

### 1. Cancer

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma, sarcoma and multiple myeloma.

The following are excluded:

- i. Tumors showing the malignant changes of carcinoma in situ & tumors which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T1N0M0.
- iii. Chronic lymphocytic leukemia less than RAI stage 3
- iv. Microcarcinoma of the bladder
- v. All tumors of Thyroid histologically classified as T1N0M0 (TNM Classification)
- vi. All tumor of Urinary Bladder histologically classified as T1N0M0 (TNM classification)
- vii. All tumors in the presence of HIV infection.

### 2. Kidney Failure

- i. Acute Kidney injury requiring renal replacement therapy (Hemodialysis, Peritoneal Dialysis or CRT)
- ii. Acute Glomerular Disease needing Immunosuppressive Therapy (a kidney biopsy must have been performed to prove it unless a certified nephrologist states it was too risky to do a biopsy or was unnecessary to prove the diagnosis of glomerular disease)
- iii. Chronic Kidney Diseases Stage 4 or above with construction of access for renal replacement therapy (AV fistula, AV graft, PD catheter insertion, Permanent catheter) on advice of a nephrologist
- iv. Chronic Kidney Disease stage 5 on maintenance hemodialysis, peritoneal dialysis or undergo a kidney transplantation.

### 3. Primary Pulmonary Arterial Hypertension

A definite diagnosis of primary pulmonary hypertension is evidenced by all the following:

- i. Marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness, or chest pain (Class III or IV of the New York Heart Association classification) over a period of 3 months
- ii. Mean pulmonary artery pressure of more than 25mmHg at rest measured by right heart catheterization. The diagnosis must be confirmed by a Consultant Cardiologist or Lung Specialist.

For the above definition, the following are not covered:

- i. Pulmonary hypertension secondary to lung, heart or systemic diseases
- ii. Chronic thromboembolic pulmonary hypertension (CTEPH)
- iii. Drug-or toxin-induced pulmonary hypertension.

### 4. Multiple Sclerosis

Definite diagnosis of multiple sclerosis, which must be confirmed by a Consultant Neurologist and supported by all the following criteria:

- i. Current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- ii. Magnetic resonance imaging (MRI) shows at least two lesions of demyelination in the brain or spinal cord characteristic of multiple sclerosis.

For the above definition, the following are not covered:

- i. Possible multiple sclerosis and neurologically or radiologically isolated syndromes suggestive but not diagnostic of multiple sclerosis
- ii. Isolated optic neuritis and neuromyelitis Optica

### 5. Major Organ Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: Heart, Lung, Liver, Kidney, Pancreas that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human hematopoietic stem cells or bone marrow transplants.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

### 6. Coronary artery by-pass graft

The undergoing of heart surgery to correct narrowing or blockage of two or more coronary arteries with bypass grafts. Heart surgery with full sternotomy (vertical division of the breastbone) and minimally invasive procedures (partial sternotomy or thoracotomy) are covered. The surgery must be determined to be medically necessary by a Consultant Cardiologist or Cardiac Surgeon and supported by coronary angiogram findings.

For the above definition, the following are not covered:

- i. Bypass surgery to treat narrowing or blockage of one coronary artery.

- ii. Coronary angioplasty or stent-placement

#### **7. Surgery of the Aorta**

The undergoing of surgery to treat narrowing, obstruction, aneurysm or dissection of the aorta.

Minimally invasive procedures like endovascular repair are covered under this definition. The surgery must be determined to be medically necessary by a Consultant Surgeon and supported by imaging findings.

For the above definition, the following are not covered:

- i. Surgery to any branches of the thoracic or abdominal aorta (including Aortobifemoral or aortoiliac bypass grafts)
- ii. Surgery of the aorta related to hereditary connective tissue disorders (e.g. Marfan syndrome, Ehlers-Danlos syndrome)
- iii. Surgery following traumatic injury to the aorta.

#### **8. Heart Valve Surgery**

The undergoing of surgery to replace or repair one or more defective heart valves. The following procedures are covered under this definition:

- i. Heart valve replacement or repair with full sternotomy (vertical division of the breastbone), partial sternotomy or thoracotomy
- ii. Ross-Procedure
- iii. Catheter-based valvuloplasty
- iv. Transcatheter aortic valve implantation (TAVI)

The surgery must be determined to be medically necessary by a Consultant Cardiologist or Cardiac Surgeon and supported by an echocardiogram or cardiac catheterization findings.

For the above definition, the following are not covered:

- i. Transcatheter mitral valve clipping

#### **9. Stroke**

- i. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage, and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain.
- ii. Ischemic stroke: That require thrombolysis or thrombectomy or ICU admission or decompressive therapy or persistent neurological deficit.
- iii. Intracranial hemorrhage: Requiring ICU admission.
- iv. Sub Arachnoid hemorrhage: Non traumatic SAH.

#### **10. Myocardial Infarction (First Heart Attack)**

A myocardial infarction is the death of heart tissue due to prolonged obstruction of blood flow. Under this definition, myocardial infarction is evidenced by a rise and/or fall of cardiac biomarkers (troponin or CKMB) to levels considered diagnostic of myocardial infarction together with at least two of the following criteria:

- i. Symptoms of ischemia (like chest pain)
- ii. Electrocardiogram (ECG) changes indicative of new ischemia (new ST-T changes or new left bundle branch block)
- iii. Development of pathological Q waves in the ECG
- iv. The diagnosis must be confirmed by a Consultant Cardiologist.

For the above definition, the following are not covered:

- i. Acute coronary syndrome (stable or unstable angina)
- ii. Elevations of troponin in the absence of overt ischemic heart diseases (e.g. myocarditis, apical ballooning, cardiac contusion, pulmonary embolism, drug toxicity)
- iii. Myocardial infarction with normal coronary arteries or caused by coronary vasospasm, myocardial bridging or drug abuse.
- iv. Myocardial infarction that occurs within 14 days after coronary angioplasty or bypass surgery

#### **11. Coma**

A definite diagnosis of a state of unconsciousness with no reaction or response to external stimuli or internal needs, which:

- i. Results in a score of 8 or less on the Glasgow coma scale for at least 96 hours,
- ii. Requires the use of life support systems, and
- iii. Results in a persistent neurological deficit which must be assessed at least 30 days after the onset of the coma. The diagnosis must be confirmed by a Consultant Neurologist.

For the above definition, the following are not covered:

- i. Medically induced coma
- ii. Any coma due to self-inflicted injury, alcohol, or drug use

#### **12. Total Blindness**

Profound vision loss of both eyes resulting from either disease or trauma that cannot be corrected by refractive correction, medication, or surgery. Profound vision loss is evidenced by either a visual acuity of 3/60 or less (0.05 or less in the decimal notation) in the better eye after best correction or a visual field of less than 10° diameter in the better eye after best correction. The diagnosis must be confirmed by a Consultant Ophthalmologist.

#### **13. Paralysis**

Total and irreversible loss of muscle function to the whole of any 2 limbs as a result of injury to, or disease of the spinal cord or brain. Limb is defined as the complete arm or the complete leg. Paralysis must be present for more than 3 months, confirmed by a Consultant Neurologist and supported by clinical and diagnostic findings.

For the above definition, the following are not covered:

- i. Paralysis due to self-harm or psychological disorders
- ii. Guillain-Barré-Syndrome
- iii. Periodic or hereditary paralysis

#### **14. Benign brain Tumor**

A definite diagnosis of a benign (non-malignant) brain tumor, located in the cranial vault and originating from tissue of the brain, meninges, or cranial nerves. The tumor must be treated with at least one of the following:

- Complete or incomplete surgical removal
- Stereotactic radiosurgery
- External beam radiation

If none of the treatment options is possible due to medical reasons, the tumor must cause a persistent neurological deficit, which has to be documented for at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist or Neurosurgeon and supported by imaging findings.

For the above definition, the following are not covered:

- i. The diagnosis or treatment of any cyst, granuloma, hamartoma or malformation of the arteries or veins of the brain
- ii. Tumors of the pituitary gland

#### **15. Major Head Trauma**

A definite diagnosis of a disturbance of the brain function as a result of traumatic head injury. The head trauma must result in a total inability to perform, by oneself, at least 3 out of 6 Activities of Daily Living for a continuous period of at least 3 months with no reasonable chance of recovery.

Activities of Daily Living are:

- i. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- ii. Getting dressed and undressed - the ability to put on, take off, secure, and unfasten all garments and, if needed, any braces, artificial limbs, or other surgical appliances.
- iii. Feeding oneself - the ability to feed oneself when food has been prepared and made available.
- iv. Maintaining personal hygiene - the ability to maintain a satisfactory level of personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- v. Getting between rooms - the ability to get from room to room on a level floor.
- vi. Getting in and out of bed - the ability to get out of bed into an upright chair or wheelchair and back again.
- vii. The diagnosis must be confirmed by a Consultant Neurologist or Neurosurgeon and supported by typical imaging findings (CT scan or brain MRI).

For the above definition, the following are not covered:

- i. Any major head trauma due to self-inflicted injury, alcohol, or drug use.