations, most cases are sporadic — that is, the disease does not seem to run in families.

Many researchers now believe that PD results from a combination of genetic susceptibility and exposure to one or more environmental factors that trigger the disease. PD is most commonly treated with carbidopa/levodopa (Sinemet); PD can also be treated with bromocriptine (Parlodel), pramipexole (Mirapex), and ropinirole (Requip), which mimic the role of dopamine in the brain. They can be given alone or in conjunction with levodopa.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time. Essential or familial tremors may be acceptable.

Peripheral Neuropathy

Peripheral neuropathy, in its most common form, causes pain and numbness in the hands and feet. The pain typically is described as tingling or burning, while the loss of sensation often is compared to the feeling of wearing a thin stocking or glove.

Peripheral neuropathy can result from such problems as traumatic injuries, infections, metabolic problems and exposure to toxins. One of the most common causes of the disorder is diabetes.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months. For the purpose of this guideline, medication is considered treatment and should be declined.

Psychiatric Diseases

(Bipolar Disorder, Major Depression, Schizophrenia)

Bipolar disorder is a psychiatric diagnosis that describes a category of mood disorders defined by the presence of one or more episodes of abnormally elevated mood clinically referred to as mania or, if milder, hypomania. Individuals who experience manic episodes also commonly experience depressive episodes or symptoms, or mixed episodes in which features of both mania and depression are present at the same time. These episodes are usually separated by periods of "normal" mood, but in some individuals, depression and mania may rapidly alternate, known as rapid cycling. Extreme manic episodes can sometimes lead to psychotic symptoms such as delusions and hallucinations. The disorder has been subdivided into bipolar I, bipolar II, cyclothymia, and other types, based on the nature and severity of mood episodes experienced; the range is often described as the bipolar spectrum.

There are a number of pharmacological and psychotherapeutic techniques used for Bipolar Disorder. Individuals may use self-help and pursue a personal recovery journey.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Major depression (also known as clinical depression, major depression, unipolar depression, or unipolar disorder) is a mental disorder characterized by a pervasive low mood, low self-esteem and loss of interest or pleasure in normally enjoyable activities.

The term "major depressive disorder" was selected by the American Psychiatric Association for this symptom cluster under mood disorders in the 1980 version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) classification and has become widely used since. The general term depression is often used to describe the disorder, but as it is also used to describe a depressed mood, more precise terminology is preferred in clinical and research use.

Major depression is a disabling condition which adversely affects a person's family, work or school life, sleeping and eating habits, and general health. In the United States, approximately 3.4% of people with major

depression commit suicide, and up to 60% of all people who commit suicide have depression or another mood disorder.

The three most common treatments for depression are psychotherapy, medication, and electroconvulsive therapy.

Psychotherapy is the treatment of choice for people under 18, while electroconvulsive therapy is only used as a last resort. Care is usually given on an outpatient basis, while treatment in an inpatient unit is considered if there is a significant risk to self or others.

NOTE: Coverage is unacceptable if the applicant has had or been treated for major depression at any time. Situational depression may be acceptable as long as current treatment does not include unacceptable medications.

Schizophrenia is a psychiatric diagnosis that describes a mental disorder characterized by abnormalities in the perception or expression of reality. It most commonly manifests as auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking with significant social or occupational dysfunction. Onset of symptoms typically occurs in young adulthood, with approximately 0.4–0.6% of the population affected. Diagnosis is based on the patient's self-reported experiences and observed behavior. No laboratory test for schizophrenia currently exists.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

ADHD (Attention Deficit Hyperactivity Disorder), is a condition with symptoms such as inattentiveness, impulsivity, and hyperactivity. The symptoms differ from person to person. ADHD was formerly called ADD, or attention deficit disorder. Both children and adults can have ADHD, but the symptoms always begin in childhood. Adults with ADHD may have trouble managing time, being organized, setting goals, and holding down a job.

NOTE: Coverage is acceptable only if taking medications not included in our Drug List.

PTSD (Post-traumatic Stress Disorder) is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This “fight-or-flight” response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are not in danger.

NOTE: Coverage is acceptable only if taking medications not included in our Drug List.

Epilepsy/Seizures

Uncontrolled electrical activity in the brain, which may produce a physical convulsion, minor physical signs, thought disturbances, or a combination of symptoms.

The type of symptoms and seizures depend on where the abnormal electrical activity takes place in the brain, what its cause is, and such factors as the patient's age and general state of health.

Seizures can be caused by head injuries, brain tumors, lead poisoning, maldevelopment of the brain, genetic and infectious illnesses, and fevers. In fully half of the patients with seizures, no cause can yet be found.

NOTE: Coverage is unacceptable if the applicant has had a seizure within the past 12 months.

Respiratory

Chronic Lung Disease

Chronic lung disease is often referred to as chronic obstructive pulmonary disease (COPD) also known as chronic obstructive lung disease (COLD) includes chronic bronchitis and emphysema; often both conditions occur together. Smoking is a major cause of COPD. Cystic fibrosis, lung cancer, pneumonia, and tuberculosis are all common types of lung disease.

NOTE: Coverage is unacceptable if the applicant has required treatment with a nebulizer, three or more medications or oxygen therapy for this condition within the past 24 months; or currently uses tobacco.

Lung or Respiratory Disorder

Requiring 3 or More Medications, Nebulizer (aka: Breathing Treatment) or Oxygen or Currently Using Tobacco

This can be for any lung or respiratory disorder requiring three or more medications and/or the use of a nebulizer and/or oxygen or currently using tobacco. Sleep Apnea is not considered a lung or respiratory disorder. For questions regarding CPAP Machine use and oxygen, [see Use of Oxygen](#).

NOTE: Coverage is unacceptable if the applicant has been treated with three or more medications, nebulizer, or oxygen within the past 24 months on a regular or intermittent basis; or used tobacco within past 12 months. Acute episodes of lung or respiratory disorder (seasonal bronchitis, seasonal allergies) may be considered if onetime treatment in emergency room or physician office.

If a medication can be purchased OTC it should not be considered as one of the three medications.

Tuberculosis

Tuberculosis is a common and often deadly infectious disease caused by mycobacterium, mainly mycobacterium tuberculosis. Tuberculosis usually attacks the lungs (as pulmonary TB) but can also affect the central nervous system, the lymphatic system, the circulatory system, the genitourinary system, the gastrointestinal system, bones, joints, and even the skin.

Other mycobacterium such as mycobacterium bovis, mycobacterium africanum, mycobacterium canetti, mycobacterium avium, and mycobacterium microti also cause tuberculosis, but these species are less common.

Treatment for TB uses antibiotics to kill the bacteria. The two antibiotics most commonly used are rifampicin and isoniazid. However, instead of the short course of antibiotics typically used to cure other bacterial infections, TB requires much longer periods of treatment (around 6 to 12 months) to entirely eliminate mycobacterium from the body.

NOTE: Coverage is unacceptable if the condition is active.

Use of Oxygen

Use of oxygen or oxygen therapy can indicate serious respiratory and/or lung problems.

NOTE: Coverage is unacceptable if the applicant has been treated on a regular or intermittent basis within the past 24 months. CPAP (Continuous Positive Airway Pressure) machine without O2 use may be considered. CPAP machine with O2 use is unacceptable if regular or intermittent use within past 24 months.

General

Alcoholism/Alcohol Abuse

Alcoholism is a primary, chronic disease characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking.

NOTE: Coverage is unacceptable if the applicant has been diagnosed or treated for this condition or recommended to have rehabilitation for this condition within the past 36 months.

Amputation Caused by Disease

Amputation is a surgical procedure that involves removal of an extremity/limb (leg or arm) or a part of a limb (such as a toe, finger, foot, or hand), usually as a result of injury, disease, infection, or surgery (to remove tumors from bones and muscles). About 1.8 million individuals in the US are living with an amputation. Amputation of the leg (above and below-knee) is the most common type of amputation procedure performed.

The most common reason for an amputation is poor circulation. The lack of circulation is caused by narrowing of or damage to the arteries (also known as peripheral arterial disease).

If diabetes in combination with amputation cause by disease, applicant should be declined for complications and cannot be considered for coverage.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

ARC, AIDS, or Positive for HIV

AIDS is a set of symptoms and infections resulting from the damage to the human immune system caused by the human immunodeficiency virus (HIV).

This condition progressively reduces the effectiveness of the immune system and leaves individuals susceptible to opportunistic infections and tumors. HIV is transmitted through direct contact of a mucous membrane or the bloodstream with a bodily fluid containing HIV, such as blood, semen, vaginal fluid, preseminal fluid, and breast milk.

This transmission can involve anal, vaginal or oral sex, blood transfusion, contaminated hypodermic needles, exchange between mother and baby during pregnancy, childbirth, or breastfeeding, or other exposure to one of the above bodily fluids.

There is currently no vaccine or cure for HIV or AIDS. The only known methods of prevention are based on avoiding exposure to the virus or, failing that, an antiretroviral treatment directly after a highly significant exposure, called post-exposure prophylaxis.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition at any time.

Connective Tissue Disorders

Connective tissue disorders are any condition affecting connective tissues (tissue made up of fibers forming a framework and support structure for body tissue and organs). Subtypes of connective tissue disorders that are declinable include but are not limited to: CREST Syndrome, dermatomyositis, systemic lupus erythematosus (SLE), polymyositis, scleroderma, and Sjögren's Syndrome, Polyarteritis Nodosa (PAN).

Some Connective Tissue Disorders which may be considered are referenced in [Individual Consideration Section](#) of these guidelines. These include but are not limited to Sarcoidosis.

NOTE: These disorders are declinable if the applicant has been diagnosed, treated or had surgery for any of these disorders within the past 24 months. For questions regarding Lupus, [see Systemic Lupus Section](#) of these guidelines.

CREST Syndrome

(Calcinosis, Raynaud's Phenomenon, Esophageal Dysmotility, Sclerodactyly, Telangiectasia)
(See Scleroderma)

Primary Raynauds disease is also known as phenomenon and just refers to vasospasms that occur in the fingers or toes. The secondary kind (syndrome/disease) is associated with the more severe diseases, CREST syndrome, scleroderma, Sjogrens, rheumatoid arthritis, etc.

Dermatomyositis

Dermatomyositis (DM) is a connective-tissue disease related to polymyositis (PM) that is characterized by inflammation of the muscles and the skin. The main symptoms include skin rash and symmetric proximal muscle weakness which may be accompanied by pain. The pain may resemble the type experienced after strenuous exercise. Some DM patients have little pain, while in others (esp. in juvenile dermatomyositis (JDM)), the pain may be severe. It is important to remember that this condition varies from person to person in many ways.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Systemic Lupus

Systemic lupus erythematosus (SLE) is a chronic autoimmune connective tissue disease that can affect any part of the body. As occurs in other autoimmune diseases, the immune system attacks the body's cells and tissue, resulting in inflammation and tissue damage.

SLE most often harms the heart, joints, skin, lungs, blood vessels, liver, kidneys, and nervous system. The course of the disease is unpredictable, with periods of illness (called *flares*) alternating with remissions. The disease occurs nine times more often in women than in men, especially between the ages of 15 and 50, and is more common in those of non-European descent.

SLE is treatable by addressing its symptoms, mainly with corticosteroid and immunosuppressants; there is currently no cure. SLE can be fatal, although with recent medical advances, fatalities are becoming increasingly rare. Survival for people with SLE in the United States, Canada, and Europe is approximately 95% at five years, 90% at 10 years, and 78% at 20 years.

Being a chronic disease with no known cure, the treatment of SLE is symptomatic. In essence, this involves preventing flares and reducing their severity and duration when they occur. Currently, medication is the main form of treatment.

Discoid lupus erythematosus (DLE) may be considered. If applicant is unable to distinguish between Discoid and Systemic Lupus and states only "Lupus", for purposes of this guideline we will consider the condition to be Systemic until which time medical records can be provided and reviewed for reconsideration.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Polymyositis

Polymyositis is a type of inflammatory myopathy, related to dermatomyositis and inclusion body myositis. Polymyositis means many muscle inflammations. Polymyositis tends to become evident in adulthood, presenting with bilateral proximal muscle weakness, often noted in the upper legs due to early fatigue while

walking. Sometimes the weakness presents itself by the person being unable to rise from a seated position without help, or inability to raise arms above head.

The weakness is generally progressive, accompanied by lymphocytic inflammation (mainly cytotoxic T8 lymphocytes).

Polymyositis, like dermatomyositis, strikes females with greater frequency than males. The skin involvement of dermatomyositis is absent in polymyositis.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Scleroderma

Scleroderma is a chronic autoimmune disease characterized by a hardening or sclerosis in the skin or other organs. The localized type of the disease, known as morphea, while disabling, tends not to be fatal. The systemic type or systemic sclerosis, the generalized type of the disease, can be fatal, as a result of heart, kidney, lung or intestinal damage. It is currently not fully understood what exactly causes this disease, although there are various theories.

There is no cure for every patient with scleroderma, though there is treatment for some of the symptoms, including drugs that soften the skin and reduce inflammation. Some patients may benefit from exposure to heat.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Sjogrens Syndrome

Sjögren's Syndrome is an autoimmune disorder in which immune cells attack and destroy the exocrine glands that produce tears and saliva.

Nine out of ten Sjögren's patients are women and the average age of onset is late 40s, although Sjögren's occurs in all age groups in both women and men. It is estimated to strike as many as 4 million people in the United States alone making it the second most common autoimmune rheumatic disease.

There is neither a known cure for Sjögren's Syndrome nor a specific treatment to permanently restore gland secretion. Instead, treatment is generally symptomatic and supportive. Moisture replacement therapies such as artificial tears may ease the symptoms of dry eyes (some patients with more severe problems use goggles to increase local humidity or have punctal plugs inserted to help retain tears on the ocular surface for a longer time. Additionally, cyclosporine (Restasis) is available by prescription to help treat chronic dry eye by suppressing the inflammation that disrupts tear secretion. Evoxac, pilocarpine (Salagen) can treat dry mouth symptoms.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 24 months.

Drug Abuse

Drug or chemical dependency means addiction to one or more drugs, including both prescription and street drugs. Dependency implies (1) *psychological craving*, (2) *physiologic dependency*, including withdrawal symptoms when the drug is discontinued, and (3) *tolerance*, which means the need to increase the dose to obtain the desired effect.

Drug administration includes oral, nasal snorting, inhaling, smoking, or intravenous. Complications including overdose are frequent. Treatment requires *total abstinence*.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition or recommended for rehabilitation for this condition within the past 36 months.

Hodgkin's Disease (Hodgkin's Lymphoma)

Hodgkin's Disease is characterized by the orderly spread of disease from one lymph node group to another, and by the development of systemic symptoms with advanced disease. The disease is characterized by the presence of Reed-Sternberg cells (RS cells) on microscopic examination.

Hodgkin's Lymphoma was one of the first cancers which could be cured using radiation therapy and, later, it was one of the first to be cured by combination chemotherapy.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 36 months.

Non-Hodgkin's Lymphoma is all other Lymphoma and discussed in [Lymphoma Section](#) of this guideline.

Internal Cancer

Internal cancer includes, but not limited to breast, colon, lung, and prostate. Any of these types of cancer is declinable if the applicant has been diagnosed, treated or had surgery for it within the past 36 months. For specifics surrounding each type of cancer, please see below.

For purposes of this guideline, internal precancerous cells/precancerous polyps follow Internal Cancer Guidelines.

Breast cancer is a cancer that starts in the cells of the breast in women and men. Worldwide, breast cancer is the second most common type of cancer after lung cancer (10.4% of all cancer incidence, both sexes counted) and the fifth most common cause of cancer death. In 2005, breast cancer caused 502,000 deaths worldwide (7% of cancer deaths; almost 1% of all deaths). Breast cancer is about 100 times as frequent among woman as among men, but survival rates are equal in both sexes. The mainstay of breast cancer treatment is surgery

when the tumor is localized, with possible adjuvant hormonal therapy (with tamoxifen (Soltamox) or an aromatase inhibitor such as anastrozole (Arimidex), or with chemotherapy or radiation therapy. If being treated with Aromasin (exemestane) or Tamoxifen applicant may be considered if initial diagnosis of cancer is outside 36 months.

Reconstructive Surgery is not considered treatment for breast cancer. Applicants will need to have been released from care before being considered for coverage.

Colorectal cancer, also called colon cancer or large bowel cancer, includes cancerous growths in the colon, rectum and appendix. With 655,000 deaths worldwide per year, it is the third most common form of cancer and the second leading cause of cancer-related death in the Western world. Many colorectal cancers are thought to arise from adenomatous polyposis in the colon.

These mushroom-like growths are usually benign, but some may develop into cancer over time.

The majority of the time, the diagnosis of localized colon cancer is through colonoscopy. Therapy is usually through surgery, which in many cases is followed by chemotherapy.

The treatment depends on the staging of the cancer. When colorectal cancer is caught at early stages (with little spread) it can be curable. However, when it is detected at later stages (when distant metastasis is present) it is less likely to be curable. Surgery remains the primary treatment while chemotherapy and/or radiation therapy may be recommended depending on the individual patient's staging and other medical factors.

Lung cancer is a disease of uncontrolled cell growth in tissues of the lung. This growth may lead to metastasis, which is invasion of adjacent tissue and infiltration beyond the lungs. The vast majority of primary lung cancers are carcinomas of the lung, derived from epithelial cells. Lung cancer, the most common cause of cancer-related death in men and the second most common in women (after breast cancer), is responsible for 1.3 million deaths worldwide annually.

The most common symptoms are shortness of breath, coughing (including coughing up blood), and weight loss. The main types of lung cancer are *small cell lung carcinoma* and *non-small cell lung carcinoma*.

Prostate cancer is a disease in which cancer develops in the prostate gland in the male reproductive system. It occurs when cells of the prostate mutate and begin to multiply out of control. These cells may spread (metastasize) from the prostate to other parts of the body, especially the bones and lymph nodes. Prostate cancer may cause pain, difficulty in urinating, problems during sexual intercourse, erectile dysfunction and other symptoms. However, those symptoms are present only in an advanced stage of the disease.

Treatment for prostate cancer may involve active surveillance, surgery, radiation therapy including brachytherapy (radiation seed implant) and external beam radiation, High Intensity Focused Ultrasound (HIFU), chemotherapy, cryosurgery, hormonal therapy, or some combination. Which option is best depends on age, the stage of the disease, the Gleason score, and the PSA level.

If diagnosed, had treatment or surgery for prostate cancer at any time, most recent detectable PSA level must be less than 1.0. If unable to provide most recent PSA, applicant should be declined until which time a copy of the most recent PSA Lab results is provided.

NOTE: Coverage is unacceptable for any types of cancer if the applicant has been diagnosed, treated or had surgery for any type of cancer within the past 36 months.

Leukemia

Leukemia is a cancer of blood-forming cells in the bone marrow. These deranged, immature cells accumulate in the blood and within organs of the body. They are not able to carry out the normal functions of blood cells.

Normal blood contains 3 major groups of cells: white blood cells, red blood cells, and platelets. All 3 types of blood cells develop from one immature cell type, called blood/marrow stem cells, in a process called hematopoiesis.

NOTE: Coverage is unacceptable if the applicant has had or been diagnosed or treated for this condition at any time.

Lymphoma/Non-Hodgkin's Lymphoma

Lymphoma is a type of cancer involving cells of the immune system, called lymphocytes. Just as cancer represents many different diseases, lymphoma represents many different cancers of lymphocytes-about 35 different subtypes, in fact.

Lymphoma is a group of cancers that affect the cells that play a role in the immune system, and primarily represents cells involved in the lymphatic system of the body.

The main types of lymphomas are:

- Hodgkin Lymphoma (also known as Hodgkin's lymphoma, Hodgkin Disease, or Hodgkin's Disease), which is named after Dr. Thomas Hodgkin, who first described it.
- Non-Hodgkin Lymphoma

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Melanoma/Precancerous Melanoma

Melanoma/Precancerous Melanoma is a malignant tumor of melanocytes which are found predominantly in skin but also in the bowel and the eye. It is one of the rarer types of skin cancer but causes the majority of skin cancer related deaths. Malignant melanoma is a serious type of skin cancer. It is due to uncontrolled growth of pigment cells, called melanocytes. Despite many years of intensive laboratory and clinical research, the sole effective cure is surgical resection of the primary tumor before it achieves a thickness greater than 1 mm.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition within the past 36 months.

Pre-Cancerous Lesions, Basal/Squamous Cell Carcinoma and Actinic Keratosis/Actinic Tumor may be considered. If active treatment for these conditions, applicant should be declined for further evaluation, treatment or surgery and can be considered once released from care with proper documentation.

Multiple Myeloma

Multiple myeloma (also known as myeloma or plasma cell myeloma) is a progressive hematologic (blood) disease. It is a cancer of the plasma cell, an important part of the immune system that produces immunoglobulins (antibodies) to help fight infection and disease. Multiple myeloma is characterized by excessive numbers of abnormal plasma cells in the bone marrow and overproduction of intact monoclonal immunoglobulin.

Hypercalcemia, anemia, renal damage, increased susceptibility to bacterial infection, and impaired production of normal immunoglobulin are common clinical manifestations of multiple myeloma. It is often also characterized by diffuse osteoporosis, usually in the pelvis, spine, ribs, and skull.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Organ, Bone Marrow, or Stem Cell Transplant

Organ transplant is the moving of an organ from one body to another (or from a donor site on the patient's own body), for the purpose of replacing the recipient's damaged or failing organ with a working one from the donor site. Organ donors can be living or deceased.

Organs that can be transplanted are the heart, kidneys, liver, lungs, pancreas, penis and intestine.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Prostate Specific Antigen (PSA)

Greater Than 4.5; Unless Age 70 or Over, Greater Than 6.5 With No History of Cancer

Prostate specific antigen (**PSA**) is a protein produced by the cells of the prostate gland. PSA is present in small quantities in the serum of normal men and is often elevated in the presence of prostate cancer and in other prostate disorders. A blood test to measure PSA is the most effective test currently available for the early detection of prostate cancer. Rising levels of PSA over time are associated with both localized and metastatic prostate cancer (CaP).

NOTE: Coverage is unacceptable if the applicant has had an unacceptable reading within the past 12 months with no history of cancer. If history of prostate cancer and detectable PSA reading, follow [Prostate Cancer](#) section of this guideline.

(Motorized Mobility Device, Wheelchair)

An applicant currently dependent on either of these devices is unacceptable.

Chronic Hepatitis/Hepatitis

Chronic hepatitis, although much less common than acute hepatitis, can persist for years, even decades. In most people, it is quite mild and does not cause significant liver damage. However, in some people, continued inflammation slowly damages the liver, eventually resulting in cirrhosis (severe scarring of the liver), liver failure, and sometimes liver cancer.

NOTE: Coverage is unacceptable if the applicant has been diagnosed, treated or had surgery for this condition at any time within the past 36 months. For purposes of these guidelines, medication is considered treatment and should be declined.

Cirrhosis

Cirrhosis is a consequence of chronic liver disease characterized by replacement of liver tissue by fibrous scar tissue as well as regenerative nodules (lumps that occur as a result of a process in which damaged tissue is regenerated) leading to progressive loss of liver function. Cirrhosis is most commonly caused by alcoholism, hepatitis B and C and fatty liver disease but has many other possible causes. Some cases are cryptogenic, i.e., of unknown cause, but most of these are probably due to previously unrecognized fatty liver disease.

NOTE: Coverage is unacceptable if the applicant has had or been treated for this condition at any time.

Individual Consideration

There are ten (10) medical conditions that are given “individual consideration” in the underwriting decision. These conditions must be carefully evaluated along with other factors such as, but not limited to, severity, coexisting conditions, and current treatment. Upon evaluation of the various factors a determination will be made on whether the applicant is acceptable for coverage.

Below you will find other individual consideration conditions complete with an overview and a description outlining when each condition may be acceptable and when each condition may be declinable.

Applicant Unable to Complete a Telephone Interview

An interpreter from an outside firm may be used to complete interview with a non-English speaking applicant. A family member or the agent may help with a hearing-impaired applicant if the interviewer is able to hear the questions being asked of the applicant and his/her reply. Three (3) years of medical records are required to consider an application for an applicant who is unable to speak due to a physical impairment or an individual who is hearing impaired.

Use of Medical Foods

Medical foods are defined by the FDA as "a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation."

Some examples (not a complete list):

Axona (caprylic triglyceride) – Alzheimer's disease

Banatrol Plus (banana flakes/Bimuno, Clasado's galacto-oligosaccharide– Diarrhea

Deplin (l-methylfolate) – Depression

Fosteum (genistein aglycone/citrated zinc bisglycinate/cholecalciferol) – osteopenia and osteoporosis Limbrel (flavocoxid) – Osteoarthritis

Metanx (L-methylfolate calcium/pyridoxal 5'-phosphate/methylcobalamin) – Diabetic neuropathy Theramine (l-arginine, 5-htp, histidine, l-glutamine) – Myalgia

Note: If an applicant is prescribed medical food for a declinable condition, the application should be declined.

Crohn's Disease

[\(See guidelines for Ulcerative Colitis\)](#)

Ulcerative Colitis

Ulcerative colitis, an inflammatory bowel disease (IBD) that causes chronic inflammation of the digestive tract, is characterized by abdominal pain and diarrhea. Like Crohn's disease, another common IBD, ulcerative colitis can be debilitating and sometimes can lead to life-threatening complications.

Ulcerative colitis usually affects only the innermost lining of the large intestine (colon) and rectum. It occurs only through continuous stretches of the colon, unlike Crohn's disease, which occurs in patches anywhere in the digestive tract and often spreads deep into the layers of affected tissues.

There's no known cure for ulcerative colitis, but therapies are available that may dramatically reduce the signs and symptoms of ulcerative colitis and even bring about a long-term remission.

The goal of medical treatment is to reduce the inflammation that triggers the signs and symptoms. In the best cases, this may lead not only to symptom relief but also to long-term remission. Ulcerative colitis treatment usually involves either drug therapy or surgery.

Doctors use several categories of drugs that control inflammation in different ways. But drugs that work well for some people may not work for others, so it may take time to find a medication that works. In addition, because some drugs have serious side effects, patients need to weigh the benefits and risks of any treatment.

NOTE: Individuals treated with anti-inflammatory medications, not underweight and no recent or frequent hospitalizations are acceptable. Those who have required surgery in the past but are currently asymptomatic are acceptable. Individuals who require

treatment with immune system suppressors (some of these medications are included in our “Drug Information List”);
underweight or recently hospitalized should be declined.

Connective Tissue Disorders

(Fibromyalgia, Polymyalgia, Rheumatoid Arthritis)

Fibromyalgia: Acceptance or declination would depend on severity of symptoms and treatment required. Fibromyalgia is often triggered by anxiety and stress and is treated with tranquilizers and antidepressants. Pain is usually treated with anti inflammatories or with narcotic analgesics as well as trigger point injections.

Individuals with fibromyalgia that is disabling and requires regular narcotic treatment are unacceptable. Those with mild, non-disabling symptoms controlled on intermittent pain medication and psychotropic medications are acceptable. Follow up is usually conducted by a rheumatologist or a pain management specialist.

Polymyalgia: Polymyalgia rheumatica usually runs its course in a year or two. Symptoms include moderate to severe aching and stiffness in the muscle of hips, thighs, shoulders, upper arms and neck, fatigue, unintentional weight loss, weakness or a general feeling of being unwell, sometimes a slight fever, anemia (low red blood count). In most cases, the usual polymyalgia rheumatica treatment is low, daily dose of an oral corticosteroid drug such as Prednisone.

Polymyalgia rheumatica is unacceptable early in the onset of the condition; however, when oral steroids are decreased to a very low dose 1-3 mg daily and the sedimentation rate is normalized indicating inflammation is resolving the condition is acceptable. Follow up is usually conducted by a rheumatologist.

Rheumatoid Arthritis: Acceptance or declination depends on whether the condition is crippling or disabling as well as the type of treatment required. Often treatment is with medications that suppress the immune system. Many of these are listed on the not insurable “Drug Information List”.

Individuals treated with medications on the not insurable “Drug Information List” are unacceptable. Mild symptoms requiring treatment with non-steroidal anti-inflammatory drugs are acceptable.

NOTE: If an applicant under medical advice has discontinued use of any unacceptable medications for these conditions, applicant may be considered after 24 months.

Prednisone dose to treat these conditions is limited to the following daily maximums;

Women: 7.5mg

Men: 10mg

Interstitial Cystitis

Interstitial cystitis is chronic inflammation of the bladder. About 1 million Americans have interstitial cystitis, most of whom are women. People who have interstitial cystitis have a bladder wall that is inflamed and irritated (red and sore). This inflammation can scar the bladder or make it stiff. A stiff bladder can't expand as

urine fills it. In some cases, the walls of the bladder may bleed slightly. A few people get sores in the bladder lining.

Medications used to treat IC are administered by different methods:

1. Systemic medication – drugs taken orally
2. Local medication – medication instilled directly into the bladder via a catheter
3. Chronic pain medications

Systemic Medication:

Pentosan polysulfate sodium (Elmiron) is the only oral medication approved by the Food and Drug Administration (FDA) for IC. It is thought to prevent irritating elements in the urine from affecting the cells that line the bladder, but its precise method of action is unknown. Since Elmiron is chemically similar to glycosaminoglycan (GAG), it is thought to help rebuild the epithelium by coating the bladder wall. It may take up to 6 months to provide relief from symptoms, although 25% of patients experience significant symptom relief in as few as 4 weeks. Elmiron must be taken on a long-term basis to keep symptoms from recurring.

Hydroxyzine (Vistaril, Atarax) is an antihistamine and mild anti-anxiety drug. It prevents mast cell degranulation, which is thought to play a role in IC, particularly in patients who have a history of allergies, migraine, and irritable bowel syndrome. Hydroxyzine decreases nighttime urination, frequency, pain, and bladder pressure.

Oxybutynin chloride (Ditropan XL, Detrol, and a combination of atropine, hyoscyamine, methenamine, methylene blue, phenyl salicylate, and benzoic acid (Urised) may reduce bladder spasms that cause frequency, urgency, and nighttime urination. Valium and other muscle relaxants may also be used to reduce spasms associated with IC. Amitriptyline (Elavil) and doxepin (Sinequan) are tricyclic antidepressants that help to block pain, calm bladder spasms, and reduce inflammation; they may be useful in small doses.

Local Medication:

Dimethyl sulfoxide (*DMSO, Rimso-50*) may be instilled (intravesical) through the urethra and directly into the bladder via a catheter. It is the only FDA-approved instillation treatment for IC. It enters the bladder wall and reduces inflammation, pain, and painful muscle contractions; it may be mixed with heparin, steroids, or local anesthetics.

Chronic Pain Medication - A typical IC treatment regimen includes medication for chronic pain, but not limited to:

1. Anticonvulsant drugs – Tegretol, Neurontin
2. Benzodiazepines – Xanax, Ativan
3. Narcotics – Vicodin, Percocet
4. Nonsteroidal anti-inflammatory drugs (NSAIDs) – Advil, Aleve, Celebrex
5. Tricyclic and SSRI antidepressants – Tofranil, Prozac

Generally, these are calming drugs. *Benzodiazepines*, for example, are used to treat anxiety; they are now thought to exert analgesic effects and reduce pelvic floor muscle spasm.

Antidepressant medications affect levels of neurotransmitters in the brain, which are responsible for mood, concentration, and the ability to manage difficult situations. They, too, are used for their pain-blocking effects.

IC sufferers typically have sensitivities to foods and drugs, which may be activated by these medications. It may be necessary to take them initially in small doses. Some may be combined, under the supervision of a physician, to control severe pain.

NOTE: Individuals treated with systemic or minimal to moderate amounts of chronic pain medications without frequent urology visits are acceptable. All others including those treated with local/instilled medication are unacceptable. If prescribed medications which are on the unacceptable drug list, applicant cannot be considered for coverage.

Kidney Stones

Single or intermittent episodes of kidney stones spontaneously passed or treated with lithotripsy are accepted after full recovery.

An individual, who is on medication for the prevention of kidney stones, is likely a “stone former”. Some medications that are given:

Medicine to prevent calcium stones - About 80% of kidney stones are calcium stones. Calcium stones cannot be dissolved by changing your diet or taking medicines. There are medicines that may keep calcium stones from getting bigger or may prevent new calcium stones from forming:

1. Thiazides (such as hydrochlorothiazide, chlorthalidone) and potassium citrate (Urocit-K) are commonly used to prevent calcium stones.
2. Orthophosphate (Neutra-Phos) is sometimes used. It has more side effects than thiazides or potassium citrate.

Medicine to prevent uric acid stones - About 5% to 10% of kidney stones are made of uric acid, a waste product that normally exits the body in the urine. Uric acid stones can sometimes be dissolved with medicine.

1. Potassium citrate (Urocit-K) and sodium bicarbonate (baking soda) prevent the urine from becoming too acidic, which helps prevent uric acid stones.
2. Allopurinol (Lopurin, Zyloprim) makes it more difficult for your body to make uric acid.

Medicine to prevent cystine stones - Less than 1% of kidney stones are made of a chemical called cystine. Cystine stones are more likely to occur in families with a disease that results in too much cystine in the urine (cystinuria).

1. Potassium citrate (Urocit-K) prevents the urine from becoming too acidic, which helps prevent cystine kidney stones from forming.

2. Penicillamine (Cuprimine, Depen), tiopronin (Thiola), and captopril (Capoten) all help keep cystine dissolved in the urine, which makes cystine-type kidney stones less likely to form.

Medicine to prevent struvite stones - About 10% to 15% of kidney stones are struvite stones. They can also be called infection stones if they occur with kidney or urinary tract infections (UTIs). These types of kidney stones sometimes are also called:

1. staghorn calculi if they grow large enough.
2. Urease inhibitors (Lithostat) are rarely used because of their side effects and poor results.

NOTE: Chronic problems with kidney stones, multiple surgical procedures within a 12 month period or an individual diagnosed as a “stone former” are unacceptable. Single or very intermittent kidney stones spontaneously passed or surgically removed are acceptable.

Thyroid Disorders – Hypothyroidism and Hyperthyroidism

Thyroid hormone - A chemical substance made by the thyroid gland for export into the bloodstream. The thyroid gland needs *iodine* to make thyroid hormones. The two most important thyroid hormones are thyroxine and triiodothyronine.

Hypothyroidism - A condition caused by underproduction of thyroid hormone. caused by a surgically removed thyroid, or a thyroid that has been disabled by radioactive iodine, thyroid hormone replacement is needed.

Symptoms of hypothyroidism include:

Fatigue, weakness, weight gain or increased difficulty losing weight, coarse, dry hair, dry, rough, pale skin, hair loss, cold intolerance, muscle cramps and frequent muscle aches, constipation, depression, irritability, or memory loss. Individuals on treatment for hypothyroidism that are stable and controlled are acceptable.

Hyperthyroidism - A condition caused by overproduction of thyroid hormone. It can significantly accelerate the body's metabolism, causing sudden weight loss, a rapid or irregular heartbeat, sweating, and nervousness or irritability. Several treatment options are available for hyperthyroidism. Doctors use anti-thyroid medications and radioactive iodine to slow the production of thyroid hormones. Sometimes, treatment of hyperthyroidism involves surgery to remove part of the thyroid gland. Although hyperthyroidism can be serious if ignored, most people respond well once hyperthyroidism is diagnosed and treated. Some causes of hyperthyroidism are:

Graves' Disease - an autoimmune disorder in which antibodies produced by the immune system stimulate the thyroid to produce too much thyroxine, is the most common cause of hyperthyroidism. Normally, the immune system uses antibodies to help protect against viruses, bacteria and other foreign substances that invade the body. In Graves' disease, antibodies mistakenly attack the thyroid and occasionally the tissue behind the eyes and the skin, often in the lower legs over the shins. Scientists aren't sure exactly what causes Graves' disease, although several factors, including a genetic predisposition, are likely involved.

Hyperfunctioning thyroid nodules - (*toxic adenoma, toxic multinodular goiter, Plummer's disease*). This form of hyperthyroidism occurs when one or more adenomas of the thyroid produce too much thyroxine. An adenoma is a part of the gland that has walled itself off from the rest of the gland, forming noncancerous (benign) lumps that may cause an enlargement of the thyroid. Not all adenomas produce excess thyroxine, and doctors aren't sure what causes some to begin producing too much hormone.

Thyroiditis - Sometimes your thyroid gland can become inflamed for unknown reasons. The inflammation can cause excess thyroid hormone stored in the gland to leak into your bloodstream. One rare type of thyroiditis, known as subacute thyroiditis, causes pain in the thyroid gland.

NOTE: Individuals who have been treated surgically, with radioactive iodine or on medications and are stable and asymptomatic may be considered for coverage. All others are unacceptable.

Miscellaneous Treatment/Tests, etc.

Future Treatment, Evaluation, Testing, Surgery

If the application question concerning treatment, further evaluation, diagnostic testing, or any surgery that has not been performed is answered "yes", the applicant is not acceptable. It should not be answered "yes" if routine testing is planned or scheduled. The following guide describes tests that are routine and tests that are done for diagnostic reasons.

Applicants receiving on-going treatment with implantable devices including but not limited to stimulators, Transcutaneous electrical nerve stimulation (TENS/TNS) units, IVC Filters should be declined based on further treatment and/or the condition requiring the device.

Catheters (including self-catheterization) are unacceptable. Applicants can be considered after which time the catheter has been removed and they have been released from care.

Colostomy: If colostomy is temporary coverage is unacceptable. Applicant can be considered after which time the colostomy has been removed and released from care. If permanent, coverage will be considered on an individual basis.

Routine Testing

AGE 65 AND OLDER

- **Abdominal aortic aneurysm screening:**
 - Men between ages 65 - 75 who have smoked should have an ultrasound done once to screen for abnormal aortic aneurysms.
 - Others should discuss such screening with their health care provider.

- **Blood pressure screening:**
 - Have your blood pressure checked every year.

- If you have diabetes, heart disease, kidney problems, or certain other conditions, you may need to be watched more closely.

- **Cholesterol screening:**

- If your cholesterol level is normal, have it rechecked every 3-5 years.
- If you have diabetes, heart disease, kidney problems, or certain other conditions, you may need to be monitored more closely.

- **Colon cancer screening: One of the following screening tests should be done:**

- A stool test every year
- Flexible sigmoidoscopy every 5 years along with a stool guaiac test
- Colonoscopy every 10 years
- Computed tomographic colonography (virtual colonoscopy)

Note: Patients with risk factors for colon cancer, including long-standing ulcerative colitis, personal or family history of colorectal cancer, or history of large colorectal adenomas may need a colonoscopy more often.

- **Dental exam:**

- Go to the dentist every year.

- **Eye exam:**

- Have an eye exam every 1-2 years.
- Make sure your health care provider checks for glaucoma.

Note: An individual may be required to have eye pressure checks more frequently than annually if diagnosed with glaucoma. Cases will be reviewed on an individual basis.

Macular Degeneration: coverage is unacceptable if the applicant is current receiving or has received injections for wet macular degeneration within the past 12 months.

- **Hearing test:**

- Have your hearing tested every year.

- **Immunizations:**

- Over 65, get a pneumococcal vaccine if you have never had before, or if you received one more than 5 years before you turned 65.
- Get a [flu](#) shot every year.
- Get a tetanus - diphtheria booster every 10 years.
- A shingles or herpes zoster vaccination may be given once after age 60.

- **Men: Prostate exam:**

- Prostate cancer screening
- Screening may involve a PSA test or digital rectal exam.

- **Physical exam:**
 - Have a yearly physical exam.
 - With each exam, you should have your height and weight checked.
 - Routine diagnostic tests are not recommended unless your doctor finds a problem.

- **Women: Breast exams:**
 - Women may do a monthly breast self-exam.
 - Women should contact their doctor immediately if they notice a change in their breasts, whether or not they do self-exams.
 - A complete breast exam should be done by a health care provider every year.

- **Women: Mammograms:**
 - Women should have a mammogram done every 1-2 years depending on risk factors to check for breast cancer.

- **Women: Osteoporosis screening:**
 - All women should have a bone density test (DEXA scan).
 - Ask your doctor about the proper calcium intake and exercise needed to help prevent osteoporosis.

- **Men: Osteoporosis screening:**
 - All men over age 70 should have a bone density test (DEXA scan).

- **Women: Pelvic exam and Pap smear:**
 - Women should have a yearly pelvic exam and Pap smear done to check for cervical cancer and other disorders.
 - If your Pap smears have been negative for 3 years in a row, your doctor may tell you that you only need a Pap smear to every 2 - 3 years.
 - Women who have had a total hysterectomy (uterus or cervix removed) may choose not to have Pap smears.
 - If you are over 70 and your Pap smear has been normal for 10 years, or if your test results have been normal for 3 years in a row, you may choose not to have any more Pap smears.

Note: Under the Further Evaluation, Testing, Surgery Guideline coverage is unacceptable when any tests are performed more frequently than is recommended for routine preventative screening. Routine preventative screening tests are acceptable.

Diagnostic Testing

Why is a Chest X-ray performed?

Chest x-rays may be used to assess heart status (either directly or indirectly) by looking at the heart itself, as well as the lungs. Changes in the normal structure of the heart, lungs, and/or lung vessels may indicate disease or other conditions. Conditions which may be assessed with a chest x-ray may include, but are not limited to, the following:

- Enlarged heart (which can occur with congenital heart defects or cardiomyopathy)
- Pericardial effusion - a build-up of excess fluid in-between the heart and the membrane that surrounds it, often due to inflammation.
- Pleural effusion - a collection of blood or fluid around the lung.
- "Fluid in the lungs," known as pulmonary edema (which can occur with congenital heart disease or congestive heart failure)
- Pneumonia and other lung diseases

Chest x-rays may also be ordered:

- As part of a physical examination.
- Before hospitalization and/or surgery.
- To assess symptoms of conditions related to the heart or lungs.
- To check the position of implanted pacemaker wires and other internal devices such as central venous catheters.
- To check status of lungs and chest cavity after surgery.

More definitive tests, such as a computed tomography (CT) scan, magnetic resonance imaging (MRI), or cardiac catheterization may be performed to make a final diagnosis of cardiac conditions.

Why is an ECG performed?

The electrical activity of the heart is measured by an electrocardiogram. A graphic representation (or tracing) of the electrical activity can be obtained by placing electrodes at specific locations on the body (chest, arms, and legs). Changes in an ECG from the normal tracing can indicate one or more heart-related conditions.

Some medical conditions which may cause changes in the ECG pattern include, but are not limited to, the following:

- Conditions in which the heart is enlarged - these conditions can be caused by various factors, such as congenital (present at birth) heart defects, valve disorders, high blood pressure, congestive heart failure, or conduction disturbances.
- Ischemia - decreased blood flow to the heart muscle due to clogged or partially-clogged arteries.
- Conduction disorders - a dysfunction in the heart's electrical conduction system, which can make the heartbeat too fast, too slow, or at an uneven rate.
- Electrolyte disturbances - an imbalance in the level of electrolytes, or chemicals, in the blood, such as potassium, magnesium, or calcium.
- Pericarditis - an inflammation or infection of the sac which surrounds the heart.
- Valve disease - malfunction of one or more of the heart valves may cause an obstruction of the blood flow within the heart.

- Chest trauma - blunt trauma to the chest, such as a motorist hitting the steering wheel in an automobile accident.

This list presented above is an example. It is not intended to be a comprehensive list of all conditions which may cause changes in the ECG pattern.

An ECG may also be performed for other reasons, including, but not limited to, the following:

- During a physical examination to obtain a baseline tracing of the heart's function (This baseline tracing may be used later as a comparison with future ECGs, to see if any changes have occurred.)
- As part of a work-up prior to a procedure such as surgery to make sure no heart condition exists that might cause complications during or after the procedure
- To check the function of an implanted pacemaker
- To check the effectiveness of certain heart medications
- To check the heart's status after a heart-related procedure such as a cardiac catheterization, heart surgery, or electrophysiological studies

Echocardiogram

An echocardiogram (also called an echo) is a type of ultrasound test that uses high-pitched sound waves that are sent through a device called a transducer. The device picks up echoes of the sound waves as they bounce off the different parts of your heart. These echoes are turned into moving pictures of your heart that can be seen on a video screen.

The different types of echocardiograms are:

Transthoracic Echocardiogram (TTE) - This is the most common type. Views of the heart are obtained by moving the transducer to different locations on your chest or abdominal wall.

Stress Echocardiogram - During this test, an echocardiogram is done both before and after your heart is stressed either by having you exercise or by injecting a medicine that makes your heart beat harder and faster. A stress echocardiogram is usually done to find out if you might have decreased blood flow to your heart (coronary artery disease, or CAD).

Doppler Echocardiogram - This test is used to look at how blood flows through the heart chambers, heart valves, and blood vessels. The movement of the blood reflects sound waves to a transducer. The ultrasound computer then measures the direction and speed of the blood flowing through your heart and blood vessels. Doppler measurements may be displayed in black and white or in color.

Transesophageal Echocardiogram (TEE) - For this test, the probe is passed down the esophagus instead of being moved over the outside of the chest wall. TEE shows clearer pictures of your heart, because the probe is located closer to the heart and because the lungs and bones of the chest wall do not block the sound waves produced by the probe. A sedative and an anesthetic applied to the throat are used to make you comfortable during this test.

Echo can be used as part of a stress test and with an electrocardiogram (EKG) to help your doctor learn more about your heart.

Why are Echocardiograms performed?

Transthoracic echocardiogram (TTE) is performed to:

- Look for the cause of abnormal heart sounds (murmurs or clicks), an enlarged heart, unexplained chest pains, shortness of breath, or irregular heartbeats.
- Check the thickness and movement of the heart wall.
- Look at the heart valves and check how well they work.
- See how well an artificial heart valve is working.
- Measure the size and shape of the heart's chambers.
- Check the ability of your heart chambers to pump blood (cardiac performance). During an echocardiogram, your doctor can calculate how much blood your heart is pumping during each heartbeat (ejection fraction). You might have a low ejection fraction if you have heart failure.
- Detect a disease that affects the heart muscle and the way it pumps, such as cardiomyopathy.
- Look for blood clots and tumors inside the heart.
- Look for congenital heart defects or to check the effectiveness of previous surgery to repair a congenital heart defect.
- Check how well your heart works after a heart attack.
- Identify the specific cause of heart failure.
- Look for a collection of fluid around the heart (pericardial effusion) or a thickening of the lining (pericardium) around the heart.

A Stress echocardiogram may be performed to:

Identify and monitor reduced blood flow to heart muscle (ischemia). This is usually more apparent after some form of stress, such as exercise or medicine.

A Doppler echocardiogram may be performed to:

A Doppler echocardiogram can be done during a transthoracic echocardiogram (TTE), a transesophageal echocardiogram (TEE), or a stress echocardiogram to:

- Measure the speed at which blood travels through the heart.
- Measure the blood pressure and speed of blood flow through the heart valves.

A Transesophageal echocardiogram (TEE) may be performed to:

- Monitor heart function during surgery.
- Check how well an artificial heart valve works.
- Look for masses or blood clots in the upper left chamber (left atrium) of the heart.
- Identify abnormal blood flow between the chambers of the heart (cardiac shunt).
- Help find out if you have endocarditis.
- Guide procedures done during cardiac catheterization.
- Help find out if you have a tear in the aorta (aortic dissection).

Stress Tests

A Stress Test may be performed to:

Test for heart disease. Stress tests are tests performed by a doctor and/or trained technician to determine the amount of stress that the heart can manage before developing either an abnormal rhythm or evidence of ischemia (not enough blood flow to the heart muscle). The most commonly performed stress test is the exercise stress test.

What Is an Exercise Stress Test?

The exercise stress test -- also called a stress test, exercise electrocardiogram, treadmill test, graded exercise test, or stress ECG -- is a test used to provide information about how the heart responds to exertion. It usually involves walking on a treadmill or pedaling a stationary bike at increasing levels of difficulty, while electrocardiogram, heart rate, and blood pressure are monitored.

Why is a Stress Test performed?

- Determine if there is adequate blood flow to your heart during increasing levels of activity.
- Evaluate the effectiveness of your heart medications to control angina and ischemia.
- Determine the likelihood of having coronary heart disease and the need for further evaluation.
- Check the effectiveness of procedures done to improve blood flow within the heart vessels in people with coronary heart disease.
- Identify abnormal heart rhythms.
- Help you develop a safe exercise program.

NOTE: When Chest X-rays, Electrocardiograms, Echocardiograms, and Stress Tests are recommended, planned or scheduled coverage is unacceptable. These tests are sometimes performed annually to follow up on existing conditions. More frequently than annually is an indication the individual may be having symptoms and coverage should be declined.

Why are Computerized Tomography (CT) scans performed?

CT scans are performed to analyze the internal structures of various parts of the body. This includes the head, where traumatic injuries, (such as blood clots or skull fractures), tumors, and infections can be identified. In the spine, the bony structure of the vertebrae can be accurately defined, as can the anatomy of the intervertebral discs and spinal cord. In fact, CT scan methods can be used to accurately measure the density of bone in evaluating osteoporosis. Occasionally, contrast material (an x-ray dye) is placed into the spinal fluid to further enhance the scan and the various structural relationships of the spine, the spinal cord, and its nerves. Contrast material is also often administered intravenously or through other routes prior to obtaining a CT scan (see below). CT scans are also used in the chest to identify tumors, cyst, or infections that may be suspected on a chest x-ray. CT scans of the abdomen are extremely helpful in defining body organ anatomy, including visualizing the liver, gallbladder, pancreas, spleen, aorta, kidneys, uterus, and ovaries. CT scans in this area are used to verify the presence or absence of tumors, infection, abnormal anatomy, or changes of the body from trauma. The technique is painless and can provide extremely accurate images of body structures in addition to guiding the radiologist in performing certain procedures, such as biopsies of suspected cancers, removal of internal body fluids for various tests, and the draining of abscesses which are deep in the body. Many of these

procedures are minimally invasive and have markedly decreased the need to perform surgery to accomplish the same goal.

When are Magnetic Resonance Imaging (MRI) scans used?

An MRI scan can be used as an extremely accurate method of disease detection throughout the body. In the head, trauma to the brain can be seen as bleeding or swelling. Other abnormalities often found include brain aneurysms, stroke, tumors of the brain, as well as tumors or inflammation of the spine.

Neurosurgeons use an MRI scan not only in defining brain anatomy but in evaluating the integrity of the spinal cord after trauma. It is also used when considering problems associated with the vertebrae or intervertebral disc of the spine. An MRI scan can evaluate the structure of the heart and aorta, where it can detect aneurysms or tears.

It provides valuable information on glands and organs within the abdomen, and accurate information about the structure of the joints, soft tissues, and bones of the body. Often, surgery can be deferred or more accurately directed after knowing the results of an MRI scan.

NOTE: When CT Scans and MRIs are recommended, planned or scheduled coverage is unacceptable until which time medical records can be provided indicating the results, any diagnosis and/or plans for future treatment.

Underwriting Applicant Health History section of the Medicare Supplement Application

NOTE: The numbered questions below refer specifically to the questions in Applicant Health History section of the application.

Within the past 24 months if you have been medically diagnosed, treated or had surgery for any brain, mental or nervous disorder, provide reason and diagnosis: When there is a disabling mental condition, current treatment with antipsychotic medications, hospitalization within 24 months, or frequent psychiatric visits, coverage is unacceptable.

Mild to moderate anxiety and depression treated with tranquilizers and antidepressants, without hospitalizations or frequent psychiatric visits may be acceptable.

For questions regarding specific mental conditions, refer to [Psychiatric Diseases](#).

Within the past five years if you have been hospitalized, treated at an outpatient facility, or emergency room, provide reason and diagnosis: Applications on individuals who have had frequent hospitalizations, outpatient treatment or emergency room visits for multiple acute or chronic conditions, should be referred to a Senior Underwriter to be discussed in the Underwriting Committee.

If the admitted reason for hospitalization is a diagnosis that is covered in Section 4, the application is not acceptable. All other conditions will be reviewed on an individual basis.

Prescribed medications/Reason for medications (diagnosis): Applicants who have prescribed medications listed on the Drug List are usually being treated for conditions included in Sections 4 and 5 of the application and are not acceptable.

Medications on the Drug List denoted by an asterisk (*) may be prescribed for multiple conditions, some acceptable. The applicant is unacceptable if the drug is prescribed for the condition listed.

Applicants who discontinue the use of medications listed on the Drug List may be considered at a later date based upon the condition being treated and the time frame surrounding that condition outlined on the application.

Medications prescribed for acute conditions and have since been discontinued may be considered on an individual basis.