

**Table 3**

**Attached Form to the National Health Insurance Application Form for the Certificate of Major Illness and Injury Applied by Patient Who Requires Periodical Dialysis Treatment Due to Chronic Renal Failure**

(Initial Application: An application submitted by an applicant who has never submitted an application or whose application has been previously declined. For those who apply for dialysis treatment for the first time, all columns herein shall be filled out or otherwise the application will not be accepted.)

Name: \_\_\_\_\_ Gender:  Male  Female Number of national identification card: \_\_\_\_\_

Date of birth: \_\_\_\_YY \_\_\_\_MM \_\_\_\_DD Date of first dialysis treatment: \_\_\_\_YY \_\_\_\_MM \_\_\_\_DD

Original Residential address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Hospital/clinic which provides dialysis treatment: \_\_\_\_\_ (Code: \_\_\_\_\_)

Dialysis method:  Hemodialysis (Completion date of permanent vascular access): \_\_\_\_YY \_\_\_\_MM \_\_\_\_DD)

Peritoneal dialysis (Implantation date of dialysis tubing): \_\_\_\_YY \_\_\_\_MM \_\_\_\_DD)

Primary cause: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Please refer to the back of the application form)

A. Regular dialysis(Indication) : (Please check in the appropriate box ) (Please refer to the instruction in the back of application )

- (1) Absolute indications  (2) Relative indications

B. Symptoms and Signs : (Please check in the appropriate boxes by all means)

- 1.Cardiac failure or pulmonary edema  2.Pericarditis  3.Hemorrhagic tendency  
 4.Neurological symptoms: Consciousness disorder, convulsion or peripheral neuropathy  5.Hyperkalemia (Uncontrollable with medication)  
 6.Severe acidemia (Uncontrollable with medication)  7.Nausea & Vomit (Uncontrollable with medication)  
 8.Cachexia  9.Severe azotemia (BUN > 100 mg/dl)  
 10.Others (Please specify) :

C. Comorbidity : (Please check in the appropriate boxes by all means)

- 1.Diabetes mellitus  2.Hypertension  3.Congestive heart failure  4.Ischemic heart disease  
 5.Cerebrovascular disease  6.Chronic hepatic disease / cirrhosis  7.Malignant tumor  8.Tuberculosis  
 9.Others (Please specify) :

D. Laboratory values : ( Test date : \_\_\_\_YY \_\_\_\_MM \_\_\_\_DD )

Albumin : \_\_\_\_ g/dl Hct : \_\_\_\_ % Hb : \_\_\_\_ gm% K : \_\_\_\_ mEq/L

BUN : \_\_\_\_ mg/dl Cr : \_\_\_\_ mg/dl eGFR (MDRD-S) : \_\_\_\_ ml/min/1.73m<sup>2</sup>

Daily urine amount : \_\_\_\_ ml

E. Other examination data : ( History, Renal ultrasound, and etc. )

- Past history and diagnosed as chronic renal failure Date : \_\_\_\_YY \_\_\_\_MM \_\_\_\_DD  
 Abnormal BUN : \_\_\_\_ mg/dl or Cr : \_\_\_\_ mg/dl. Date : \_\_\_\_YY \_\_\_\_MM \_\_\_\_DD  
 Abnormality observed in renal ultrasound (Please check in the appropriate boxes) Date : \_\_\_\_YY \_\_\_\_MM \_\_\_\_DD  
 Left kidney size 8-10cm  Right kidney size 8-10cm  
 Left kidney size 6-8cm  Right kidney size 6-8cm  
 Left hydronephrosis  Right hydronephrosis  Chronic parenchymal lesion of kidney  Others :

F. Ground for the applicant who fails to satisfy the above criteria, but needs to receive a periodical dialysis treatment due to other serious or life-threatening clinical conditions:

Responsible physician: \_\_\_\_\_ (Signature/seal) Chung-Shen-Chuan-Yi-Tzu No. \_\_\_\_ Date: \_\_\_\_YY \_\_\_\_MM \_\_\_\_DD

(The responsible physician shall take full legal responsibilities if the above information is forged.)

----- ( The column below shall be filled out by the review physician only ) -----

To M.D. \_\_\_\_\_

Review opinion: 1.  Approve the issuance of the certificate of major illness and injury which is valid permanently.

2.  Unable to fully confirm that the applicant suffers from irreversible uremia. It is recommended that a certificate of major illness and injury valid for three months should be issued, and re-evaluation shall be conducted after three months. Please attempt to cease dialysis treatment, and carefully care and evaluate whether the applicant requires permanent dialysis. If the patient cannot cease to receive dialysis, please collect the relevant supporting information in order to provide detailed account in the next application.

3.  Disapprove because the applicant fails to satisfy the criteria. Ground:

A. Incomplete information, please provide supplementary information:

B. Other ground: \_\_\_\_\_

Name of the review physician: \_\_\_\_\_ (Signature/seal) Chung-Shen-Chuan-Yi-Tzu \_\_\_\_ Date: \_\_\_\_YY \_\_\_\_MM \_\_\_\_DD

**Explanation for the Application for the Certificate of Major Illness and Injury by Patient Who Requires Periodical Dialysis Treatment Due to Chronic Renal failure under the National Health Insurance 【Initial Application】**

**A. Indications of regular dialysis:**

1. Absolute indications : Glomerular filtration rate eGFR < 5 ml/min/1.73m<sup>2</sup> or serum creatinine SCr ≥ 10.0 mg/dl
2. Relative indications :
  - Diabetic patient : Severe chronic renal failure with eGFR ≤ 15 ml/min/1.73m<sup>2</sup> or serum creatinine SCr ≥ 6.0 mg/dl, and accompanying with one of the following complications (Note: Severe chronic renal failure is defined as condition with gradual renal dysfunction for more than three months)
  - Non-diabetic patient : Severe chronic renal failure with eGFR ≤ 10 ml/min/1.73m<sup>2</sup> or serum creatinine SCr ≥ 8.0 mg/dl, and accompanying with one of the following complications (Note: Severe chronic renal failure is defined as condition showing bilateral renal atrophy (except polycystic kidney) or gradual renal dysfunction for more than three months)

Note: Estimated GFR is calculated from the simplified MDRD equation.  
 estimated GFR=186 × Scr<sup>-1.154</sup> × Age<sup>-0.203</sup> × 0.742 (if female) × 1.212 (if black)

**B. Time for application:**

1. Patient requiring hemodialysis will need to file an application for long-term and regular treatment, regardless of either temporary or permanent catheterization is used. Do not file an application when patient is still under preparation of vascular access.
2. Patient requiring peritoneal dialysis will need to file an application for long-term and regular treatment at the beginning of procedure. Do not file an application when patient is still under preparation of peritoneal catheterization. The date of starting dialysis will be considered as the catheterization date for patient using traditional method. As for pre-catheterized patient, the date of starting dialysis will be counted as the pre-catheterization date.

**C. Instruction of Codes for Primary diseases:**

[Major Classifications of Primary Diseases]

A=A Parenchymal disease of kidney      B=B Systemic disease      C=C Obstructive renal lesion & urinary system disease      D=D Renal vascular lesion  
 E=E Genetic inheritance disease      F=F Other renal failure of known cause      G=G Renal failure of unknown cause      H=H Poisoning      I=I Others

[Minor Classifications of Primary Diseases]

A=A Parenchymal disease of kidney

A-01A Chronic glomerulonephritis (Clinical diagnosis without pathological confirmation)  
 A-01B Chronic glomerulonephritis (Clinical diagnosis with pathological confirmation)  
     A-01B-a IgA Nephropathy      A-01B-b Focal glomerulosclerosis      A-01B-c Membranous nephropathy      A-01B-d Membranoproliferative glomerulonephritis  
     A-01B-e Interstitial nephritis      A-01B-f Minimal change disease      A-01B-g Crescentic glomerulonephritis      A-01B-h Poststreptococcal glomerulonephritis  
     A-01B-i Tubulo-interstitial nephritis      A-01B-j Analgesic nephropathy      A-01B-k Other glomerulonephritis  
 A-02A Rapidly progressive glomerulonephritis (Clinical diagnosis without pathological confirmation)  
 A-02B Rapidly progressive glomerulonephritis (Clinical diagnosis with pathological confirmation)  
 A-03A Chronic interstitial nephritis (Clinical diagnosis without pathological confirmation)  
 A-03A-a Drug-induced acute interstitial nephritis (Clinical diagnosis without pathological confirmation)  
 A-03B Chronic interstitial nephritis (Clinical diagnosis with pathological confirmation)  
 A-03B-a Drug-induced acute interstitial nephritis (Clinical diagnosis with pathological confirmation)  
 A-04 Chronic pyelonephritis      A-05 Acute renal failure (Unrecovered)      A-06 Other parenchymal disease of kidney

B=B Systemic diseases

B-01 Nephrosclerosis (Ischemic renal disease)      B-02 Malignant hypertension      B-03 Diabetes mellitus  
 B-04 Systemic Lupus Erythematosus      B-05 renal amyloidosis      B-06 Scleroderma  
 B-07 Multiple Myeloma      B-08 Gouty nephropathy      B-09 Cirrhosis  
 B-10 Heart failure      B-11 Pregnancy toxemia      B-12 Renal failure due to other metabolic dysfunction  
 B-13 Renal failure due to other systemic disease      B-14 Septicemia

C=C Obstructive renal disease & urinary system disease

C-01 Renal stones      C-02 Renal TB      C-03 Malignant tumor of urinary tract  
 C-04 Urinary tract obstruction due other malignant tumor      C-05 Reflux nephropathy      C-06 Obstructive renal disease due to other cause

D=D Renal vascular disease

D-01 Renal infarction      D-02 Renal artery embolism      D-03 Renal venous thrombosis      D-04 Hemolytic-uremic syndrome      D-05 Others

E=E Genetic inheritance disease

E-01 Polycystic kidney      E-02 Other renal cystic disease      E-03 Alport syndrome      E-04 Renal aplasia      E-05 Renal failure due to other inheritance disease

F=F Renal failure of other known cause

F Renal failure of unknown cause

G=G Renal failure of unknown cause

G Renal failure of unknown cause

H=H Poisoning

H-01 General drug intoxication      H-02 Pesticide poison      H-03 Chemical intoxication      H-04 Others

I=I Others

I-01 Others