Compulsory Automobile Liability Insurance Disability Payment Standards Table

Impairment Type		Impairment Item	Impairment Description	Levels of Disability	Evaluation Standards	Qualified Hospitals or Medical Doctors to Issue Certificate of Disability
Mental	Mental impairment	1-1	Those who suffer from severe mental impairment and cannot do any work for life, need assistance from others for performing all daily activities that are needed for maintain life, and need frequent medical treatment, nursing, and careful protection by specially assigned personnel.	1	1. The basic principle for determining the level of mental impairment: Before the judgment could be made, the patient must receive more than two years of medical treatment. All symptoms must be integrated and considered in making a judgment; the level of impairment must be based on all symptoms, permanent loss of laboring ability, impact on daily life or conditions of social life and activities, and the dependence on other's assistance. 2. When making the judgment, the certificate of disability must be issued by a psychiatrist; if necessary, the insurer may separately appoint medical specialists of neurology, rehabilitation, or occupational medicine departments to join the making of the judgment. 3. Mental impairment judgment shall go through assessments such as Psychological Assessment or Competency Assessment, Mini Mental Status Examination (MMSE), Wechsler Adult Intelligence Scale (WAIS) or Clinical Dementia Rating (CDR) before diagnosis is carried out. 4. Where the mental impairment is	The diagnosis must be issued by a psychiatrist
		1-2	Those who suffer from severe mental impairment, cannot do any work for life, and need assistance in part of daily activities that are needed for maintaining life.	2		

		1-3	Those who suffer from obvious mental impairment and cannot do any work for life but can handle their own daily activities necessary for maintaining life.	3	accompanied by impairment of the central nervous system (CNS) mechanisms, the level of disability must be determined based on a comprehensive overview of all symptoms.	
		1-4	Those who suffer from obvious mental impairment that can only do light work for life as their mental and physical laboring capability is obviously lower than regular people.	7		
		1-5	Those who could be medically proved to have impairment which generally do not affect their laboring capability.	13		

Neuropathic	Neuropathic impairment	2-1	Those who suffer from extreme impairment in their central nervous system and cannot do any work for life, need assistance from others for performing all daily activities necessary for maintaining life, need frequent medical treatment, and nursing or careful protection by specially assigned personnel.	1	1. The central nervous system refers to the brain and spine. The basic principle for judging "the level of neuropathic impairment: Before the judgment could be made, the patient must receive more than six months of medical treatment; if there are surgeries involved in the treatment, the impairment cannot be judged until six months after the last surgery. When making the judgment, if the symptom caused by pathological changes to the central nervous system exists only in single impairment type, the level shall be determined based on the affected organs. For example, the expressive aphasia caused by the damages to speech can be determined based on criteria for speech impairments. However, the level can only be determined based on the more severe of the neuropathic impairments and impairments of affected organs. If neuropathic impairments affect multiple organs, all symptoms must be integrated and considered in making a judgment; the level of impairment must be based on the loss of laboring ability for life, effect on daily life or social activities and need for other's assistance 2. When making the judgment, the certificate of disability must be issued by specialist of neurology, neurosurgery or rehabilitation departments. This however shall not apply to patients who have been officially confirmed to be in	The diagnosis must be issued by a specialist of psychiatry, neurological surgery, or rehabilitation
		2-2	Those who suffer from pathological change of the central nervous system that causes paraplegia or hemiplegic, cannot do any work in their entire life, and need assistance from other for performing part of daily activities	2		

			necessary for maintaining life.		vegetative state. If necessary, the insurer shall separately appoint medical specialists of neurology or occupational medicine departments to join the making of the judgment. 3. For cognitive dysfunction created by brain disease, trauma or dementia, the disability judgment shall go through assessments such as Psychological Assessment or Competency Assessment, Mini Mental Status Examination (MMSE), Wechsler Adult Intelligence Scale (WAIS) or Clinical Dementia Rating (CDR) before diagnosis is carried out. 4. The judgment of “traumatic epilepsy” impairment level: To grade the epilepsy which frequent occurrence causes the changes in the character, further the dementia, split personality and mental illness should be judged by the principle of the mental impairment judgment. The development of epilepsy should be identified when the patient still suffers from brainwave abnormality after sufficient treatment with two or more anti-epilepsy medicines and the specialist believes that treatment cannot be expected to be effective but the symptoms have stabilized as a result of the treatment. The brainwave scan report must also be provided for comprehensive evaluation. 5. Judgment of “headache” impairment level: Those who can engage in working and be affected by	
		2-3	Those who suffer from obvious impairment of the central nervous system and cannot do any work for life but can handle their own daily activities necessary for maintaining life.	3		
		2-4	Those who suffer from obvious impairment upon central nervous system and can only perform light labor for life.	7		
		2-5	Those who suffer from pathological changes in the nervous system which normally does not affect laboring ability but could be medically certified as partial refractory	13		

			neuropathic symptoms.		irregular occurrence of headache should be defined as level 13. 6. Judgment of “vertigo and Balance” impairment level: The vertigo and balance impairment after head injury or central nervous system disease is caused not only by the inner ear impairment but also the impairment of the central nervous system such as cerebellum, brain stem, or frontal lobe. The judgment shall be made based on the following standards: (1) Those who only have the ability to exercise the daily necessary activities for the severe balance function impairment shall be defined as level 3; (2) Those whose ability cannot match the ordinary person for the moderate balance impairment shall be defined as level 7; (3) Those whose laboring ability are not affected and have the eye disease caused by eye oscillation or identified by other balance function examinations shall be defined as level 13. 7. Judgment of “traumatic spinal cord impairment” level: is classified into movement impairment, perception impairment, intestines diseases, urethra diseases and genitalia diseases etc. and judged by the principle in the impairment evaluation 1. The appropriate level shall be given to those with the syndromes. 8. Judgment of “post-traumatic	

					pain syndrome" level: Post-traumatic pain syndrome: The abnormal state of the post traumatic pain for its incomplete damages to limbs and other nerves. Such pains shall be graded according to the following standards if it does not fade away naturally and can be medically certified: (1) The neuralgia caused by the cranial nerve and spinal nerve injury or other reasons should be graded based on the frequency of occurrence, intensity and duration of the pain, and the impact on laboring ability. For example, those who suffer from pain when they do work other than light labor shall be defined as level 7. (2) The causalgia from the trauma shall be defined as level 7 and level 13 respectively according to the previous standards regarding of the degree. 9. Judgment of "radicular and end nerve paralysis impairment" level: As a principle, it is graded based on the damage to organs whose functions are controlled by the damaged nerves. However, if the nerve paralysis can be identified but does not meet the described levels, it shall be defined as level 13. 10. Where the central nervous system function impairment is accompanied by mental impairment, the level of disability must be determined based on a comprehensive overview of all symptoms.	

Eyes	Eyesight impairment	3-1	Totally blind in both eyes.	2	1. The measurement of "Eyesight": Based on corrected eyesight with the application of Landolt C vision test. But those whose eyesight cannot be corrected should be measured by the naked eyesight. The measurement of eyesight impairment must be conducted with the Malingering examination. 2. "Blindness" includes eyeball losing or extraction, no ability to differ light from shade, the ability only for distinguishing then hand motion one meter before one's eyes, or distinguishing the number of fingers five centimeters before one's eyes. 3. If an individual has two of the "eyesight impairment", "visual field impairment", and "regulating or mobility impairment", the impairment level may be judged and increased according to regulations. However, the highest grading cannot exceed the second level for both eyes, and cannot exceed the eighth level for one eye. This restriction does not apply if an individual also suffers from an "eyelid defect impairment". 4. Where the eyeball vision impairment is caused by pathological changes in the nervous system, the level shall be determined based on the more severe of the impairments of affected organs or a comprehensive overview of all symptoms.	The diagnosis must be issued by a hospital with teaching hospital accreditation contracted under National Health Insurance in accordance with laws
		3-2	Those whose eyesight of both eyes are weakened to less than 0.02 but have not reached totally blind.	3		
		3-3	Those whose eyesight of both eyes are weakened to less than 0.06.	5		
		3-4	Those whose eyesight of both eyes are weakened to less than 0.1.	7		
		3-5	Those whose one eye is blind, and another one is weakened to less than 0.02 but has not reached totally blind.	3		
		3-6	Those whose one eye is blind, and another one is weakened less than 0 .06.	4		
		3-7	Those whose one eye is blind, and another one is weakened to less than 0.1.	6		
		3-8	Those whose one eye is blind, and another one is weakened to	7		

			less than 0.4.			
		3-9	Those whose eyesight of both eyes are weakened to less than 0.4.	10		
		3-10	Those whose one eye is blind.	8		
		3-11	Those whose eyesight of one eye is weakened to less than 0.02 but have not reached totally blind.	9		
		3-12	Those whose eyesight of one eye is weakened to less than 0.06.	10		
		3-13	Those whose eyesight of one eye is weakened to less than 0.1.	11		
	Visual field impairment	3-14	Those whose both eyes suffer from hemiscotosis, narrow or distorted vision.	10	1. On the judgment of visual field, those whose visual field is decreased to less than 60% of normal visual field measured at the clear eye sign diameter of 1 centimeter under daylight and eight-directional visual field angles are called distorted vision. Scotoma is determined based on absolutely scotoma, and comparative scotoma is not included on this list 2. The determination of “eyesight impairment” should be based on the “Fundus/Optic Disc Image Centered on the Optic Nerve and the Macula Lutae” and the	
		3-15	Those whose one eye exhibits hemiscotosis, narrow or deformation vision.	14		

					"Vision within the last three months. Where necessary, confirmed diagnosis in Malingering examination is also required. 3. Where the visual field impairment is caused by pathological changes in the nervous system, the level shall be determined based on the more severe of the impairments of affected organs or a comprehensive overview of all symptoms.	
	Regulating or mobility impairment	3-16	Those whose both eyeballs exhibit obvious regulating or mobility impairment.	12	1. "Obvious regulating functional impairment of the eyeball" means the regulating function decreases more than 1/2 or above. 2. "Obvious mobility impairment of the eyeball" means the eyesight (approximately 50° for a single eye, and approximately 45° for both eyes) decreases more than 1/2 or above. 3. Where the regulating or mobility impairment is caused by pathological changes in the nervous system, the level shall be determined based on the more severe of the impairments of affected organs or a comprehensive overview of all symptoms.	
		3-17	Those whose one eyeball exhibits obvious regulating or mobility impairment.	13		
		3-18	Those who suffer from paralysis of eye muscle that causes diplopia in the front vision and severe headache, dizziness, and obvious impairment in the daily life and laboring ability.	13		
		3-19	Those who have high degree of mydriasis	13		

			caused by external injury and suffer from astraphobia and tearing in the eyes which have significant impact on laboring ability.			
	Eyelid defect impairment	3-20	Those who suffer from obvious regulating defects in both eyelids.	10	1. “Obvious defect in eyelid” means that the individual cannot cover completely the cornea when eyelids are closed. If the cornea can be covered completely when eyelids are closed and only the exposed part of bulbar (the white of eye) is damaged, it is not within the scope of payment. 2. If the eyelid defect is accompanied by head, face or neck deformation, the level of impairment may be increased according to regulations.	
		3-21	Those who suffer from obvious regulating defect in one eyelid.	12		
	Eyelid movement impairment	3-22	Those who suffer from obvious mobility impairment in both eyelids.	12	1. “Obvious mobility impairment in eyelids” means that the pupil is covered completely (e.g., ptosis) when the eyelid is opened, or the cornea cannot be covered completely when the eyelid is closed (e.g., lagophthalmos). 2. Where the eyelid movement impairment is caused by pathological changes in the nervous system, the level shall be determined based on the more severe of the impairments of affected organs or a comprehensive overview of all symptoms.	
		3-23	Those who suffer from obvious mobility impairment in one eyelid.	13		
Ear	Hearing im	4-1	Those whose average hearing threshold for	5	1. The “same part” specified in Standards for hearing impairment means both ears; when the two ears have different degrees of	The diagnosis must be issued by a hospital with teaching

	pairment in both ears		both ears is above 90 dB.		hearing impairment, they should be examined and judged comprehensively. The hearing impairment of each ear may not be determined separately to increase the impairment level. If one ear meets the impairment described in Item 4 3 and other meets the impairment described in Item 4 4, the overall impairment should be judged in accordance with level 7 in Item 4 2. 2. Hearing impairment should be evaluated according to 2 pure tone audiometry with results in the latest three months (an interval of 24 hours or more between the 2 tests is required), speech reception threshold test (SRT), and auditory brainstem response (ABR) test. If necessary, the evaluation shall include Stenger test results or steady state evoked potential (SSEP) results. 3. The examination of balance mechanism impairment caused by defect or injury to inner ear may be applied to the grading principles in neuropathic impairment and evaluating the effect of the impairment on laboring ability. 4. Average threshold value means the average value of threshold value to 500Hz, 1kHz and 2kHz inspected by audiometer. 5. Judgment of the "balance functional impairment and hearing impairment" level: When damage to the head causes both hearing impairment and balance functional impairment, the level of impairment must be determined based on a	hospital accreditation contracted under National Health Insurance in accordance with laws
		4-2	Those whose average hearing threshold for both ears is above 70 dB at least.	7		
	Hearing impairment in one ear	4-3	Those whose average hearing threshold of one ear is above 90 dB at least.	10		
		4-4	Those whose average hearing threshold for one ear is above 70 dB at least.	11		

					comprehensive overview of all symptoms. 6. Where pathological changes to nervous system causes the hearing impairment, the level of impairment shall be determined based on the more severe of the impairments of affected organs or a comprehensive overview of all symptoms.	
	Auricle defect impairment	4-5	Those who suffer from a defect in one auricle.	13	1. “Auricle defect mostly” means those whose cartilage of the pinna is more than one half defective. 2. If an ear exhibits both hearing impairment (functional impairment) and auricle defect (organ impairment), the impairment level may be judged and increased according to regulations.	
Nose	Defect and functional impairment	5-1	Those who suffer from nose defect.	10	1. Nose defect” means the nasal cartilage is more than one half defective. 2. If the “nose defect” is accompanied by head, face or neck deformation, the impairment level may be judged and increased according to regulations. 3. "Obvious functional impairment” means the blocked nostrils on both sides and difficulties in breathing through the nose that cannot be corrected and cured or the complete loss of olfaction on both sides. 4. Functional impairments of the nose caused by pathological changes in the nervous system shall be determined based on the more severe of the impairments of affected organs or a comprehensive overview of all symptoms.	The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance
		5-2	Those who do not suffer from nose defect but have obvious functional impairment.	13		

Mouth	mastication, deglutition and speech impairment	6-1	Those who have lost mastication, deglutition, and speaking functions.	2	1. The judgment of mastication, deglutition and speech impairment cannot be done until 6 months after the last surgery. However, impairments caused by the excision of whole throat are not bound by this rule. 2. The diagnosis of mastication and deglutition impairment can only be confirmed after proper rehabilitation and evaluation of the related abilities. Where necessary, the individual may be required to take special X ray examinations related to the mastication and deglutition abilities (videofluorography). The diagnosis of speech impairment should be confirmed after proper rehabilitation and evaluation on the speech ability. However, language impairments caused by the excision of whole throat are not bound by this rule. 3. The main reasons causing the masticating function impairment (because there are other special regulations for the dilapidator of teeth) refer specifically to the reasons other than the teeth (such as impairment of cheek, tongue, soft and hard cover, jawbone, chin joint etc.). Narrow esophagus, abnormal tongue, and deglutition impairment caused by the nerve paralysis controlling larynx generally cause masticating function impairment, so the two combined impairments are defined as ”mastication and deglutition impairment”. (1) “Loss of mastication and deglutition functions” means those who cannot masticate or	The diagnosis must be issued by a hospital with teaching hospital accreditation contracted under National Health Insurance in accordance with laws
		6-2	Those who have lost mastication, deglutition, or speaking functions.	4		
		6-3	Those who suffer from obvious impairment on mastication, deglutition or speaking functions.	5		
		6-4	Those who have obvious impairment on mastication, deglutition or speaking function.	7		
		6-5	Aphasia caused by speech center injuries that prevents the patient from communicating with language or voice with others is classified as a serious impairment in communication or comprehension capability.	4		

		6-6	Those who have aphasia caused by speech center injuries that affect their language comprehensive capability, expression, clarity and fluency of speech and pronunciation have obvious difficulties in communicating with other people. The impairment is therefore a minor impairment in communication or comprehension capability.	7	swallow food but liquid diet for organ impairment or functional impairment. (2) “Obvious impairment in mastication and deglutition functions” means those who cannot masticate and ingest food completely except for congee, paste, or similar food. 4. Speech impairment (except speech center injuries means anarthria, dysphonia and spelling functional impairment etc. caused by the reasons other than teeth trauma: (1) "Loss of speaking ability” means the individual is unable to pronounce five or more of the following seven groups of phonetic symbols due to severe wound to the lips, tongue, velar, palatal and larynx areas. (2) “Obvious impairment in speaking” means the individual is unable to pronounce three or more of the following seven groups of phonetic symbols due to severe wound to the lips, tongue, velar, palatal and larynx areas. Loss of the ability to pronounce three or more of phonetic symbols: a. Bilabial: ㄅㄆㄇ (Pronounced position is both lips) b. Labiodental: ㄈ (Pronounced position is labial teeth) c. Apical: ㄉㄊㄋㄌ (Pronounced position is tongue top and gum) d. Velar: ㄍㄎㄏ (Pronounced position is dorsal and soft palate)	
		6-7	Where the individual suffers obvious residual impairment in syllabic functions and cannot express language understandable to the listener.	7		
		6-8	Complete loss of the sense of taste caused by head trauma, organization	13		

			of jawbone trauma, or tongue trauma.		e. Ligual tongue: ㄐㄑㄒ (Pronounced position is blade of tongue and hard palate) f. Blade palatals: ㄓㄔㄕㄖ (Pronounced position is tongue top and hard palate) g. Dentals (affricate and fricative): ㄗㄘㄙ (Pronounced position is tongue top and upper gum) 5. For those who have chewing or swallowing impairments accompanied by language or taste impairments, as both fall under the same category of impairment, the level cannot be increased by combining the impairments. Instead, the most severe case shall be used to determine the level of impairment. 6. For speech, chewing, and swallowing impairments caused by chest or abdomen diseases and accompanied by viscera impairments in the chest or abdomen, the principles for grading viscera impairment in the chest and abdomen shall be applicable. 7. Impairment in mastication and deglutition functions caused by pathological changes in the nervous system shall be determined based on the more severe of the impairments of affected organs or a comprehensive overview of all symptoms.	
	Teeth impairm	6-9	Those who lost ten or more teeth in accidental injuries.	11	1. “Teeth impairment” applies only to victims involved in accidental injuries. 2. The two types of symptoms of “teeth defects” include loss and	The diagnosis must be issued by a hospital or clinic contracted

	ent	6-10	Those who lost five or more teeth in accidental injuries.	13	damaged. “Loss” means the teeth have totally fallen off with no residual root and it is impossible to put the fallen teeth back inside the original alveolar bone; “Damaged” means that 1/2 of the crown of a tooth has been damaged and fallen off due to accidents. 3. Upper skull and lower jawbone mobility impairment that causes difficulties in speech, and causes dysphonia and mastication impairment shall be determined based on the level specified for the mastication, deglutition impairment, and dysphonia.	under National Health Insurance
Viscera in chest and abdomen	Impairment of viscera in chest and abdomen	7-1	Those whose viscera of chest and abdomen has severe impairment that prevents them from doing any work for life, and causes them to need assistance from others for daily activities necessary for maintaining life, frequent medical treatment, and nursing or careful protection by specially assigned personnel.	1	1. Viscera in chest and abdomen (1) Organs of the thorax include the heart, pericardium, aorta, trachea and bronchus, lungs, pleura, esophagus, etc. (2) Organs of the abdomen include the stomach, liver, gallbladder, pancreas, small and large intestine, mesentery and spleen, etc. (3) Urinary organs include the kidneys, ureter, bladder, urethra, etc. (4) Reproductive organs include the internal and external reproductive organs, etc. 2. Viscera impairment in chest and abdomen cannot be judged until six months after the treatment; if there are medical surgeries, the impairment cannot be judged until more than six months after the last surgery. However, if there is reasonable treatment period for individual viscera, the period shall be followed. Furthermore, for patients with	1. Functional impairments: The diagnosis must be issued by a hospital with teaching hospital accreditation contracted under National Health Insurance in accordance with laws 2. Others: The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance

		7-2	Those who suffer from severe impairment of the viscera of the thorax and abdomen, cannot do any work for life, and need assistance in part of daily activities that are needed for maintaining life.	2	functional impairments or chronic renal failure who need long term dialysis treatment, the impairment level should be judged on the date the patients are discharged from hospital after organ excision or transplantation operation or the first time the patients receive the dialysis treatment. 3. Judgment on the impairment level of viscera of chest and abdomen: The impairments of viscera of chest and abdomen must be measured and graded based on all symptoms, permanent loss of laboring ability, impact on daily life or conditions of social life and activities, and the dependence on other's assistance. 4. Where an individual suffers simultaneously from impairments in two or more organs of the thorax and abdomen, the assessment shall be evaluated based on all symptoms in accordance with the aforementioned principle. The combination of impairments in separate organs to increase the level is not allowed. 5. "Impairment of the viscera of the thorax and abdomen" refers to the existence of functional impairment in the thorax and abdomen that pose obvious obstacles to work and can be medically certified. Those who do not suffer from obvious permanent functional impairments are not eligible for payment. 6. Where pathological changes to nervous system causes the	
		7-3	Those who suffer from obvious impairment of the viscera of the thorax and abdomen and cannot do any work for life but can handle their own daily activities necessary for maintaining life.	3		
		7-4	Those who suffer from obvious impairment of the viscera of the thorax and abdomen and can only perform light labor for life.	7		
		7-5	Residual impairment of viscera in chest and abdomen.	12		

					impairment of the viscera of the thorax and abdomen, the level of impairment shall be determined based on the more severe of the impairments of affected organs or a comprehensive overview of all symptoms.	
	Lungs	7-6	Those who suffer from residual impairment in lung functions that prevents them from doing any work for life and meet criteria in the impairment evaluation standards (1).	1	The judgment of Lung impairment level (PAO_2: partial pressure of oxygen in arterial blood; FEV_1: forced expiratory volume in the first second; FVC: forced expiratory vital capacity; DLCO: carbon monoxide diffusing capacity; VO_2max: maximum rate of oxygen consumption): (1) Level 1: Lung malfunctioning caused by respiratory system disease, need oxygen or medical ventilators to maintain life. $PAO_2 \leqq 50$mmHg if oxygen is not supplied, unable to work for life and bedridden in daily life. (2) Level 2: Individuals that meet one of the following conditions: a. Lung malfunction caused by respiratory system disease and $FEV_1 \leqq 25\%$; $FEV_1/FVC \leqq 25\%$. b. Lobectomy performed on one or more lung. c. When oxygen is not supplied after permanent tracheostomy, PAO2=50-55mmHg, the patient spends most of his/her daily life bedridden but can go to the toilet, eat, and walk inside their own home, provided that they are assisted or cared for by others. (3) Level 3: Individuals that meet one of the following	
		7-7	Those who suffer from residual impairment in lung functions that prevents them from doing any work for life and meet criteria in the impairment evaluation standards (2).	2		
		7-8	Those who suffer from residual impairment in lung functions that prevents them from doing any work for life and meet criteria in the	3		

			impairment evaluation standards (3).		conditions: a. Lung malfunction caused by respiratory system disease and FEV_1=25-30%; FEV_1/FVC=35-40%; DLCO=25-30%. b. Lobectomy performed both lungs. c. When oxygen is not supplied after permanent tracheostomy, PAO_2=50-60mmHg. (4) Level 7: Lung malfunction caused by respiratory system disease and FEV_1=31-59%; FEV_1/FVC=41-59%; DLCO=31-59%. (5) Level 12: Lung malfunctioning caused by respiratory system disease and FEV_1=60-79%; FEV_1/FVC=60-74%; VO_2max =20-25ml /kg.min.	
		7-9	Those who suffer from residual impairment in lung functions and meet criteria in the impairment evaluation standards (4).	7		
		7-10	Those who suffer from residual impairment in lung functions and meet criteria in the impairment evaluation standards (5).	12		
	Pancreas	7-11	Those who undergo total pancreatectomy.	7	For patients undergoing partial pancreatectomy, the judgment of impairment level cannot be made until at least six months after the operation.	
		7-12	Diabetes or aggravated diabetes caused by partial pancreatectomy.	9		
	Stomach	7-13	Those who undergo total gastrectomy.	12		
	Spleen	7-14	Those who undergo total splenectomy.	9		
	Kidney	7-15	Those who undergo total nephrectomy of both	7		

			kidneys.			
		7-16	Those who undergo total nephrectomy of one kidney.	9		
	Small intestine	7-17	Those who have more than 50% of their small intestines excised and have short bowel syndrome.	7	“Short bowel syndrome” means that there is still malabsorption syndrome caused by shortened small intestines six months after small bowel resection, and the patient needs long-term nutrition support through intravenous injections.	
		7-18	Those who have more than 50% of their small intestines excised but do not have short bowel syndrome.	9		
	Large intestine	7-19	Those who undergo large intestine resection but not colostomy.	9		
	Anus	7-20	Those who undergo permanent colostomy.	7	For patients undergoing permanent colostomy, the judgment of impairment level should not be made until six months after the operation.	
		7-21	Emcopresis caused by incomplete sphincter ani (such as fracture).	12		
	Bladder	7-22	Those whose bladder is completely defective and an artificial bladder is	7	Where the bladder impairment is caused by pathological changes in the nervous system, the level shall be determined based on the more severe of the impairments of affected organs or a	

			installed.		comprehensive overview of all symptoms.	
		7-23	Those who have bladder functions and must perform self-catheterization for life.	8		
		7-24	Incontinence caused by changes in sphincter of the bladder.	12		
	Adrenaline	7-25	Loss of both sides of adrenal gland and required to supplement hormones for life.	12		
	Pelvis	7-26	Fractures of pelvis ring and lead to urethral trauma and serious urethral stricture which cannot be fixed by surgery and requires suprapubic cystotomy for life.	13		
	Reproductive organs	7-27	Obvious residual impairment of reproductive organs.	11	"Obvious residual impairment of reproductive organs" refer to: (1) Those who suffer from damage or scar on most parts of the penis and thus have no ability to perform sex act and lose reproductive functions. (2) Those who suffer from a scar	
		7-28	Those who suffer from impotence	13		

			caused by pathological changes of pelvis visceral nerve (erection central nervous system) due to a pelvis ring fracture.		that causes the vagina opening to be narrow and impossible for the insertion of a penis, and thus lose reproductive functions. (3) Those who lose both testicles and thus lose reproductive functions. (4) Those who are less than 45 years old and originally had eugenesis, but have no ovary or uterus on either side due to removal as a result of injuries and thus lose reproductive functions.	
	Milk gland	7-29	Those who undergo total mastectomy of both breasts.	11		The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance
		7-30	Those who undergo total mastectomy of one breast.	13		
Trunk	Rachis deformation or mobility impairment	8-1	Obvious residual impairment of the rachis or obvious mobility impairment.	7	1. The rachis is the support for maintaining posture. The loss of laboring ability caused by any residual mobility impairment, deformity impairment, or load-bearing impairment cannot be determined solely by the damage of individual vertebrae but must be examined comprehensively based on the principles for determining neuropathic impairments. Where the residual impairment is accompanied by a neuropathic impairment, the level must be examined based on the principles for determining neuropathic impairments. 2. Rachis impairment cannot be judged until one year after the treatment; if there are multiple medical surgeries, the impairment cannot be judged until more than one year after	The diagnosis must be issued by a hospital with teaching hospital accreditation contracted under National Health Insurance in accordance with laws
		8-2	Obvious residual mobility impairment of the rachis.	9		
		8-3	Residual impairment of the rachis.	12		

					the last surgery (except for the removal of intramedullary rods). 3. Rachis impairment can only be diagnosed after X-ray examination. If there is an obvious fracture, dislocation, deformation, or obvious pathological changes, a judgment shall made be in accordance with the following rules: (1) “Obvious residual mobility impairment” means the fixture of four vertebrae and three intervertebral discs or more and the loss of more than one half of the physiological movement. (2) “Residual mobility impairment” means the fixture of four vertebrae and three intervertebral discs or more and the loss of more than one third of the physiological movement. (3) Individuals suffering from inconspicuous mobility limitation or fixture of three vertebrae and two intervertebral discs or less are not eligible for payment. (4) The “obvious fracture” mentioned above means unstable fracture occurring at the rachis (slippage or displacement after rachis fracture), compression fracture (vertebral is compressed and collapsed for more than 50%), burst fracture (more than three pieces of bone debris), or dislocation fracture which must be treated with surgery. “Obvious dislocation” means joint dislocation of 2 degrees or above (spondylolisthesis	

					curvature is calculated by width to area percentage which is above 25%). 4. "Obvious residual impairment of the rachis" refers to conditions that can be observed from the exterior when clothes are worn. 5. "Residual rachis deformity" refers to patients that meet one of the following conditions: (1) Those whose rachis or parts of the spine exhibit obvious deformation (including damage) caused by fracture or other pathological changes that is imperceptible when the patient is wearing clothes but is obvious when undressed or seen via X-ray photographs. (2) Those who undergo surgery for the removal of three or more spinous processes. (3) The aforementioned "obvious deformation" refers to patients that meet one of the following conditions: a. Where a single vertebral lost more than 50% of its height as a result of a fracture. b. Spondylolisthesis of more than 25% (first degree and above). c. Scoliosis of more than 30 degree. d. Kyphosis of more than 50 degree. 6. Principles for determining rachis deformation with mobility or paralysis of the limbs: (1) For those who suffer from both residual rachis deformation as well as mobility impairment, as both fall under the same category of impairment, the level cannot be increased by	

					combining the impairments. Instead, the most severe case shall be used to define the level of impairment. (2) For those who suffer from both rachis deformation and paralysis of the limbs due to pressure on the spinal cord which can be medically certified, the rachis deformation and paralysis of the limbs may be combined to increase the level. (3) For those who suffer from both rachis mobility impairment and the impairment of the clavicle in Item 8-4 or other impairments in the bones of the trunk, the impairment level may be combined to increase the level due to the differences in the categories of impairments.	
	Other impairments in the bones of the trunk Impairment	8-4	Obvious residual deformation of the clavicle, breastbone, rib, blade bone, or pelvis.	13	1. "Obvious residual deformation of the clavicle, breastbone, rib, blade bone, or pelvis" refers to obvious deformation caused by fracture (including damage) that can be observed from the exterior when the patient is undressed. Deformation that can only be detected by X-ray diagnosis is not included in the regulations. 2. Rib cartilage deformation shall be judged in accordance with standards for rib deformation. 3. If a patient suffers from two or more obvious deformation in different bones of the trunk as specified in Item 8-4, the impairment level may be combined and increased to 12.	The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance
Hea	Defor	9-1	Females whose head,	8	1. Deformation of the head, face, and neck refer to the residual	The diagnosis must be issued

d, face, and neck	mation of the head, face, and neck		face, or neck is damaged and thus obviously deformed.		deformation of parts of the head, face, and neck other than the eyelids, nose, and auricle defects listed in this table that affects the appearance in day-to-day exposure. 2. This impairment cannot be judged until one year after the treatment; if there are surgeries, the impairment cannot be judged until more than one year after the last surgery. 3. "Obvious deformation" shall be judged based on the following scope: (1) A scar on the head with a diameter of 8 centimeters or more (approximately the size of the palm without the five fingers). (2) A scar on the face with a diameter of 5 centimeters or more (approximately the size of an egg); a linear scar on the face of 8 centimeters above; several linear scars on the face with a total length of more than 12 centimeters; or a hollow with a diameter of more than 3 centimeters. (3) A scar on the neck and lower jaw with a diameter of 8 centimeters or more. 4. "Obvious deformation" refer to the impairment specified on the diagnosis which must also be provided with a color photograph (provided with a ruler and the date of photograph) as evidence.	by a hospital or clinic contracted under National Health Insurance
		9-2	Males whose head, face, or neck is damaged and thus obviously deformed.	10		
Skin		10-1	Loss of more than 71% of the perspiration function of the skin and	2	1. This impairment cannot be judged until one year after the last surgery; if no surgeries are performed, the impairment can only be judged after at least one year of treatment.	The diagnosis must be issued by a hospital with teaching hospital accreditation

			inability to work again for life.		2. The loss of perspiration function of the skin means the functional impairment of the skin caused by hypertrophic scar left on the body other than the head, face, and neck as a result of external trauma, burn injuries, or chemical burns (including hypertrophic scars created by areas of skin removed for skin grafting) or scars after skin grafting. 3. For those whose skin has lost perspiration function, the evaluation standard is evaluated on the appearance of skin or the height and hardness of the scar. If necessary, the examiner should perform the evaluation using non-intrusive devices to test perspiration abnormality, use water evaporation on the skin, or use the pathologic analysis of the skin to assist the evaluation. The degree of impairment shall be recorded on the certificate of disability as percentage of scar to whole body skin ratio (%) which must also be provided with a color photograph (provided with a ruler) as evidence. 4. The impairment level of the loss of skin perspiration functions shall be determined by the area of the impairment. The above calculation of the impairment area is determined by using the area of a palm as 1% of the total surface area of a human body for the basis for calculation. 5. If the impairment is accompanied by deformation of the head, face, or neck, or other types of impairments, the impairment level may be	contracted under National Health Insurance in accordance with laws
		10-2	Loss of 61% to 70% of the perspiration function of the skin and inability to work again for life.	3		
		10-3	Loss of more than 51% of the perspiration function of the skin.	4		
		10-4	Loss of 41% to 50% of the perspiration function of the skin.	5		
		10-5	Loss of 31% to 40% of the perspiration function of the skin.	6		
		10-6	Loss of 21% to 30% of the perspiration function of the skin.	7		
		10-7	Loss of 16% to 20% of the perspiration function of the skin.	9		
		10-8	Loss of 11% to 15% of the perspiration function of the skin.	11		
		10-9	Loss of 6% to 10% of the perspiration function of the	12		

			skin.		increased according to regulations.	
		10-10	Loss of 2% to 5% of the perspiration function of the skin.	13		
Upper limbs	Upper limb defect impairment	11-1	Those whose two elbow joints are defective.	2		The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance
		11-2	Those with defects above two wrist joints.	3		
		11-3	Those with defects above the elbow joint of one upper limb.	5		
		11-4	Those with defects above the wrist joint of one upper limb.	6		
	Fingers defect impairment	11-5	Those whose ten fingers are defective.	4	1. “Finger defect” means: (1) Those whose thumb is cut above the interphalangeal joint. (2) Those whose thumb is cut above the proximal interphalangeal joint. 2. In principle, the impairment level of an individual may be increased or determined based on the total in case that one finger of the individual has become disabled and another finger of the same hand has lost its function, qualifying the individual for two or more impairment items simultaneously. In the event that the level of impairment has not yet qualified the individual for	The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance
		11-6	Those whose two thumbs are defective.	7		
		11-7	Those whose five fingers on one hand are defective.	7		
		11-8	Those whose thumb on one hand is defective.	10		
		11-9	Those whose index finger on one hand is defective.	11		
		11-10	Those whose middle or ring	12		

			finger on one hand are defective.		the highest impairment level (Level 7) for “impairment in one finger”, the case shall be determined as a Level 8 impairment which is one level lower. 3. However, when the aforementioned increase in level or sum paid by the total amount is lower than the payable amount for the loss of the functions of each finger, the impairment level may be determined based on the loss of the function. For example, if the defect of the index finger meets Item 11-9 and level 11 and the loss of the functions of the thumb meets Item 11-48 and level 11, the highest level is increased by 1 to level 10. As it is lower than the payment standard for Item 11-54 and level 9 for losing the functions of the thumb and index finger, the impairment may be rated as Item 11-54 and level 9. 4. If a finger exhibits both “functional impairment” and “organ impairment” [damage of the external appearance of the organ due to a traffic accident (trauma)], payment shall be made based on the highest level which may not be increased by combining the impairments. 5. “Partial phalange defect” refers to those whose partially defective phalange can be specifically shown on X-ray photograph and the partial damage is less than one half of the phalange.	
		11-11	Those whose little finger on one hand is defective.	14		
		11-12	Those whose thumb, index finger, and any two other fingers on one hand are defective.	7		
		11-13	Those whose thumb, index finger, and any other finger on one hand are defective.	8		
		11-14	Those whose thumb and index finger on one hand are defective.	8		
		11-15	Those whose thumb or index finger, and any other finger on one hand are defective.	8		
		11-16	Those whose thumb and any other finger on one hand are defective.	9		
		11-17	Those whose index finger and any other finger on one hand are defective.	10		

		11-18	Those whose middle, ring, and little fingers on one hand are defective.	10		
		11-19	Those whose thumb and any other finger other than the index finger on one hand are defective.	11		
		11-20	Those whose phalanges on the thumb on one hand are partially defective.	14		
		11-21	Those whose phalanges on the index finger on one hand are partially defective.	14		
		11-22	Those whose phalanges on the middle, ring, or little finger on one hand are partially defective.	15		
	Upper limbs functional im	11-23	Those who lost the functions of both upper limbs.	2	1. “Three joints” means “shoulder joint”, “elbow joint” and “wrist joint”. 2. “Loss of functions of one upper limb” means those whose one upper limb is disabled completely, and meet one of the following conditions: (1) The three joints of one upper limb suffer from entasia or complete paralysis and all five	The diagnosis must be issued by a hospital with teaching hospital accreditation contracted under National Health Insurance in accordance
		11-24	Those who lost the functions of two of the three joints of the two upper	3		

	pairment		limbs.		fingers of the hand have lost their functions. (2) The three joints of one upper limb suffer from entasia or complete paralysis. 3. “Obvious residual mobility impairment in one upper limb” means those whose joints of one upper limb suffer from obvious residual mobility impairment and meet one of the following conditions: (1) The three joints of one upper limb exhibit obvious residual mobility impairment and the five fingers of the hand have lost their functions. (2) The three joints of one upper limb exhibit obvious residual mobility impairment. 4. "Obvious residual mobility impairment of one upper limb" means all three joints in one upper limb exhibit residual mobility impairment. 5. An upper limb impairment cannot be judged until one year after the treatment; if there are surgeries, the impairment cannot be judged until more than one year after the last surgery (except for the removal of intramedullary rods). The physiological movement range shall be used as the standard for judging the functional impairment for joints and the regulations are as follows: (1) “Loss of functions” means that the joints suffer from entasia or paralysis completely. (2) “Obvious mobility impairment” means the loss of more than one half of the physiological movement.	with laws
		11-25	Those who lost the functions of one of the three joints of the two upper limbs.	6		
		11-26	Those who lost the functions of one upper limb.	6		
		11-27	Those who lost the functions of two of the three joints of the one upper limb.	7		
		11-28	Those who lost the functions of one of the three joints of the one upper limb.	9		
		11-29	Those who suffer from obvious mobility impairment in both upper limbs.	4		
		11-30	Those who suffer from obvious residual mobility impairment in two of the three joints of two upper limbs.	5		

		11-31	Those who suffer from obvious residual mobility impairment in one of the three joints of two upper limbs.	7	(3) “Mobility impairment” means the loss of more than one third of the physiological movement. 6. Measurement of limitations on physiological movement: (1) The physiological movement range is used as the standards. If the reasons and degree of the functional (mobility) impairment are obvious, the autonomous motion range of physiological movement can be used. If there is a mental cause or if the reason and degree of the impairment is unclear, it shall be judged based on manual motions of possible physiological movement. (2) For patients who need cast to fix injured parts in place, the examiner should consider the recovery after healing to make a suitable decision. 7. If the same upper limb has both a functional impairment and a muscle impairment caused by injuries to nerve, the examiner should consider the overall level and cannot combine impairments to increase the level. 8. Mobility nerve impairment: (1) “Complete paralysis of the brachial plexus” shall be reviewed in accordance with Item 11-26 and level 6. (2) For those who suffer from autonomous movement impairment induced by partial paralysis of the nerve of the upper limb, it shall be reviewed in accordance with the regulations on the "loss of functions" or "obvious mobility impairment" based on the scope of the paralysis and the degree and positions of the	
		11-32	Those who suffer from obvious residual mobility impairment in one upper limb.	7		
		11-33	Those who suffer from obvious residual mobility impairment in two of the three joints of one upper limb.	8		
		11-34	Those who suffer from obvious residual mobility impairment in one of the three joints of one upper limb.	11		
		11-35	Those who suffer from mobility impairment in both upper limbs.	6		
		11-36	Those who suffer from	9		

			residual mobility impairment in two of the three joints of two upper limbs.		mobility impairment it caused. (3) Where all nerves or most of the nerves are paralyzed, the examiner may reference the "loss of functions" or "obvious mobility impairment" of the same upper limb based on the degree and scope of the autonomous movement impairment it caused. (4) The regulations in (2) and (3) above apply to those who suffer from complete loss of sensations in a wide area of the stump. 9. The impairment level of “joint oscillation” of the upper limb shall be determined in accordance with the following standards regardless of whether they are manual or autonomous: (1) Where there is obvious obstacle to working and daily mobility, and the patient is required to wear fixtures most of the time, the regulations on loss of functions of the joints shall apply in grading. (2) Where there is significant obstacle to working and daily mobility, but the patient does not need to wear fixtures most of the time, the regulations on obvious residual mobility impairment of the joints shall apply in grading. 10. Where the same upper limb exhibits residual organ impairment, the special regulations on determining the level of the simultaneous residual functional impairment are as follows: When the same upper limb exhibits both residual organ impairment (except deformation)	
		11-37	Those who suffer from residual mobility impairment in one of the three joints of two upper limbs.	11		
		11-38	Those who suffer from residual mobility impairment in one upper limb.	9		
		11-39	Those who suffer from residual mobility impairment in two of the three joints of one upper limb.	11		
		11-40	Those who suffer from residual mobility impairment in one of the three joints of one upper limb.	13		
		11-41	Those who suffer from residual pseudarthrosis and obvious	8		

			residual mobility impairment in one upper limb.		and functional impairment, in principle, the impairments may be combined to increase the level. However, in the case of an organ impairment (regardless of whether it is a regional impairment or newly-induced impairment) with defects above the wrist joint or above the elbow joint, it shall be judged as level 6 for the former and level 5 for the latter regardless of the degree of functional impairment of the remaining joint. For example: (1) Those whose wrist joint of one upper limb is defective (level 6) with the loss of functions in both the elbow and shoulder joints (level 7) shall be graded as level 6. (2) Those whose elbow joint of one upper limb is defective (level 5) with the loss of functions in shoulder joint (level 9) shall be graded as level 5. 11. Where the same upper limb exhibits both functional impairment and residual organ impairment of the fingers, the special regulations on determining the level shall apply: Where the same upper limb exhibits both the residual functional impairment of the three joints and the organ impairment or functional impairment of the fingers, in principle, the impairments may be combined to increase the level. However, where the impairment (regardless of whether it is an organ or functional impairment of a finger) does not reach the	
		11-42	Those who suffer from residual pseudarthrosis in one upper limb.	9		

					impairment of a wrist joint of one upper limb (level 6) or the loss of functions of an upper limb (level 6), it shall be determined based on the lower level at level 7. For example: Where an individual suffers from the loss functions in both the shoulder and wrist joints of the left upper limb (level 7) and has also lost the functions of the index, middle, and ring finger on the left hand, such impairments are combined and the level is increased to level 6. However, as the wrist joint still exists, it shall be determined based on the level lower than level 6 for those whose wrist joint of one upper limb is defective at level 7. 12. “Pseudarthrosis of one upper limb with significant mobility impairment" refers to one of the following conditions: (1) Residual pseudarthrosis in an upper limb bone. (2) Residual pseudarthrosis in both the radius and the ulna. 13. “Pseudarthrosis of one upper limb" refers to the presence of residual pseudarthrosis in the radius or the ulna. 14. “Pseudarthrosis” refers to conditions where the two sides of the bone are unable to heal after a fracture and the limb can move in the broken part which forms a joint. Similar conditions can also occur in non-mechanical fracture where the load-bearing long bone exhibits loss of bone structure and causes bending and pathological fracture. The fractured part is unable to calcify and heal and leads to pseudarthrosis but not	

					an artificial joint.	
	Deformity (humerus or antebrachial bone)	11-43	Those whose long bones of both upper limbs exhibit residual deformity.	11	1. “Residual deformity of long bones of upper limbs” refers to patients that meet one of the following conditions: (1) Residual deformity in an upper limb bone. (2) Residual deformity in both antebrachial bones including the radius and the ulna (residual deformity in the radius or the ulna are not included in the regulations). 2. The above-mentioned deformity must be visible in the appearance or exhibit obvious deformity on the X-ray photograph (with distorted healing of bending over 165°). 3. The formation of callus or thickened tissue caused by fracture of long bones are not considered a deformity.	The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance
		11-44	Those whose long bones of one upper limb exhibit residual deformity.	13		
	Finger functional impairment	11-45	Those who lost the functions of ten fingers on both hands.	5	1. “Loss of functions of a finger” means: (1) Loss of more than half of the physiological movement of the metacarpophalangeal joint or interphalangeal joint of the thumb. (2) Loss of more than half of the physiological movement of the metacarpophalangeal joint or proximal interphalangeal joint of other fingers. (3) Where more than half of the distal phalanx of the thumb or other finger is cut off. (4) The mobility restriction impairment of the palm joint refers to the restrictions on the mobility of the first metacarpophalangeal joint (the	The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance
		11-46	Those who lost the functions of two thumbs on both hands.	8		
		11-47	Those who lost the functions of five fingers on one hand.	8		
		11-48	Those who lost the functions of the thumb on one hand.	11		

		11-49	Those who lost the functions of the index finger on one hand.	12	opposite angle of the thumb and the little finger and the distance between the fingers) shall be processed in accordance with the level prescribed for the obvious residual impairment of the interphalangeal joints (loss of functions). (5) Grip impairments are not eligible for payment. 2. If a finger exhibits both “functional impairment” and “organ impairment”, payment shall be made based on the highest level which may not be increased by combining the impairments. 3. The "inability to flex the distal interphalangeal joint of the finger" means: (1) Where the distal interphalangeal joint suffers from entasia. (2) Where the specific damage of the flexor prevents autonomous flexing.	
		11-50	Those who lost the functions of the middle finger or ring finger on one hand.	13		
		11-51	Those who lost the functions of the little finger on one hand.	15		
		11-52	Those who lost the functions of the thumb, index finger, and any two other fingers on one hand.	8		
		11-53	Those who lost the functions of the thumb, index finger, and any other finger on one hand.	9		
		11-54	Those who lost the functions of the thumb and index finger on one hand.	9		
		11-55	Those who lost the functions of the thumb or index finger,	9		

			and any other finger, resulting in the loss of three or more fingers on one hand.			
		11-56	Those who lost the functions of the thumb and any other finger on one hand.	10		
		11-57	Those who lost the functions of the index finger and any other finger on one hand.	11		
		11-58	Those who lost the functions of the middle, ring, and little fingers on one hand.	11		
		11-59	Those who lost the functions of the thumb and any other finger other than the index finger on one hand.	12		
		11-60	Those who cannot flex the distal interphalangeal joint of the index finger on one hand.	14		
		11-61	Those who cannot flex	15		

			the distal interphalangeal joint of the middle, ring, and little fingers on one hand.			
Lower limbs	Lower limb defect impairment	12-1	Those with defects above two knee joints.	2	"Defect above the tarsometatarsal joint" refers to: (1) Damage or defect below the cut on the calcaneus. (2) Damage or defect below the separation point of the cuboid and calcaneus.	The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance
		12-2	Those with defects above two foot joints.	3		
		12-3	Those with defects above two tarsometatarsal joints.	5		
		12-4	Those with defects above one knee joint.	5		
		12-5	Those with defects above one foot joint.	6		
		12-6	Those with defects above one tarsometatarsal joint.	8		
	Shortening impairment	12-7	Those whose one lower limb is shortened by 5 centimeters or more.	9	The measurement of shortened lower limbs shall be based on the length from the anterior superior iliac spine to the lower end of the medial malleolus. The shortening is compared and measured with the healthy side and results must be provided with a full-length X-ray photograph of both lower limbs with the patient standing (a ruler marking the length must be shown).	The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance
		12-8	Those whose one lower limb is shortened by 3 centimeters or more.	11		
	Toe	12-9	Those whose ten toes are	6	1. “Toe defect” means: Individuals with all toes removed from the	The diagnosis must be issued

	defect impairment		defective.		metatarsophalangeal joints. 2. The regulations for the examination of "one finger of the individual has become disabled and another finger of the same hand has lost its function" in Item 3 of the standards for examining finger defect impairment shall apply to toes. For example: A defect of the third toe is rated as Item 12-17 and level 14 and the loss of functions of the first toe of the same foot is rated as Item 12-42 and level 12, as the sum of level 14 and level 12 is lower than the Item 12-44 and level 11 of the payment standards for the loss of functions of the first and third toe, the impairment can be determined as Item 12-44 and level 11.	by a hospital or clinic contracted under National Health Insurance
		12-10	Those whose five toes on one foot are defective.	9		
		12-11	Those whose first toe or four other toes on one foot are defective.	11		
		12-12	Those whose second toe of one foot is defective.	13		
		12-13	Those whose first toe and any other toe on one foot, totaling two toes, are defective.	10		
		12-14	Those whose second toe and any two other toes on one foot, totaling three toes, are defective.	12		
		12-15	Those whose second toe and any other toe on one foot, totaling two toes, are defective.	13		
		12-16	Those whose third, fourth, and fifth toe of one foot are defective.	13		
		12-17	Those whose first toe and any other toe other than the	14		

			second toe on one foot, totaling one or two toes, are defective.			
	Lower limb function impairment	12-18	Those who lost the functions of both lower limbs.	2	1. “Three joints” means “hip joint”, “knee joint” and “ankle joint”. 2. “Loss of functions of one lower limb” means those whose one lower limb is disabled completely, and meet one of the following conditions: (1) All three joints of one lower limb suffer from entasia or complete paralysis and all five toes of the foot are disabled. (2) All three joints of one lower limb suffer from entasia or complete paralysis. 3. “Obvious residual mobility impairment in one lower limb” means those whose joints of one lower limb suffer from obvious residual mobility impairment and meet one of the following conditions: (1) The three joints of one lower limb exhibit obvious residual mobility impairment and the five toes of the foot have lost their functions. (2) The three joints of one lower limb exhibit obvious residual mobility impairment. 4. "Obvious residual mobility impairment of one lower limb" means all three joints in one lower limb exhibit residual mobility impairment. 5. The judgment of the "loss of functions", "obvious mobility impairment", or "mobility impairment" of lower limb functional impairments shall be based on the regulations for the upper limbs.	The diagnosis must be issued by a hospital with teaching hospital accreditation contracted under National Health Insurance in accordance with laws
		12-19	Those who lost the functions of two of the three joints of the two lower limbs.	3		
		12-20	Those who lost the functions of one of the three joints of the two lower limbs.	6		
		12-21	Those who lost the functions of one lower limb.	6		
		12-22	Those who lost the functions of two of the three joints of the one lower limb.	7		
		12-23	Those who lost the functions of one of the three joints of the one lower limb.	9		
		12-24	Those who suffer from obvious	4		

			mobility impairment in both lower limbs.		6. The judgment of joint oscillation and pseudarthrosis of the lower limbs shall be based on the regulations for the upper limbs. 7. If the heel bone is fractured and neuropathic symptoms specified in Item 2-5 are present at the site of the fracture and the foot joints exhibit residual functional impairment, the impairments can be combined to increase the level. 8. If the same lower limb has both a functional impairment and a muscle impairment caused by injuries to nerve, the examiner should consider the overall level and cannot combine impairments to increase the level. 9. Mobility nerve impairment: (1) The autonomous mobility impairment caused by partial nerve paralysis of the lower limbs shall be determined based on the regulations in Item 8 (2) of the evaluation standards for examining functional impairments of the upper limbs. (2) Where all nerves or most of the nerves are paralyzed, the impairment shall be based on the regulations in Item 8(3) of the evaluation standards for examining functional impairments of the upper limbs. 10. Those with the complete loss of sensations in a wide area of the lower limbs shall be determined based on the regulations in Item 8 (4) of the standards for examining functional impairments of the upper limbs. 11. Both Item 10 of the standards for examining functional	
		12-25	Those who suffer from obvious residual mobility impairment in two of the three joints of two lower limbs.	5		
		12-26	Those who suffer from obvious residual mobility impairment in one of the three joints of two lower limbs.	7		
		12-27	Those who suffer from obvious residual mobility impairment in one lower limb.	7		
		12-28	Those who suffer from obvious residual mobility impairment in two of the three joints of one lower limb.	8		
		12-29	Those who suffer from obvious residual	11		

			mobility impairment in one of the three joints of one lower limb.		impairments of the upper limbs which states "where the same upper limb exhibits both functional impairment and residual organ impairment of the fingers, the special regulations on determining the level shall apply" and Item 11 of the standards for examining impairments which states "Where the same upper limb exhibits both functional impairment and residual organ impairment of the fingers, the special regulations on determining the level shall apply" shall apply to the impairments of the lower limbs. 12. "Those who suffer from residual pseudarthrosis and obvious residual mobility impairment in one upper limb" means: (1) Residual pseudarthrosis in the thighbone. (2) Residual pseudarthrosis in both the tibia and fibula. 13. “Pseudarthrosis of one lower limb" refers to the presence of residual pseudarthrosis in the tibia or the fibula.	
		12-30	Those who suffer from mobility impairment in both lower limbs.	6		
		12-31	Those who suffer from residual mobility impairment in two of the three joints of two lower limbs.	9		
		12-32	Those who suffer from residual mobility impairment in one of the three joints of two lower limbs.	11		
		12-33	Those who suffer from residual mobility impairment in one lower limb.	9		
		12-34	Those who suffer from residual mobility impairment in two of the three joints of one lower limb.	11		

		12-35	Those who suffer from residual mobility impairment in one of the three joints of one lower limb.	13		
		12-36	Those who suffer from residual pseudarthrosis and obvious residual mobility impairment in one lower limb.	8		
		12-37	Those who suffer from residual pseudarthrosis in one lower limb.	9		
	Deformity (thighbone or hindshank bone)	12-38	Those whose long bones of both lower limbs exhibit residual deformity.	11	1. "Residual deformity of long bones of lower limbs" means: (1) Residual deformity in the thighbone. (2) Residual deformity in the hind shank bone and tibia. 2. The above-mentioned deformity must be visible in the appearance or exhibit obvious deformity on the X-ray photograph (with distorted healing of bending over 165°). 3. The formation of callus or thickened tissue caused by fracture of long bones are not considered a deformity.	The diagnosis must be issued by a hospital or clinic contracted under National Health Insurance
		12-39	Those whose long bones of one lower limb exhibit residual deformity.	13		
	Toe fu	12-40	Those who lost the functions of	8	"Loss of functions of toes" means one of the following conditions: 1. Loss of more than half of the	The diagnosis must be issued by a hospital or

	nctio nal im pai rm ent		ten toes on both feet.		distal phalanx of the first toe or the loss of more than half of the physiological movement of the metatarsophalangeal joint or proximal interphalangeal joint. 2. Loss of more than half of the second toe from the distal interphalangeal joint or the loss of more than half of the physiological movement of the metacarpophalangeal joint or the interphalangeal joint of the first toe. 3 Loss of the functions of the third, fourth, or fifth toe means that the toe is cut above the distal phalanx or the metatarsophalangeal joint or interphalangeal joint of the first toe suffers from entasia.	clinic contracted under National Health Insurance
		12-41	Those who lost the functions of five toes on one foot.	10		
		12-42	Those who lost the functions of the first toe or four other toes on one foot.	12		
		12-43	Those who lost the functions of the second toe of one foot.	14		
		12-44	Those who lost the functions of the first toe and any other toe on one foot, totaling two toes.	11		
		12-45	Those who lost the functions of the second toe and any two other toes on one foot, totaling three toes.	13		
		12-46	Those who lost the functions of the second toe and any other toe on one foot, totaling two toes.	14		
		12-47	Those who lost the functions of the third,	14		

			fourth, and fifth toe of one foot.			
		12-48	Those who lost the functions of the first toe and any other toe other than the second toe on one foot, totaling one or two toes.	15		