

NAME OF THE HOSPITAL: _____

1). CIDP - 10 Days Stay: M9T3.1

1. Name of the Procedure: CIDP - 10 Days Stay
2. Indication: CIDP
3. Does the patient presented with progressive or relapsing muscle weakness for 2 months or > 2months, symmetrical proximal and distal weakness in upper or lower extremities, hyporeflexia or areflexia: Yes/No
4. If the answer to question 3 is Yes then is there evidence of:
 - a. Features of demyelination (Motor nerve conduction < 70% of lower limit of normal) on nerve conduction study: Yes/No (Upload NCS report)
 - b. Protein level > 45mg/decil and cell count < 10 micro L on CSF examination: Yes/No (Upload CSF report)
 - c. Sural nerve biopsy with features of demyelination and remyelination including fiber loss and perivascular inflammation: Yes/No (Upload biopsy report) - Optional
5. If the answer to question 4a AND/OR 4b is Yes is there evidence of:
 - a. Relevant systemic disease or toxic exposure: Yes/No
 - b. Family history of Neuropathy: Yes/No
 - c. Nerve biopsy findings incompatible with diagnosis: Yes/No

For Eligibility for CIDP -10 Days Stay the answer to questions 5a AND 5b AND 5c must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

2). Optic Neuritis - Analysis 3 Days Stay: M9T3.10

1. Name of the Procedure: Optic Neuritis - Analysis 3 Days Stay
2. Indication: Optic Neuritis
3. Does the patient presented with diminution (decreased) vision in one or both the eyes:
Yes/No
4. If the answer to question 3 is Yes then is there evidence of Optic Neuritis documented through investigations like Visual Evoked Potential (Delayed P 100 latency), MRI Brain and optic nerves, CSF analysis: Yes/No (Upload reports)

For Eligibility for Optic Neuritis - Analysis 3 Days Stay the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

3). Immunoglobulin Therapy - 5 Days Stay: M9T3.11

1. Name of the Procedure: Immunoglobulin Therapy - 5 Days Stay
2. Indication: CIDP/ GuillianBarre Syndrome/ Myaesthesia gravis/ Polymyositis/ Dermatomyositis/ Myelitis
3. Does the patient presented with clinical features Indicative of the above mentioned diseases: Yes/No
4. If the answer to question 3 is Yes is there evidence of
 - a. CIDP confirmed through NCS showing demyelinating neuropathy AND/OR Albuminocytological dissociation on CSF examination: Yes/No (Upload reports)
 - b. AIDP confirmed through NCS showing demyelinating neuropathy AND/OR Albuminocytological dissociation on CSF examination: Yes/No (Upload reports)
 - c. Myaesthesia gravis confirmed through conduction studies showing decremental response AND/OR presence of Acetylcholine receptor antibodies: Yes/No (Upload reports)
 - d. Polymyositis confirmed through investigations like Raised CPK, Biopsy report and Conductive studies showing myopathic pattern: Yes/No (Upload reports)
 - e. Myelitis confirmed through MRI Spine: Yes/No (Upload report)

For Eligibility for Immunoglobulin Therapy - 5 Days Stay the answer to either question 4a OR 4b OR 4c OR 4d OR 4e must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

4). ADEM or Relapse In Multiple Sclerosis 15 Days Stay: M9T3.12

1. Name of the Procedure: ADEM or Relapse In Multiple Sclerosis 15 Days Stay
2. Indication: ADEM or Relapse In Multiple Sclerosis
3. Does the patient presented with acute onset vision loss/ other neurodeficit/ acute onset of altered sensorium: Yes/No
4. If the answer to question 3 is Yes then is there evidence of ADEM or relapse in Multiple Sclerosis documented through investigations like MRI Brain/Spinal cord – Plain/Contrast and CSF Analysis: Yes/No (Upload reports)

For Eligibility for ADEM or Relapse In Multiple Sclerosis 15 Days Stay the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

5). Haemorrhagic Stroke/Strokes Management with all necessary investigations including 4-vessel cerebral angio (DSA), & Surgery if necessary: M9T3.2

1. Name of the Procedure: Haemorrhagic Stroke/Strokes Management with all necessary investigations including 4 - vessel cerebral angio (DSA), & Surgery if necessary
2. Indication: Haemorrhagic Stroke/ Strokes
3. Does the patient presented with acute onset neurodeficits/ seizure/ altered sensorium:
Yes/No
4. If the answer to question 3 is Yes is there evidence of Haemorrhagic stroke on CT-Brain/
MRI Brain: Yes/No (Upload reports)

(CT/MRI Angiography and or Venography – Optional)

For Eligibility for Haemorrhagic Stroke/Strokes Management the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

6). Ischemic Strokes - Management with all necessary investigations including 4 - vessel cerebral angio (DSA), & Surgery if necessary: M9T3.3

1. Name of the Procedure: Ischemic Strokes - Management with all necessary investigations including 4 - vessel cerebral angio (DSA), & Surgery if necessary
2. Indication: Ischemic Strokes
3. Does the patient presented with acute onset neurodeficit: Yes/No
4. If the answer to question 3 is Yes then is there evidence of acute infarct on CT Brain/ MRI Brain: Yes / No (Upload report)

(Carotid Vertebral Doppler study/ CT or MR Angiography– Optional)

For Eligibility for Ischemic Strokes-Management the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

7). Acquired Myopathies, 15 Days Stay: M9T3.4

1. Name of the Procedure: Acquired Myopathies, 15 Days Stay
2. Indication: Myopathies - Acquired
3. Does the patient presented with progressive proximal muscle weakness in lower limbs/ upper limbs/ distal weakness/ muscles wasting/ few muscle hypertrophy/ pain, cramps & aches: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Acquired Myopathies documented through investigations like:
 - a. Elevated Serum Creatine phosphokinase (CPK): Yes/ No (Upload report)
 - b. EMG showing spontaneous activity and myopathic MUAP's: Yes/ No (Upload report)
 - c. Muscle biopsy showing inflammatory cells: Yes/ No (Upload report)
5. If the answer to 4a OR 4b OR 4c is yes are the following test for endocrine evaluation (T3, T4, TSH, Vitamin-D) being done: Yes/ No (Upload reports)
(ANA, ANA Blot in certain cases – Optional)

For Eligibility for Acquired Myopathies, 15 Days Stay the answer to question 5 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

8). Neuroinfections - Fungal Meningitis - Min 20 Days - ICU, 40 Days - Ward Stay: M9T3.5

1. Name of the Procedure: Neuroinfections - Fungal Meningitis - Min 20 Days - ICU, 40 Days
2. Indication: Neuroinfections - Fungal Meningitis
3. Does the patient presented with headache/ stiffneck/ low-grade fever/ lethargy/ cranial nerve palsy/ altered sensorium: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Meningitis on CT Brain/ MRI Brain with or without contrast: Yes/ No (Upload reports)
5. If the answer to question 4 is Yes is there evidence of
 - a. Mononuclear lymphocytes, pleocytosis, increased proteins, decreased glucose on CSF analysis: Yes/ No (Upload CSF report)
 - b. CSF ADA level within normal range: Yes/ No (Upload report)

(Antigen test for Cryptococcus/ India ink test for Cryptococcus/ Histoplasma polysaccharide antigen test – Optional)

For Eligibility for Neuroinfections - Fungal Meningitis - Min 20 Days - ICU, 40 Days the answer to question 5a AND 5b must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

9). Neuroinfections - Pyogenic Meningitis - Min 10 Days - ICU, 7 Days - Ward Stay: M9T3.6

1. Name of the Procedure: Neuroinfections - Pyogenic Meningitis - Min 10 Days - ICU, 7 Days - Ward Stay
2. Indication: Neuroinfections - Pyogenic Meningitis
3. Does the patient presented with fever/ headache/ altered sensorium/ convulsion/ coma: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Meningitis documented on CT/ MRI with or without contrast: Yes/ No (Upload reports)
5. If the answer to question 4 is Yes is there evidence of Neutrophilicpleocytosis and gram staining showing bacteria on CSF examination: Yes/ No (Upload reports)

(CSF culture – optional – report submitted at the time of claim)

For Eligibility for Neuroinfections - Pyogenic Meningitis - Min 10 Days - ICU, 7 Days - Ward Stay the answer to question 5 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

10). Neuroinfections - Viral Meningoencephalitis (Including Herpes Encephalitis) - Min 10 Days - ICU, 7 Days - Ward Stay: M9T3.7

1. Name of the Procedure: Neuroinfections - Viral Meningoencephalitis (Including Herpes Encephalitis) - Min 10 Days - ICU, 7 Days - Ward Stay
2. Indication: Neuroinfections - Viral Meningoencephalitis (Including Herpes Encephalitis)
3. Does the patient presented with fever/ altered level of consciousness/ focul or diffuse neurological signs & symptoms/ seizures/ hallucinations/ personality changes/ behavioural disorders: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Viral Meningoencephalitis documented through investigations like CT/ MRI Brain AND CSF analysis showing lymphocytic pleocytosis, mildly elevated proteins, normal glucose concentration: Yes/No (Upload reports)

(CSF PCR and EEG – Optional)

For Eligibility for Neuroinfections - Viral Meningoencephalitis (Including Herpes Encephalitis) - Min 10 Days - ICU, 7 Days - Ward Stay the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

11). Neuromuscular (Myasthenia Gravis) - 15 Days Stay: M9T3.8

1. Name of the Procedure: Neuromuscular (Myasthenia Gravis)
2. Indication: Neuromuscular (Myasthenia Gravis)
3. Does the patient presented with fluctuating fatiguable weakness, ptosis, diplopia, bulbar symptoms, respiratory difficulty: Yes/No
4. If the answer to question 3 is Yes then is there evidence of decremental response on repetitive nerve conduction studies: Yes/ No (Upload report)

(Test for Acetyl choline receptor antibodies may be positive – Optional)

5. If the answer to question 4 is Yes is there evidence of Myasthenia documented through investigations like CT chest/ Neostigmine test/ thyroid profile: Yes/No (Upload report)

For Eligibility for Neuromuscular (Myasthenia Gravis) the answer to question 5 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

12). Neuropathies (GBS) - 10 Days – ICU 20 Days - Ward Stay treatment with plasmapheresis or Ivlg: M9T3.9

1. Name of the Procedure: Neuropathies (GBS) - 10 Days – ICU 20 Days - Ward Stay treatment with plasmapheresis or Ivlg
2. Indication: Neuropathies (GBS)
3. Does the patient presented with motor weakness of upper limbs or lower limbs or both, areflexia, paresthesias, cranial nerve involvement, autonomic dysfunction: Yes/No
4. If the answer to question 3 is Yes then is there evidence of Neuropathies documented through investigations like CSF Analysis, serum potassium AND/OR Nerve Conduction Studies(Optional): Yes/No (Upload reports)

For Eligibility for Neuropathies (GBS) - 10 Days – ICU 20 Days - Ward Stay treatment with plasmapheresis or Ivlg the answer to question 4 must be YES

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
