

PENGELUARAN KESIHATAN

SENARAI JENIS PENYAKIT KRITIKAL YANG DILULUSKAN (PINDAAN 15/01/2018)

KATEGORI/JENIS PENYAKIT KRITIKAL	KATEGORI/JENIS PENYAKIT KRITIKAL
CANCER	NERVOUS SYSTEM
<input type="checkbox"/> Cancer	<input type="checkbox"/> Alzheimer's Disease
CARDIOVASCULAR SYSTEM	<input type="checkbox"/> Appalic Syndrome
<input type="checkbox"/> Arrhythmia Requiring Device Insertion (Pacemaker/Defibrillator)	<input type="checkbox"/> Benign Tumor Of Brain
<input type="checkbox"/> Cardiomyopathy/Heart Failure	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Congenital Heart Disease	<input type="checkbox"/> Coma
<input type="checkbox"/> Constrictive Pericarditis	<input type="checkbox"/> Encephalitis
<input type="checkbox"/> Coronary Artery Disease/Ischaemic Heart Disease	<input type="checkbox"/> Loss Of Speech
<input type="checkbox"/> Heart Attack / Myocardial Infarction	<input type="checkbox"/> Major Head Trauma
<input type="checkbox"/> Heart Block Requiring Surgical Intervention/Pacemaker/Battery Implant	<input type="checkbox"/> Meningitis
<input type="checkbox"/> Heart Valve Replacement / Valvular Heart Disease Requiring Replacement	<input type="checkbox"/> Motor Neurone Disease
<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Surgery to Aoarta / Diseases of the Aorta Requiring Surgery	<input type="checkbox"/> Muscular Dystrophy
	<input type="checkbox"/> Paralysis
	<input type="checkbox"/> Parkinson's Disease
	<input type="checkbox"/> Poliomyelitis
	<input type="checkbox"/> Stroke
	<input type="checkbox"/> Total Permanent Disability
ENDOCRINE/MEDICAL	OPHTHALMOLOGY
<input type="checkbox"/> Epilepsy & Movement Disorders Requiring Deep Brain Stimulation Or Surgery	<input type="checkbox"/> Advanced Diabetic Eye Disease - Diagnose By Specialist
<input type="checkbox"/> Guillain Barre Syndrome Requiring Immunoglobulin Treatment	<input type="checkbox"/> Age Related Macular Degeneration (Armd)/Polypoidal Choroidal Vasculopathy (PCV)
<input type="checkbox"/> Morbid Obesity Or Obesity With Multiple Medical Complications And Life Threatening Requiring Bariatric Surgery	<input type="checkbox"/> Blindness
<input type="checkbox"/> Pituitary Tumours	<input type="checkbox"/> Cataract Requiring Surgery (Intraocular Lens – IOL)
<input type="checkbox"/> Sepsis With One Or More Major Organ Failure	<input type="checkbox"/> Corneal Disorders Requiring Corneal Surgery (Corneal Transplant) – Diagnose By Specialist
<input type="checkbox"/> Type 1 Diabetes With Criteria For Insulin Pump Therapy	<input type="checkbox"/> Enophthalmic Socket - Diagnose By Specialist
	<input type="checkbox"/> Glaucoma Requiring Surgery With Glaucoma Implant
	<input type="checkbox"/> Retinal Vascular Disease - Diagnose By Specialist
GASTROENTEROLOGY / HEPATOLOGY	ORTHOPEDIC
<input type="checkbox"/> Chronic Inflammatory Bowel Disease	<input type="checkbox"/> Gangrene / Necrotizing Fasciitis Requiring Amputation
<input type="checkbox"/> Chronic Liver Disease	<input type="checkbox"/> Knee Injury Requiring Surgery/Implant/Graft
<input type="checkbox"/> Fulminant Viral Hepatitis	<input type="checkbox"/> Osteoarthritis Requiring Surgery/Implant
<input type="checkbox"/> Pulmonary Hypertension	<input type="checkbox"/> Prolapse Intervertebral Disc With Significant Neurological Deficit Requiring Surgery
GENITOURINARY SYSTEM	<input type="checkbox"/> Shoulder Injury With Instability/Function Compromised Requiring Surgery/Implant/Graft
<input type="checkbox"/> Congenital Urinary Abnormalities Requiring Urgent And Major Surgical Intervention	<input type="checkbox"/> Spinal Stenosis With Significant Neurological Symptoms/Deficit Requiring Surgery
<input type="checkbox"/> Chronic Kidney Disease/Failure	<input type="checkbox"/> Unstable Spine Fractures / Trauma Requiring Surgery And Implant/ Rehab Equipment
<input type="checkbox"/> Medullary Cystic Disease	
<input type="checkbox"/> Renal Calculi Requiring Surgical Intervention	
HEMATOLOGY	RESPIRATORY SYSTEM
<input type="checkbox"/> Aplastic Anaemia	<input type="checkbox"/> Bronchiectasis
<input type="checkbox"/> Haemophilia (Moderate To Severe - Factor Activity <5%)	<input type="checkbox"/> Chronic Lung Disease
<input type="checkbox"/> Hematological Malignancies – Leukemia, Multiple Myeloma (Acute Or Chronic Leukemia Diagnosed By Physician)	<input type="checkbox"/> Lung Fibrosis
<input type="checkbox"/> Hematopoetic Stem Cell Transplantation	<input type="checkbox"/> Obstructive Sleep Apnoea
<input type="checkbox"/> Idiopathic Thrombocytopenic Purpura (ITP) - Thrombocytopenia Refractory To Convention Steroid Treatment (1st Line Treatment)	<input type="checkbox"/> Secondary Pulmonary Hypertension
<input type="checkbox"/> Lymphoma	<input type="checkbox"/> Severe Chronic Obstructive Pulmonary Disease (COPD) / Emphysema
<input type="checkbox"/> Myeloproliferative Disorders Requiring Blood Transfusion And/Or Chelating Agents	
<input type="checkbox"/> Thalassaemia Major Requiring Chelating Agent	

ILLNESS OF CHILD UNDER 16 YEARS OLD	RHEUMATOLOGY
<input type="checkbox"/> Congenital Diseases Requiring Medical Or Surgical Intervention Treated By Specialist <input type="checkbox"/> Intellectual Impairment Due To Accident Or Sickness <input type="checkbox"/> Leukaemia <input type="checkbox"/> Severe Asthma	<input type="checkbox"/> Ankylosing Spondyloarthritis Active Disease With Functional Impairment And/Or Disability <input type="checkbox"/> Chronic Tophaceous Gout With Functional Impairment And/Or Disability. <input type="checkbox"/> Psoriatic Arthritis Active Disease With Functional Impairment And /Or Disability <input type="checkbox"/> Rheumatoid Arthritis / Arthritis Of Any Joint With Deformities Requiring Surgery/Orthosis
MENTAL ILLNESS	OTHER DISEASES APPROVED BY EPF BOARD
<input type="checkbox"/> Bipolar Mood <input type="checkbox"/> Major Depression <input type="checkbox"/> Schizophrenia	<input type="checkbox"/> AIDS (Accompanied with AIDS defining disease) / HIV (Second Line Treatment) <input type="checkbox"/> Deafness <input type="checkbox"/> Loss Of Independent Existence <input type="checkbox"/> Major Burns <input type="checkbox"/> Major Organ Transplant <input type="checkbox"/> Terminal Illness
MUSCULOSKELETAL SYSTEM	
<input type="checkbox"/> Systemic Lupus Erythematosus (SLE) With Major Organ Involvement <input type="checkbox"/> Systemic Sclerosis/Scleroderma With Functional Impairment And/Or Major Organ Involvement	