

The Attachment of the Labor Insurance Disability Benefit Payment Standards

Disability Type	Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
1. Mental	1-1	Those who are involved in severe mental disability that cannot do any work in their whole life, need assistance from others for performing all daily activities that are needed for maintain life, and need frequently medical treatment and nursing and careful protection by specially assigned person.	1	<p>1. The basic principle for judging “the level of mental disability: Before the judgment could be made, the patients must receive more than two years of medical treatment. All symptoms must be integrated and considered in making a judgment; the level of disability must be based on the situation of losing laboring ability in whole life, effecting on daily life or social activities and needing on other’s assistance.</p> <p>2. When making judgment, the disability diagnosis must be issued by specialist of psychiatric; if necessary, the insurer shall separately appoint medical specialists of neurology, rehabilitation, or occupational medicine departments to join the making of the judgment.</p> <p>3. Mental 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.</p> <p>4. Where the mental disability is accompanied by disability of the Central Nervous System (CNS) mechanisms, the level of disability should be determined by considering all symptoms on an integrated basis.</p>	Should be issued by the national health insurance special contracted hospitals or clinics
	1-2	Those who are involved in severe mental disability that cannot do any work in their whole life and need assistance in part of daily activities that are needed for maintaining life.	2		
	1-3	Those who are involved in obvious mental disability that cannot do any work in their whole life but they could handle their own daily activities necessary for maintaining life.	3		
	1-4	Those who are involved in obvious mental disability that can only do light work in their whole life. Their Mental and physical laboring capability is obviously lower than general people.	7		
	1-5	Those who could be medically proved to have disability but generally do not affect their laboring capability.	13		
2. Neuropathic	2-1	Those who are involved in extreme disability upon their central nervous system that cannot do any work in their whole life, need assistance from others for performing all daily activities needed for maintaining life, and need frequently medical treatment and nursing or careful protection by specially assigned person.	1	<p>1. The basic principle for judging “the level of neuropathic disability: Before the judgment could be made, the patients must receive more than six months of medical treatment; should there are surgeries involved in the treatment, the disability couldn’t be judged until six months after the last surgery. The principle for mental disability judgment shall apply to the cognition disability caused by dementia. All symptoms must be integrated and considered in making a judgment; the level of disability must be based on the situation of losing laboring ability in whole life, effecting on daily life or social activities and needing on other’s</p>	Should be issued by the national health insurance special contracted hospitals or clinics
	2-2	Those who are involved in pathological	2		

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		change upon central nervous system causing paraplegia or hemiplegic that cannot do any work in their whole life and need assistance from other for performing part of daily activities that are needed for maintaining life.		assistance.	
	2-3	Those who are involved in obvious disability upon central nervous system that cannot do any work in their whole life but they could handle their own daily activities necessary for maintaining life.	3	2. When making judgment, the disability diagnosis 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 vegetative state. If necessary, the insurer shall separately appoint medical specialists of neurology or occupational medicine departments to join the making of the judgment.	
	2-4	Those who are involved in obvious disability upon central nervous system that can only do light work in their whole life.	7	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.	
	2-5	Those who have pathological changes upon nervous system which normally does not affect laboring ability and could be proved as partial left refractory neuropathic symptom by medical occupation.	13	4. If the symptom generated by pathological changes to central nervous system exists only in single disability type, the level is based on the identified organs, for example, the expressive aphasia caused by the damages to speaking can be applied to the speaking disability. 5. The judgment of "Balance Function and Audio" disability level: The disability in audition and balance function caused by head injured must be graded by taking the both disable degree into consideration. 6. The judgment of "Epilepsy" disability 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 disability judgment. The development of the epilepsy should be identified that the treatment given by specialists can produce no effects and the stable symptom available. The seizure, in the meantime, is accompanied by a disturbance of consciousness. The level depends on the following standards regardless of its types: (1) Outbreak over one time each week and lead to inability to work for whole life should be applied to level 3 though sufficient treatment of two or two more anti-epilepsy medicines. (2) Outbreak over one time each month leading to noticeably lower laboring capabilities, despite sufficient treatment using two or more anti-epilepsy medicines and limiting the person to only doing jobs requiring low physical strength for the rest	

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				<p>of his/her life should be applied to level 7.</p> <p>(3) More than one seizure per month, despite sufficient treatment received using two or more types of anti-epileptic drugs, but is otherwise a normal, non-disabled laborer should be applied to level 13.</p> <p>7.Judgment of “headache” disability level: The occurrence mechanism of headache has many causes and among which the headaches caused by head trauma and poisoning etc. are given below:</p> <p>(1) headache in the injured parts;</p> <p>(2) migraine;</p> <p>(3) tension-type headache;</p> <p>(4) neuralgia in epistatic cervical nerve or trigeminal neuralgia;</p> <p>The judgment depends on the following standards:</p> <p>(1) Those who remain the ordinary laboring ability but their career ranges are limited by the frequent occurrence of headache should be defined as level 9.</p> <p>(2) Those who can engage in working and be affected by irregular occurrence of headache should be defined as level 13.</p> <p>8.Judgment of “Vertigo and Balance” disability level: The vertigo and balance disability after head injury or central nervous system disease is caused not only by the inner ear disability but also the disability of central nervous system such as cerebellum, brain stem, or prefrontal. The judgment depends on the following standards:</p> <p>(1) Those who only have the ability to exercise the daily necessary activities for the severe balance function disability should be defined as level 3;</p> <p>(2) Those whose ability cannot match the ordinary person for the moderate balance disability should be defined as level 7;</p> <p>(3) Those whose laboring ability are not affected and have the eye disease caused by eye oscillation or identified by other balance function examinations should be defined as level 13.</p> <p>9.Judgment of “Spinal cord disability” level: It is classed into movement disability, perception disability, intestines diseases, urethra diseases and genitalia diseases etc. and judged by the principle in the disability examination 1. The appropriate level should be given to those with the syndromes.</p> <p>10.Judgment of “post-traumatic ache syndrome” level: The</p>	

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						<p>abnormal state of the post-traumatic ache for its incomplete damages to limbs and other nerves. Such ache should be graded according to the following standards if it cannot be fade away naturally and testified medically:</p> <p>(1)The neuralgia caused by the cranial nerve and spinal nerve injury or other reasons should be graded regarding of the frequency of occurrence, ache degree, lasting time and the affects upon laboring ability. For example, those who ache when they do work other than easy work should be defined as level 7.</p> <p>(2)The causalgia from the trauma should be defined as level 7 and level 13 respectively according to the previous standards regarding of the degree.</p> <p>11.Judgment of “radicular and end nerve paralysis” level: in general, it is graded depending on the organs’ function controlled by the damaged nerves. And the nerve paralysis, which can be identified and not be brought into the correct level, should be defined as level 13.</p> <p>12.Judgment of “sequela of carbon monoxide poisoning or hypoxia” level: The sequela of carbon monoxide poisoning or hypoxia should be judged and graded depending on the symptoms left comprehensively and judge the disability level based on basic principles for judging neuropathic disability.</p> <p>13.When disability of the Central Nervous System (CNS) mechanisms is accompanied by mental disability, the level of disability should be comprehensively determined by considering all symptoms.</p>	
3. Eyes	Eyeballs	Eyesight disability	3-1	Totally blind	2	<p>1. The measurement of “Eyesight”:</p> <p>(1)Based on corrected eyesight with the application of C-shape eye chart, but those who cannot be corrected or are involved in aniseikonia should be measured by one the naked eyesight.</p> <p>(2)The measurement of eyesight disability shall pass Malingering examination.</p> <p>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.</p> <p>3. If one has two of the “Eyesight disability”, “Visual field disability”, and “Regulating or Moving Disability”, the grading of disability could be increased according to regulation, but the</p>	Should be issued by national health insurance special contracted hospital, which is rated as excellence or better in Hospital Accreditation, or as qualified in Hospital Accreditation(for medical center and regional hospital), or as qualified in
			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 is 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		

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		3-7	Those whose one eye is blind, and another one is weakened to less than 0.1	6	highest grading is that both eyes could not exceed the second level, and one eye could not exceed the eighth level with the exception of eyelid defect disability.	Hospital Accreditation and Teaching Hospital Accreditation by the Ministry of Health and Welfare.
		3-8	Those whose one eye is blind, and another one is weakened to less than 0.4	7		
		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 disability	3-14	Those whose both eyes are involved in hemiscotosis, narrow or deformation vision.	10	<ol style="list-style-type: none"> 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 1 centimeter under daylight and Pa-Fung-Wei vision angle are called vision deformation. Scotoma bases on absolutely scotoma, and the comparative scotoma is not available on this list. 2. The determination of “Eyesight Disability” should be based on the “Fundus/Optic Disc Image Centered on the Optic Nerve and the Macula Lutea” and the “Vision Diagram” within the last three months. Confirmed diagnosis in Malingering examination is also required. 	
		3-15	Those whose one eye is involved in hemiscotosis, narrow or deformation vision.	14		
	Regulating or Moving disability	3-16	Those whose both eyeballs are involved in obvious regulating or moving disability.	12	<ol style="list-style-type: none"> 1. “Eyeball left obvious regulating disability” means the regulating function decreases more than 1/2 or above. 2. “Eyeball left obvious moving disability” means the eyesight (for single eye is about 50°, and both eyes about 45°) decreases more than 1/2 or above. 	
		3-17	Those whose one eyeball is involved in obvious regulating or moving disability.	13		
		3-18	Those who have paralysis of eye muscle, those who are involved in diplopia occurring on the right vision that causes severe headache, dizziness and obvious disability in the daily life and doing homework.	13		
		3-19	Those who have high degree of	13		

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			mydriasis caused by external injury and the eyes have astraphobia and tearing obviously which have serious impact on laboring ability.				
	Eyelid	Defect Disability	3-20	Those whose both eyelids are involved in obvious defect.	10	1. "Eyelid in obvious defect" means cannot cover completely the cornea when close eyelid, also though the cornea can cover completely, only exposing degree of bulbar (the white of eye) in partial eyelid defect is not in the scope of payment. 2. If eyelid defect coexist with head, face or neck defect, the level of disability could be increased according to regulation.	
			3-21	Those whose one eyelid is involved in obvious defect.	12		
		Movement Disability	3-22	Those whose both eyelids are involved in obvious moving defect.	12	"Eyelid in obvious moving disability" means the pupil is covered completely (as Ptois) when open the eyelid , or cover the corner completely when close the eyelid (as lagophthalmos)	
			3-23	Those whose one eyelid is involved in obvious moving defect.	13		
4. Ear	Inner and middle ear	Hearing Disability	4-1	Those whose average hearing threshold for both ears is above 90 dB at least.	5	1. The "same part" regulated in this act for hearing disability means both ears; when hearing of two ears is in disability with different degrees, should examine and judge comprehensively the hearing disability of two ears and not check and ratify respectively and improve the level. If one ear is applied to the disability in Item 4-3 and other with Item 4-4, should judge it with the integration of its disability degree according to level 7, Item 4-2. 2. Hearing disability should be evaluated according to 2 pure tone audiometry (<u>PTA</u>) results in the latest three months (an interval of 24 hours or more between the 2 tests is required), speech reception threshold test (<u>SRT</u>) and auditory brainstem response (<u>ABR</u>) test. If necessary, the evaluation shall include Stenger test results or steady-state evoked potential (<u>SSEP</u>) results. 3. The examination of balance mechanism disability caused by defect or injury to inner ear could apply to the grading principles in Neuropathic disability and evaluating the disability on the degree of defect to laboring ability. 4. Average threshold value means the average value of threshold value to 500Hz, 1kHz and 2kHz inspected by audiometer.	Should be issued by national health insurance special contracted hospital, which is rated as excellence or better in Hospital Accreditation, or as qualified in Hospital Accreditation(for medical center and regional hospital), or as qualified in Hospital Accreditation and Teaching Hospital Accreditation by the Ministry of Health and Welfare.
			4-2	Those whose average hearing threshold for both ears is above 70 dB at least.	7		
			4-3	Those whose average hearing threshold of one ear is above 90 dB at least.	10		
			4-4	Those whose average hearing threshold of one ear is above 70 dB at least.	11		
		Auricle	Defect disability	4-5	Those whose one auricle mostly is involved in defect.	13	1. "Auricle defect mostly" means those whose cartilage of earflap is defected above 1/2 or more. 2. If an ear is involved in hearing disability (functional disability) and auricle defect (organ-defected disability), the disability level should be judged and increased according to regulations.

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5. Nose	Defect and functional disability	5-1	Those who are involved in nose defect.	10	1. "Nose defect" means the nasal cartilage is defected more than 1/2 or above. 2. If "nose defect" coexist with head, face or neck defect, the disability level should be judged and increased according to regulations. 3. "Functions left obvious disability" means the blocked nostril on both sides, hardly breath, and cannot be corrected and cured or the complete loss of olfaction on both sides.	Should be issued by the national health insurance special contracted hospitals or clinics
		5-2	Those who are not involved in nose defect but have obvious functional disability.	13		
6. Mouth	Mastication, deglutition and speaking disability	6-1	Those who haven't mastication, deglutition and speaking functions.	2	1. The judgment of Mastication, deglutition and speaking disability could not be done until 6 months after the last surgery; if the treatment is not surgery but radiation or chemotherapy, then, the judgment could not be done until 6 months after the termination of radiation treatment or chemotherapy. However, language disability caused by the excision of whole throat is not bounded by this rule. 2. The diagnosis of Mastication and deglutition disability should be confirmed after proper rehabilitation and evaluation of the related abilities. Where necessary, the individual may be required to take special X-ray examinations relating to the mastication and deglutition abilities (Videofluorography). The diagnosis of speech disability should be confirmed after proper rehabilitation and evaluation on the speech ability. However, language disability caused by the excision of whole throat shall not be bound by this rule. 3. Here the main reasons causing the masticating function disable (because there is another special regulations to the dilapidator of teeth) are specially meant the reason but for the teeth (as disability of cheek, tongue, soft and hard cover, jawbone, chin joint etc.) narrow esophagus, abnormal tongue, deglutition disability caused by the nerve paralysis controlling larynx usually would be as inter-current masticating function disability, so the two combined disabilities defined as "mastication and deglutition disability": (1) "No mastication and deglutition functions" means those who cannot masticate or swallow food but liquid diet for organ-defected disability or functional disability. (2) "Obvious disability on mastication and deglutition functions" means those who cannot masticate and ingest food completely but congee, paste or similar food.	Should be issued by national health insurance special contracted hospital, which is rated as excellence or better in Hospital Accreditation, or as qualified in Hospital Accreditation(for medical center and regional hospital), or as qualified in Hospital Accreditation and Teaching Hospital Accreditation by the Ministry of Health and Welfare.
		6-2	Those who haven't mastication, deglutition or speaking functions.	4		
		6-3	Those who are involved in obvious disability on mastication, deglutition or speaking function.	5		
		6-4	Those who are involved in obvious disability on mastication, deglutition or speaking function.	7		
		6-5	Those who have Aphasia caused by speech center injuries so they are unable to communicate with language or voice so it is serious disability on communication or comprehensive capability.	4		
		6-6	Those who have Aphasia caused by speech center injuries so their language comprehensive capability, expression, clarity and fluency of speech and pronunciation has difficulties so they are obviously unable to communicate with other people so it is minor disability on communication or comprehensive capability.	7		
		6-7	The situation that express the opposing party cannot master the meaning well only with language for spelling functional in obvious left disability can be graded on 「 language function in obvious left disability 」	7		
		6-8	Complete loss of the sense of taste	13		

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			caused by head trauma, organization of jawbone trauma or tongue trauma.		<p>4. Speaking disability (except speech center injuries) means anarthria, dysphonia and spelling functional disability etc. caused by the reasons but for teeth trauma:</p> <p>(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.</p> <p>(2) “Obvious disability 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.</p> <p>a. Bilabial: ㄅ ㄆ ㄇ (Pronounced position is both lips)</p> <p>b. Labiodental: ㄆ ㄇ (Pronounced position is labial teeth)</p> <p>c. Apical: ㄉ ㄊ ㄋ (Pronounced position is tongue top and gum)</p> <p>d. Velar: ㄍ ㄎ ㄌ (Pronounced position is dorsal and soft palate)</p> <p>e. Lingual tongue: ㄌ ㄍ ㄎ (Pronounced position is blade of tongue and hard palate)</p> <p>f. Blade-palatals: ㄉ ㄊ ㄋ (Pronounced position is tongue top and hard palate)</p> <p>g. Dentals(affricate and fricative): ㄆ ㄇ ㄊ (Pronounced position is tongue top and right upper gum)</p> <p>5. For those who have chewing or swallowing disabilities accompanied by language or taste disabilities, due to the fact that these all fall under the same category of disability, grading cannot be increased by combining the disabilities; rather the most severe case shall be used to define the level of disability.</p> <p>6. For speech, chewing, and swallowing disabilities caused by chest or abdomen diseases and accompanied by viscera disabilities in the chest or abdomen, the principles for grading viscera disability in the chest and abdomen shall be applicable.</p>	
		6-9	Those who need the assistance of fluid to deglutition because of the reduction in saliva caused by radiotherapy or chemotherapy.	13		
Teeth Disability	6-10	Those who are involved in ten defective teeth at least for accidental harm.	11	<p>1. “Teeth disability”, only for victims who are involved in accident injure.</p> <p>2. “Teeth defect” include two types of symptoms such as loss and damaged. “Loss” means the teeth have totally fallen off with no residual root and it is impossible to put the falling off teeth back inside the original alveolar bone; “Damaged” means the 1/2 of the crown of a tooth has damaged and fallen off due to accidents.</p>	Should be issued by the national health insurance special contracted hospitals or clinics	
	6-11	Those who are involved in five defective teeth at least for accidental harm.	13			

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					3. Upper skull and lower jawbone moving disability that causes hard to speak, and makes those be involved in dysphonia and mastication disability should be graded the level being applied to mastication, deglutition disability and dysphonia on its degree.	
7. Viscera in chest and abdomen		7-1	Those whose Viscera of chest and abdomen is involved in severe disability that causes them cannot do any work in the rest of life, need assistance from others for daily activities needed for maintaining life, and need frequently medical treatment and nursing or careful protection by specially assigned person.	1	<p>1. Viscera disability in chest and abdomen cannot be judged until six months after the treatment; if there are medical surgeries, the disability cannot be judged until more than six months after the last surgery. If the individual has received radiation therapy or chemotherapy instead of surgery, the diagnosis should not be confirmed until more than six months after the therapy. However, if there is reasonable treatment period for individual viscera, the period shall be followed. Furthermore, for functional disability patients or Chronic Renal Failure patients who need long term dialysis treatment, the disability level should be judged on the date the patients are discharged from hospital after organ excision or transplantation operation or the first time receive the dialysis treatment.</p> <p>2. Judgment on the disability level of viscera of chest and abdomen: The viscera of chest and abdomen is involved in left disability must be measured and graded comprehensively based on its impacts on laboring ability, daily life or situation of social living activities and the dependence on other's assistance.</p> <p>3. There are two kinds at least among organs of chest and abdomen are involved in disability simultaneously, should measure all symptoms comprehensively based on above-mentioned principle. Any and improving on the union of grading of separate organ is not allowed.</p> <p>4. "Those whose viscera of chest and abdomen are involved in left disability" means there is functional disability in the viscera of chest and abdomen and lead to obvious obstacle to work and could be medically proven. For those who don't left obvious permanent functional disabilities are not included in the range of payment.</p>	<p>1. For functional disability part: Should be issued by national health insurance special contracted hospital, which is rated as excellence or better in Hospital Accreditation, or as qualified in Hospital Accreditation(for medical center and regional hospital), or as qualified in Hospital Accreditation and Teaching Hospital Accreditation by the Ministry of Health and Welfare.</p> <p>2. Other parts: it should be issued by the national health insurance special contracted hospitals or clinics.</p>
		7-2	Those whose Viscera of chest and abdomen is involved in severe left disability that causes them cannot do any work in their whole life and need assistance in daily life.	2		
		7-3	Those whose Viscera of chest and abdomen is involved in obvious left disability that causes them cannot do any work in the rest of life. However, they can still perform part of the living activities needed for maintaining life.	3		
		7-4	Those whose Viscera of chest and abdomen is involved in obvious disability that causes them can only do light work in the rest of the life.	7		
		7-5	Those whose Viscera of chest and abdomen is involved in disability.	12		
7. Viscera in chest and abdomen	Heart	7-6	Those whose heart has disability and unable to function, and unable to work for the rest of life for which compiles with 2.(1) of the disability examination	1	<p>1. Heart functionality damage classification standard:</p> <p>First degree: Have heart disease but do not loss in moving capability; there are no symptoms such as fatigue, palpitation, difficulties of breathing or angina pectoris under normal activities.</p>	
		7-7	Those whose heart has disability and unable to function, and unable to work for the rest of life for which compiles	2		

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			with 2.(2) of the disability examination.			
		7-8	Those whose heart has disability and unable to function, and unable to work for the rest of life for which compiles with 2.(3) of the disability examination.	3	Second degree: Have heart disease and a small degree of loss in moving capability, there is no symptom when rest or performing light work. However, in heavier task of daily life, the patients have symptoms such as fatigue, palpitation, difficulties of breathing or angina pectoris.	
		7-9	Those whose heart has disability and unable to function, and unable to work for the rest of life for which compiles with 2.(4) of the disability examination.	7	Third degree: Have heart disease and large degree of loss in moving capability, there is no symptom when resting. However, there are symptoms such as fatigue, palpitation, difficulties of breathing or angina pectoris when there are some activities.	
		7-10	Those who receive heart transplant or ventricular assist device implantation.	7		
		7-11	Those whose heart has disability and unable to function, and unable to work for the rest of life for which compiles with 2.(5) of the disability examination.	12	<p>Fourth degree: Have heart disease and unable to have any movement. There are still symptoms such as fatigue, palpitation, difficulties of breathing or angina pectoris even under standstill condition and the symptoms get more severe when performing activities.</p> <p>2. Judgment standard of heart disability level:</p> <p>(1) First Level: Those comply with the following conditions:</p> <ol style="list-style-type: none"> a. Meet the Fourth degree in Heart functionality damage classification standard. b. Hospitalized and receive more than four weeks of continuous machinery assistant or intravenous injection of cardiac glycoside medicine treatment and continue to receive the above treatments. c. Those that have uncontrollable progressive chronic heart failure. d. Those whose left ventricular ejection fraction (LVEF) tested by unclear medical check is $\leq 25\%$ <p>(2) Second Level: Those comply with the following conditions:</p> <ol style="list-style-type: none"> a. Meet the Fourth degree in Heart functionality damage classification standard. b. Hospitalized and receive more than two weeks of continuous machinery assistant or intravenous injection of cardiac glycoside medicine treatment and continue to receive the above treatments. c. Those that have uncontrollable progressive chronic heart failure. d. Those whose left ventricular ejection fraction (LVEF) tested by unclear medical check is $\leq 25\%$ 	

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					<p>(3) Third Level: Those comply with the following conditions:</p> <ul style="list-style-type: none"> a. Meet the Fourth degree in Heart functionality damage classification standard. b. Hospitalized and receive irregular treatment of less than two weeks of machinery assistant or intravenous injection of cardiac glycoside medicine. c. Those that have uncontrollable progressive chronic heart failure. d. Those whose left ventricular ejection fraction (LVEF) tested by unclear medical check is $\leq 25\%$ <p>(4) Seventh Level: Those meet the Third and Fourth degree of Heart functionality damage classification standard and whose left ventricular ejection fraction (LVEF) tested by unclear medical check is $\leq 25\%$ and comply with any one of the following situations:</p> <ul style="list-style-type: none"> a. Coronary Heart Disease: Those who have history of myocardial infarction or the disease have been proven by coronary angiography. b. Valvular Heart Disease: Those who have medium or severe valvular abnormality (narrow or backflow) which have been proven by Echocardiography. c. Cardiomyopathy (Dilated, hypertrophic and regionalized): those which have been proven by Echocardiography. d. Aneurysm (include dissecting or non-dissecting aneurysm with diameter of five centimeter): those which have been proven by proper medical imaging. e. Other heart diseases: Those who have been evaluated and judged by the diagnosis of cardiologist to have certain degree of heart function disability. <p>(5) Twelfth Level: Those meet the Second, Third and Fourth degree of Heart functionality damage classification standard and whose left ventricular ejection fraction (LVEF) tested by unclear medical check is 26%-49% and comply with any one of the following situations:</p> <ul style="list-style-type: none"> a. Coronary Heart Disease: Those who have history of myocardial infarction or the disease have been proven by coronary angiography. b. Valvular Heart Disease: Those who have medium or severe valvular abnormality (narrow or backflow) which 	

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					<p>have been proven by Echocardiography.</p> <p>c. Cardiomyopathy (Dilated, hypertrophic and regionalized): those which have been proven by Echocardiography.</p> <p>d. Aneurysm (include dissecting or non-dissecting aneurysm with diameter of five centimeter): those which have been proven by proper medical imaging.</p> <p>e. Other heart diseases: Those who have been evaluated and judged by the diagnosis of cardiologist to have certain degree of heart function disability.</p>	
Lungs	7-12	Those whose lung has disability and unable to function, and unable to work for the rest of life for which compiles with (1) of the disability examination.	1	<p>The judgment of Lung disability level (PaO₂: Partial Pressure of Oxygen in Arterial Blood; FEV₁: Forced Expiratory Volume in the first second; FVC: Forced Expiratory vital capacity; DLCO/VA: Carbon Monoxide Diffusing Capacity after adjusting for alveolar volume; VO₂max: Maximal oxygen uptake):</p> <p>(1) First Level: Lung malfunctioning caused by Respiratory System Disease, need oxygen or medical ventilators to maintain life. PaO₂ ≤ 50mmHg if Oxygen is not supplied, unable to work for the rest of the life, status of daily life has been limited to a bed.</p> <p>(2) Second Level Comply with one of the following conditions:</p> <p>a. Lung malfunctioning caused by respiratory system disease and FEV₁ < 25%; FEV₁/FVC ≤ 25%</p> <p>b. At least one side of the lung has been cut.</p> <p>c. When oxygen is not supplied, PaO₂ = 50~55mmHg, the major daily life is on a hospital bed and could go to toilet, eat, and walk in their own home with the assistance and cares from others.</p> <p>(3) Third Level: Comply with one of the following conditions:</p> <p>a. Lung malfunctioning caused by respiratory system disease and FEV₁ = 25~30%; FEV₁/FVC = 26~40%; DLCO/VA = 25~30%.</p> <p>b. At least two lobes of a lung are cut.</p> <p>c. When oxygen is not supplied, PaO₂ = 50~60mmHg</p> <p>(4) Seventh Level: Comply with one of the following conditions:</p> <p>a. Lung malfunctioning caused by respiratory system disease and FEV₁ = 31~59%; FEV₁/FVC = 41~59%; DLCO/VA = 31~59%.</p> <p>b. Radiation pneumonitis of at least two lobes of a lung.</p>		
	7-13	Those whose lung left disability and unable to function, and unable to work for the rest of life for which compiles with (2) of the disability examination.	2			
	7-14	Those whose lung has disability and unable to function, and unable to work for the rest of life for which compiles with (3) of the disability examination.	3			
	7-15	Those whose lung has disability and unable to function, and unable to work for the rest of life for which compiles with (4) of the disability examination.	7			
	7-16	Those who received lung transplant.	7			
	7-17	Those whose lung has disability and unable to function, and unable to work for the rest of life for which compiles with (5) of the disability examination.	12			

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
					<p>(5) Twelfth Level: Lung malfunctioning caused by respiratory system disease and $FEV_1=60\sim 79\%$; $FEV_1/FVC=60\sim 74\%$; $VO_2max=20\sim 25ml/kg.min$.</p> <p>(6) Pneumoconiosis shall be confirmed to be above second degree via X-ray pictures then it could be judged by the grading principle of lung disability and clinical symptoms.</p>	
Liver	7-18	Those whose liver has disability and unable to function, and unable to work for the rest of life for which compiles with (1) of the disability examination.	1	<p>Judging liver disability level: Judgment of liver disability should only be made when the patient has received hospitalization treatment and observation for more than six months. In such cases, the latest evaluation report should be submitted for the judgment of disability. (For those apply for Twelfth degree, no need hospitalization).</p> <p>(1) First Level: Meet C class of Child-Pugh Score and meet the following situations: a. There is ascite in the body which is hard to heal. b. Several outbreaks of Encephalopathy. c. Stomach or esophageal varix bleeding</p> <p>(2) Second Level: Meet C class of Child-Pugh Score and meet one of the following situations: a. Several outbreaks of Encephalopathy. b. Stomach or esophageal varix bleeding</p> <p>(3) Third Level: Meet C class of Child-Pugh Score and Those who has ascite in the body which is hard to heal.</p> <p>(4) Seventh Level: Meet B or C class of Child-Pugh Score, has suffered from hepatic encephalopathy, and fulfill one of the following conditions: a. continuously have ascites in the body b. bleeding in stomach c. bleeding in esophageal varices</p> <p>(5) Twelfth Level: Chronic liver disease and meet A class and above of Child-Pugh Score and there is portal hypertension and there is aneurysm in stomach or esophagus proven by laparoscope examinations.</p> <p>(6) The above liver disability standard is a standard defined by</p>		
	7-19	Those whose liver has disability and unable to function, and unable to work for the rest of life for which compiles with (2) of the disability examination.	2			
	7-20	Those whose liver left disability and unable to function, and unable to work for the rest of life for which compiles with (3) of the disability examination.	3			
	7-21	Those whose liver has disability and unable to function, and unable to work for the rest of life for which compiles with (4) of the disability examination.	7			
	7-22	Those who received liver transplant	9			
	7-23	Those whose liver has disability and unable to function, and unable to work for the rest of life for which compiles with (5) of the disability examination.	12			

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis																												
					<p>Child-Pugh classification of severity of liver disease; and the “several outbreak” of Encephalopathy means two or more times.</p> <p>(7) Child-Pugh classification of severity of liver disease</p> <table border="1"> <thead> <tr> <th>Points \ Item</th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>Bilirubin</td> <td>< 2</td> <td>2 to 3</td> <td>> 3</td> </tr> <tr> <td>Albumin</td> <td>> 3.5</td> <td>3.0 to 3.5</td> <td>< 3.0</td> </tr> <tr> <td>Ascites</td> <td>Absent</td> <td>Slight and Controllable</td> <td>Moderate and not easy to control</td> </tr> <tr> <td>Encephalopathy</td> <td>None</td> <td>Level 1 or 2</td> <td>Level 3 or 4</td> </tr> <tr> <td>Prothrombin Time Seconds over Control or INR</td> <td>< 4 seconds</td> <td>4 to 6 seconds</td> <td>> 6 seconds</td> </tr> <tr> <td></td> <td>< 1.7</td> <td>1 .to 2.3</td> <td>> 2.3</td> </tr> </tbody> </table> <p>A Class : below 6 points (include) B Class : 7 to 9 points C Class : 10 points and above (include)</p>	Points \ Item	1	2	3	Bilirubin	< 2	2 to 3	> 3	Albumin	> 3.5	3.0 to 3.5	< 3.0	Ascites	Absent	Slight and Controllable	Moderate and not easy to control	Encephalopathy	None	Level 1 or 2	Level 3 or 4	Prothrombin Time Seconds over Control or INR	< 4 seconds	4 to 6 seconds	> 6 seconds		< 1.7	1 .to 2.3	> 2.3	
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	< 1.7	1 .to 2.3	> 2.3																															
Pancreas	7-24	Those who undergo total pancreatectomy	7	For patients undergoing Segmental pancreatectomy, the judgment of disability level should not be made until at least six months after the operation.																														
	7-25	Diabetes or aggravated diabetes caused by partial pancreatectomy.	9																															
Stomach	7-26	Those who undergo total gastrectomy	12																															
Spleen	7-27	Those who undergo splenectomy	9																															
Kidney	7-28	Two sides of the kidney are not functioning and the patient must undergo dialysis treatment regularly.	7																															
	7-29	Those who undergo kidney transplant.	9																															
	7-30	One side of kidney is excised or	9																															

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
			atrophied to loss all functionalities.			
Small intestines	7-31	Those who have more than 50% of their small intestines excised and have short bowel syndrome	7	“Short bowel syndrome” means: Six months after small bowel resection, there is still malabsorption syndrome caused by shorten small intestines and need long term intravenous injection nutrition support.		
	7-32	Those who have more than 50% of their small intestines excised but have no short bowel syndrome	9			
Large Intestine	7-33	Large intestine resection and do not perform colostomy	9			
Anus	7-34	Those who undergo permanent colostomy	7	For patients undergoing permanent colostomy, the judgment of disability level should not be made until six months after the operation.		
	7-35	Emcopresis caused by incomplete sphincter ani (such as fracture, etc)	12			
Bladder	7-36	Those whose bladder is defective completely without installing an artificial bladder.	3	When making judgment, disability diagnosis report must be issued by an Urologist; if necessary, the insurer could separately appoint specialists from Gynecology, Rehabilitation or women urology department to join the evaluation.		
	7-36-1	Patients with permanent artificial bladder	7			
	7-37	Those whose shrink bladder only has the capability less than 50cc.	8			
	7-38	Incontinence caused by changes in sphincter of bladder	12			
Adrenalin	7-39	Loss of both sides of Adrenal gland and need to supplement hormone for the whole life.	12			
Pelvis	7-40	Fractures of pelvis ring and lead to Urethral trauma and lead to serious urethral stricture which unable to be fixed via surgery operation and need Cystotomy for life.	13			
Reproductive Organs	7-41	Those whose reproductive organs left with obvious disability	11	1. “Reproductive organs left with obvious disability” means: (1) Those who lose both sides of testicles or received radiotherapy or chemotherapy. (2) Those who lose both sides of ovaries or received radiotherapy or chemotherapy. 2. “Reproductive organs left with defect” means:		
	7-41-1	Those whose reproductive organs left with defect.	12			
	7-43	Those whose reproductive organs left with disability	13			

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
					<p>(1) Those who undergoing hysterectomy.</p> <p>(2) Those who are involved in narrow mouth caused by scar phallus not being inserted by phallus that cause no ability to perform sex act.</p> <p>(3) Those who are involved in defective partial phallus or scar etc. deformity cause no ability to perform sex act.</p> <p>3. “Reproductive organs left with disability” means:</p> <p>(1) Those who lose one side of testicles.</p> <p>(2) Those who lose one side of ovaries.</p> <p>(3) Those who are involved in obvious impotence caused by the pathological changes of pelvis visceral nerve (erection central nervous system) for pelvis ring in fracture.</p>	
	Milk gland	7-43	Both sides of milk gland are totally excised	11		
		7-44	One side of milk gland is totally excised.	13		
8. Trunk	Rachis deformity or moving disability	8-1	Those whose rachis is involved in obvious left deformity or moving disability.	7	<p>1. Rachis is the support for maintaining posture, any left moving hurt, deformity disability or loading disability causing laboring ability to be lost should not be judged under the limitation of weakening degree of individual vertebra of rachis, backbone, and should judge it comprehensively. Left with above disability and if it combines with Neuropathic disability and the disability grading should follow the basic grading principles in grading Neuropathic disability.</p> <p>2. For judgment of level of rachis disability, it shall not be performed until the people who have rachis disability have received treatment for more than one year and if they have receive several surgery treatment, it should not be judged until more than one year after the last surgery (except the removal of the nail). If it is caused by malignant tumor and has been diagnosed by a medical doctor to have no chance of recovery and unable to expect the healing results, it could be judged after more than six months into the treatment.</p>	Should be issued by national health insurance special contracted hospital, which is rated as excellence or better in Hospital Accreditation, or as qualified in Hospital Accreditation(for medical center and regional hospital), or as qualified in Hospital Accreditation and Teaching Hospital Accreditation by the Ministry of Health and Welfare.

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
		8-2	Those whose rachis is involved in moving disability.	9	<p>3. Rachis disability should be diagnosed after X-ray picture checks, if there is obvious fracture, dislocation, deformation or obvious pathological changes, the judgment should be in accordance with the following rules:</p> <p>(1) “Obvious left moving Disability” means rachis continuously fixes more than four vertebral bodies and three inter-vertebral and those who lose above 1/2 of physiological moving scope.</p> <p>(2) “Left moving disability” means rachis continuously fixes more than four vertebral bodies and three inter-vertebral and those who lose above 1/3 of physiological moving scope.</p> <p>(3) The rachis in unobvious moving limitation or rachis continuously fixes less than three vertebral bodies and two inter-vertebral is beyond the payment scope.</p> <p>(4) The “obvious fracture” mentioned in above means unstable fracture happened to rachis (slide or moved after rachis fracture), Compression fracture (vertebral is compressed and collapsed for more than 50%), Burst fracture (have more than three pieces of bone debris) or dislocation fracture which must receive surgery treatment. “Obvious dislocation” means joint dislocation reaches 2 degree and above (Joints sliding radian is calculated by width to area percentage which is above 25%).</p>	
		8-3	Those whose rachis is involved in deformity.	12	<p>4. “Obvious deformity” means it can be observed from exterior when wearing clothes.</p> <p>5. “Left rachis deformity” means meeting one of the following conditions:</p> <p>(1) Those whose partial rachis or backbone is involved in obvious deformity (including defect) being caused by fracture or other pathological changes that is hard to be observed when wearing clothes or when undress or through X-ray film.</p> <p>(2) Those who are involved in three protruding thorns at least after the resection.</p> <p>(3) The above mentioned “obvious deformation” means meeting one of the following situations:</p> <p>a. Single vertebral lost its height for more than 50% caused by fracture.</p>	

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
					<ul style="list-style-type: none"> b. Vertebral dislocated for more than 25% (First degree and above) c. Scoliosis for more than 30 degree. d. Kyphosis for more than 50 degree. <p>6. Judgment principles for disabled rachis coexist with moving or limbs paralysis disability:</p> <ul style="list-style-type: none"> (1) Those whose rachis is involved left deformity as well as moving disability, and both are the same disability should not be combined and improved but be graded on the severe one comparatively. (2) Those whose rachis is involved in deformity and in spinal cord expressed that causes limbs paralysis under the approval by others, the level to rachis deformity and limbs paralysis can be combined and improved. (3) Those whose rachis is involved in moving disability or deformity disability as well as main bone of clavicle etc. in Items 8-4 in deformity simultaneously, the level can be combined and improved for different disability series. 	
	Other trunk-bone deformity	8-4	Those who are involved in obvious deformity of Clavicle, breastbone, rib, blade bone or pelvis.	13	<ul style="list-style-type: none"> 1. "Obvious left deformity upon breastbone, rib, clavicle, blade bone Orpelvis" means those who are involved in deformity caused by fracture (including defect) obviously can be observed from the exterior after undress. The deformity that must be diagnosed with X-ray is beyond the regulations. 2. Rib cartilage in deformity should be judged comparing with the grading upon rib deformity. 3. If there are two at least of different spareribs in Item 8-4 involved in obvious deformity, should combine and increase the level to 12. 	Should be issued by the national health insurance special contracted hospitals or clinics

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
9. Head, Face, Neck	Head, face and neck defect	9-1	Those who are involved in head, face or neck defect.	8	<ol style="list-style-type: none"> 1. For those who are involved in head, face or neck means the exposing left defect except defective eyelid, nose and auricle in this attachment. 2. The judgment of this disability should be carried out one year or longer after the treatment for the disability; if a surgical operation is involved, judgment should not be made until one year after the most recent surgery. 3. The judgment of this disability should be judged based on the following scope: <ol style="list-style-type: none"> (1) A scar on the head with a diameter of 8 centimeters or more. (2) A scar on the face with a diameter of 5 centimeters or above; 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) Those whose neck is involved in scar with the size of 5 centimeters in diameter (not include five fingers) at least. 4. The judgment of this disability, in addition to the degree of disability recorded on diagnosis report, a color picture should also be enclosed as evidence (4*6 pictures with measuring ruler and photographic date) 	Should be issued by the national health insurance special contracted hospitals or clinics
10. Skin		10-1	Loss of more than 71% of skin's perspiration function and inability to work again for life.	2	<ol style="list-style-type: none"> 1. The judgment of this disability should be more than one year after the treatment for the disability; of there is surgery involved, the judgment could not be made one year after the last surgery. 2. For those who lost skin's perspiration function means the malfunctioning of skin's perspiration function caused by external trauma or burn injuries or chemical burn or surgery, there are hypertrophic scar left on body outside of head, face and neck (including the hypertrophic scar created by 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, should evaluate using non-intrusive machines to test perspiration abnormality or goes through water evaporation, or use skin pathologic section to assist the evaluation. The degree of disability should be recorded on the disability diagnosis report as percentage of scar to whole body skin (%) and should also attaché color pictures (4*6 pictures with measuring ruler and photographic date) as evidence. 	Should be issued by national health insurance special contracted hospital, which is rated as excellence or better in Hospital Accreditation, or as qualified in Hospital Accreditation (for medical center and regional hospital), or as qualified in Hospital Accreditation and Teaching Hospital Accreditation by the Ministry of Health
		10-2	Loss of 61% to 70% of skin's perspiration function and inability to work again for life.	3		
		10-3	Loss of more than 51% of skin's perspiration function.	4		
		10-4	Loss of 41% to 50% of skin's perspiration function.	5		
		10-5	Loss of 31% to 40% of skin's perspiration function.	6		
		10-6	Loss of 21% to 30% of skin's perspiration function.	7		
		10-7	Loss of 16% to 20% of skin's perspiration function.	9		
		10-8	Loss of 11% to 15% of skin's perspiration function.	11		

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis and Welfare.
		10-9	Loss of 6% to 10% of skin's perspiration function.	12	<p>4. The judgment of disability level of skin perspiration malfunctioning use disability area to judge the level. The above calculation on disability area uses 1% of the area of a palm to total surface area of human body as measuring and calculation base.</p> <p>5. If there is head, face and neck ugly shape or other disability simultaneously, the disability level could be raised according to regulation.</p>	
		10-10	Loss of 2% to 5% of skin's perspiration function.	13		
11. Upper limbs	Upper limbs defective disability	11-1	Those whose upper elbow joints of two upper limbs are defective.	2	<p>1. "Upper elbow joint defect" means those whose part above elbow joint is cut.</p> <p>2. "Upper wrist defect" means those whose part above wrist is cut.</p>	Should be issued by the national health insurance special contracted hospitals or clinics
		11-2	Those whose upper wrists of two upper limbs are defective.	3		
		11-3	Those whose upper elbow joint of one upper limb is defective.	5		
		11-4	Those whose upper wrist of one upper limb is defective.	6		
	Fingers defective disability	11-5	Those whose ten fingers are defective	4	<p>1. "Finger defect" means:</p> <p>(1) Aiming at thumb means those whose part above the joints between the knuckles is cut.</p> <p>(2) Aiming at other fingers means those whose part above the joints of closing knuckles is cut.</p> <p>2. In principle, the disability level of an individual may be graded up or determined on an integrated basis in case that one finger of the individual has become disabled and another finger of the same hand has lost its function in the meantime, qualifying the individual for two or more disability items simultaneously. In the event that the level of disability has not yet qualified the individual for the highest disability level (Level 7) for "Disability in One Finger", the case shall be determined as a Level 8 Disability, i.e., one grade lower.</p> <p>3. However, when the aforementioned upgrading by combining or giving out the total days, if it is lower than individual finger's payment days for losing functionalities of a finger, it could be graded according to the grading level of losing functionalities. For example, if the defect of first finger meet item 11-9 and level 11 and the functionalities loss of thumb is item 11-48 and level 11, the highest level plus 1 level is 10th level, since it is lower than the payment schedule item 11-54 and 9th level for losing functionalities on thumb and first finger, so the item 11-54 and 9th level shall be awarded.</p>	Should be issued by the national health insurance special contracted hospitals or clinics
		11-6	Those whose two thumbs are defective.	7		
		11-7	Those whose five fingers of one hand are defective	7		
		11-8	Those whose thumb of one hand is defective.	10		
		11-9	Those whose first finger of one hand is defective. °	11		
		11-10	Those whose middle finger or ring finger of one hand is defective.	12		
		11-11	Those whose little finger of one hand is defective.	14		
		11-12	Those whose thumb, first finger and other fingers totally four of one hand are defective.	7		
		11-13	Those whose thumb or first finger and other optional one totally four at least of one hand are defective.	8		
		11-14	Those whose thumb and first finger are defective.	8		
		11-15	Those whose thumb or first finger and other optional one totally three at least of one hand are defective.	8		
		11-16	Those whose thumb and other optional	9		

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
			one totally two at least of one hand are defective.		<p>4. If a finger has both “functional disability” and “organic disability”, the higher level of disability shall be awarded and could not be combined to increase grading.</p> <p>5. “Partial phalange is Defective” means those whose partial phalange is defective and can be indicated through X-ray film that there is a part defected is not up to the half of this phalange.</p>	
		11-17	Those whose first finger and other optional one totally two at least of one hand are defective.	10		
		11-18	Those whose middle finger, ring finger and little finger of one hand are defective.	10		
		11-19	Those whose any optional finger but thumb and first finger of one hand totally two are defective.	11		
		11-20	Those whose phalanx of thumb of one hand partially is defective.	14		
		11-21	Those whose phalanx of first finger of one hand partially is defective.	14		
		11-22	Those whose phalanx of first finger of one hand partially is defective.	15		
Upper limb functional disability	11-23	Those whose two upper limbs are disabled.	2	<p>1. “Three joints” means “shoulder joint”, “elbow joint” and “wrist joint”.</p> <p>2. “One upper limb is Disabled” means one of the following situations:</p> <p>(1) Those whose three joints of one upper limb are involved in entasia or paralysis completely and all five fingers of the hand are disabled.</p> <p>(2) Those whose three joints of one upper limb are involved in entasia or paralysis completely.</p> <p>3. “One upper limb is involved in obvious left moving disability” means those whose joints of one upper limb are involved in obvious left moving disability, as the following situations:</p> <p>(1) Those whose three joints of one upper limb are in obvious left moving disability and the five fingers of the hand are disabled.</p> <p>(2) Those whose three joints of one upper limb are in obvious left moving disability.</p> <p>4. “One upper limb left moving disability” means all three joins in one upper limb are in left moving disability.</p> <p>5. Upper limb disability shall not be judged until more than one year after treatment; if there are surgeries involved in the treatment, the judgment shall be made one year after the surgery (not applicable to bone-screw removal). For organ-defected disability,</p>	Should be issued by national health insurance special contracted hospital, which is rated as excellence or better in Hospital Accreditation, or as qualified in Hospital Accreditation (for medical center and regional hospital), or as qualified in Hospital Accreditation and Teaching Hospital Accreditation by the Ministry of Health and Welfare.	
	11-24	Those whose two joints among three ones of two upper limbs respectively are involved in disability.	3			
	11-25	Those whose one joint among three ones of two upper limbs respectively is involved in disability.	6			
	11-26	Those whose one upper limb is disabled.	6			
	11-27	Those whose two joints among three ones of one upper limb are disabled.	7			
	11-28	Those whose one joint among three ones of one upper limb is disabled.	9			
	11-29	Those whose two upper limbs are involved in obvious left moving disability.	4			
	11-30	Those whose two joints among three ones of two upper limbs respectively are involved in obvious left moving disability.	5			
	11-31	Those whose one joint among three ones of two upper limbs respectively is	7			

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
			involved in obvious left moving disability.		<p>the disability level should be judged on the date the patients are discharged from hospital after amputation surgery.</p> <p>Using physical exercise range as the standard for judging joint disability and the regulations are as follows:</p> <p>(1) “Disabled” means joints are involved in entasia or paralysis completely.</p> <p>(2) “Obvious moving disability” means losing more than 1/2 of physical exercise range.</p> <p>(3) “Moving disability” means losing more than 1/3 of physical exercise range.</p> <p>6. Test of exercise limitation:</p> <p>(1) Use the physical exercise range of the joints as standard, when the reasons and degree of functional (moving) disability are obvious, use the exercise range of auto moving. If there is mental reason or reason and degree of disability is not clear, it should reference the possible exercise range of other exercise to judge it.</p> <p>(2) For patients who need cast to fix the injured parts should consider the degree of recovery after the healing to make proper decision.</p> <p>7. Same upper limb has functional disability and muscle disability caused by injuries to nerve should consider their disability grading comprehensively and they could not be combined to increase to higher grading.</p> <p>8. Moving nerve disability:</p> <p>(1) “Brachial plexus completely paralyzed” shall apply item 11-26 and 6th level.</p> <p>(2) For those who suffer from Partial nerve of Upper limb paralyzed induced limb joint automatic moving disability should check the range of paralysis and the degree and parts of moving disability and it shall apply the regulation in “disabled” or “obvious moving disability” of limb joint to decide the disability level.</p> <p>(3) When all nerves or most of the nerves are paralyzed should reference same upper limb’s “disabled” or “obvious moving disability” according to the range and degree of automatic moving disability induced by the nerve paralysis.</p> <p>(4) The (2) and (3) regulations above are used in wide range stump and disabled person who totally losing consciousness.</p> <p>9. Regarding to “scillation joint” of upper limb, no matter whether</p>	
		11-32	Those whose one upper limb is involved in obvious left moving disability.	7		
		11-33	Those whose two joints among three ones of one upper limb are involved in obvious left moving disability.	8		
		11-34	Those whose one joint among three ones of one upper limb is involved in obvious left moving disability.	11		
		11-35	Those whose two upper limbs are involved in left moving disability.	6		
		11-36	Those whose two joint among three ones of two upper limbs are involved in obvious left moving disability.	9		
		11-37	Those whose one joint among three ones of two upper limbs is involved in obvious left moving disability.	11		
		11-38	Those whose one upper limb is involved in left moving disability.	9		
		11-39	Those whose two joints among three ones of one upper limb are involved in left moving disability.	11		
		11-40	Those whose one joints among three ones of one upper limb are involved in left moving disability.	13		
		11-41	Those whose one upper limb is involved in pseudarthrosis and obvious left moving disability.	8		
		11-42	Those whose one upper limb is involved in left pseudarthrosis.	9		

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
					<p>it is automatic or non-automatic, they all shall following the standard below to decide the disability level:</p> <p>(1) There is obvious obstacle to working and daily life activities, and they patients shall ware fixed equipment most of the time, it shall apply the joint disabled regulation in grading.</p> <p>(2) Some obstacle to working and daily life activities but don't need to wear fix equipment all the time shall apply the joint left obvious moving disability regulation in grading.</p> <p>10. "Same upper limbs is involved in organ-defected disability as well as in left functional disability, can judge the level based on the special grading judgment regulations: When Same upper limbs are involved in organ-defected disability (except deformation) and functional disability, in principle, they could be combined to increase grading. However, organ-defected disability (no matter whether it is regional disability or newly induced disability), when the disability is above wrist joint or elbow joint, no matter the degree of functional disability to the remained joints, the former should apply sixth level and the latter shall apply fifth level in grading. For example:</p> <p>(1) Disability above one upper limb's wrist joint (6th level) and elbow and shoulder joints all losing their functionalities (7th level) should be graded as 6thlevel.</p> <p>(2) Disability above one upper limb's elbow joint (5th level) and shoulder joint also losing its functionalities (9th level) should be graded as 5th level.</p> <p>11. Same upper limbs is involved in left functional disability as well as the finger is in organ-defected disability or functional disability, can judge the level based on the special grading judgment regulations: When same upper limbs as well as the fingers are involved in both organ-defected disability and functional disability simultaneously, in principle, they could be combined and raised to higher level. However, when a condition (no matter fingers are involved in organ-defected disability or functional disability) where the degree of disability does not reach one upper limb wrist joint disability (6th level) or one upper limb disability (6th level), should use the lower level such as 7th level to judge it. For example: Left upper limb shoulder joint and wrist joint both losing their functionalities (7th level) and at the same time left</p>	

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
					<p>first, middle, and ring fingers all losing their functionalities, the combined and increase level is 6th level, but the wrist joint still exist, so, it shall apply one upper limb wrist joint above disability's lower level which is 7th level to judge it.</p> <p>12. "Those whose one upper limb is involved in left pseudarthrosis and obvious moving disability" means meeting one of the following conditions:</p> <p>(1) There is pseudarthrosis left in upper limb bone.</p> <p>(2) There is pseudarthrosis left in both sides of Radius and the Ulna bones.</p> <p>13. "One upper limb left pseudarthrosis" means there is pseudarthrosis in any side of radius or the ulna.</p> <p>14. "Pseudarthrosis" means two sides of the bone unable to be healed after fracture and the limb could move in the broken part which forming a joint type of shape; similar situation also could happen in non-mechanical fracture, the long bone which endure the weight generate boneless phenomena which cause bending and pathological fracture and the fractured part unable to calcify and heal so it generate "pseudarthrosis" but it is not artificial joint.</p> <p>15. Joint disability (including upper, lower limbs, fingers, and toe joint) caused by Rheumatoid arthritis, Degenerative arthritis, and Gout, if the gap between joint are complete and there is no obvious joint face damage or deformation and could be relieved by medicine treatment is not include in the payment range.</p>	
Deformity (humerus or cubitum)	11-43	Those whose long cannon bones of both upper limbs are involved in left deformity.	11	<p>1. "Cannon bone of upper limb in left deformity" means those who are the same with one of following situation:</p> <p>(1) Those whose humerus is involved in left deformity.</p> <p>(2) Those whose cubitum i.e. radius and ulna are involved in left deformity. (Those whose radius or ulna individually is involved in left deformity is beyond this regulations).</p> <p>2. The above-mentioned deformity, should be checked from the exterior or through the obvious deformity on the X-ray Firm (with formation of above 165° bending).</p> <p>3. Formation of callus or thickened tissue caused by fracture of long tubular bones shall not be considered a deformity.</p>	Should be issued by the national health insurance special contracted hospitals or clinics	
	11-44	Those whose long cannon bone of one upper limb is involved in left deformity.	13			
Fingers functional disability	11-45	Those whose ten fingers are disabled.	5	<p>1. "Finger disabled" means:</p> <p>(1) Those whose joints between the knuckle of thumb and middle finger or knuckles lose above 1/2 physiological moving scope.</p>	Should be issued by the national health insurance special contracted hospitals	
	11-46	Those whose two thumbs are disabled	8			
	11-47	Those whose five fingers of one hand are disabled.	8			

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
		11-48	Those whose one thumb of one hand is disabled.	11	<p>(2) Those whose joints between the knuckle of other fingers, middle finger or the joints of contiguous knuckles lose above 1/2 physiological moving scope.</p> <p>(3) Those whose end joint of thumb or other fingers is cut above 1/2.</p> <p>(4) Palm joint in moving limited disability, if the movement of knuckles of first middle finger (subtended angle between thumb and little finger and deviating of fingers) is limited, can judge the level based on the level on knuckles in obvious left disability (disabled) regulated.</p> <p>(5) Grip disability is beyond this payment scope.</p> <p>2. "End joint of finger cannot flex" means:</p> <p>(1) Those whose joints between distant knuckles are involved in entasia completely.</p> <p>(2) Those whose fingers cannot flex for the obvious damage of extensor.</p>	or clinics
		11-49	Those whose first finger of one hand is disabled.	12		
		11-50	Those whose middle or ring finger of one hand is disabled.	13		
		11-51	Those whose little finger of one hand is disabled.	15		
		11-52	Those whose thumb, first finger and other optional one totally four of one hand are disabled.	8		
		11-53	Those whose thumb, first finger and other optional one totally three of one hand are disabled.	9		
		11-54	Those whose thumb and first finger of one hand are disabled.	9		
		11-55	Those whose thumb or first finger and other optional one totally three at least of one hand are disabled.	9		
		11-56	Those whose thumb and other optional one totally two of one hand are disabled.	10		
		11-57	Those whose first finger and other optional one totally two of one hand are disabled.	11		
		11-58	Those whose middle, ring and little finger of one hand are disabled.	11		
		11-59	Those whose optional finger but thumb, first finger totally two of one hand are disabled.	12		
		11-60	Those whose end joint of first finger of one hand cannot flex.	14		
		11-61	Those whose end joints of middle, ring or little fingers cannot flex.	15		
12. Lower Limb	Lower limb defect disability	12-1	Those whose parts above knee joints of two lower limbs are disabled.	2	<p>"Part above tarsometatarsal joints is defective" means:</p> <p>(1) Those whose part below calcaneous cut is defective.</p> <p>(2) Those whose part below metatarsals and calcaneous cut is defective.</p>	Should be issued by the national health insurance special contracted hospitals or clinics
		12-2	Those whose parts above joints of foot of two lower limbs are disabled.	3		
		12-3	Those whose parts above tarsometatarsal joints of two lower	5		

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
			limbs are disabled.			
		12-4	Those whose part above knee joints of one lower limb is disabled.	5		
		12-5	Those whose part above joints of foot of one lower limb is disabled.	6		
		12-6	Those whose part above tarsometatarsal joints of one lower limb is disabled.	8		
Shortening disability		12-7	Those whose one lower limb shortens 5 centimeters at least	9	Regarding judgment on the shortened lower limbs, should measure the length from the front upper thorn of ilium to lower part of inner ankle comparing with lower limbs contra lateral and should enclose the standup X-ray film which show the both lower limbs (must include length ruler mark).	Should be issued by the national health insurance special contracted hospitals or clinics
		12-8	Those whose one lower limb shortens 3 centimeters at least	11		
Toe defect disability		12-9	Those whose ten toes are defective	6	1. "Toe defect" means: Those whose all toes are defective for the middle toe cut. 2. Judgment three regarding to finger defect disability for regulations to "a finger on one hand is disabled and the other fingers are disabled simultaneously" shall be applied to toes. For example: The disabled third toe on one foot is item 12-17 and 14 th level but the first toe on the same foot is simultaneously disabled so it is item 12-42 and 12 th level, the total days for 14 th and 12 th level are 140 days, since it is lower than the payment schedule for 12-44 and 11 th level for disabled first and third toes on one foot so it could be judged using item 12-44 and 11 th level.	Should be issued by the national health insurance special contracted hospitals or clinics
		12-10	Those whose five toes of one foot are defective.	9		
		12-11	Those whose first toe of one foot or other four ones are defective.	11		
		12-12	Those whose second toe of one foot is defective.	13		
		12-13	Those whose first toe of one foot and other optional toe totally two at least are defective.	10		
		12-14	Those whose second toe of one foot and other optional toe totally three at least are defective.	12		
		12-15	Those whose second toe of one foot and other optional toe totally two are defective.	13		
		12-16	Those whose third, fourth and fifth toe of one foot is defective.	13		
		12-17	Those whose first and other optional one but the second of one foot in which one or two are defective.	14		
Lower limb function disability		12-18	Those whose both lower limbs are involved in disability.	2	1. "Three joints" means "hip joint", "knee joint" and "ankle joint". 2. "One lower limb in Disability" means one of the following situations: (1) Those whose three joints of one lower limb are involved in entasia or paralysis completely and five toes of one foot are disabled.	Should be issued by national health insurance special contracted hospital, which is rated as excellence or better
		12-19	Those whose two joints among three ones of both lower limbs are involved in disability.	3		
		12-20	Those whose one joint among three	6		

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
			ones of both lower limbs respectively is involved in disability		(2) Those whose three joints of one lower limb are involved in entasia or paralysis completely.	in Hospital Accreditation, or as qualified in Hospital Accreditation(for medical center and regional hospital), or as qualified in Hospital Accreditation and Teaching Hospital Accreditation by the Ministry of Health and Welfare.
		12-21	Those whose one lower limb is involved in disability	6	3. "One lower limb left obvious moving disability" mean joints of one lower limb left obvious moving disability and meeting one of the following situations:	
		12-22	Those whose two joints among three ones of one lower limb are involved in disability.	7	(1) Three joints of one lower limb all exhibit obvious moving disability and the five toes of the foot are all disabled.	
		12-23	Those whose one joint among three ones of one lower limb is involved in disability.	9	(2) Three joints of one lower limb all exhibit obvious moving disability.	
		12-24	Those whose both lower limbs are involved in obvious moving disability	4	4. "One lower limb involved in moving disability" means three joints of one lower limb are involved in moving disability.	
		12-25	Those whose two joints among three ones of two lower limbs are involved in obvious moving disability.	5	5. During the treatment period of lower limb functionality disability, "disabled", "obvious moving disability" or "moving disability", and the judgment of Rheumatoid arthritis, Degenerative arthritis, and Gout should reference the regulations for upper limb.	
		12-26	Those whose one joint among three ones of two lower limbs respectively is involved in obvious left moving disability.	7	6. The judgment of "scillation joint" and "pseudarthrosis" shall follow the regulations for those of upper limb.	
		12-27	Those whose one lower limb is involved in obvious moving disability.	7	7. If the heel bone is involved in fracture where is the same with the neuropathic symptom regulated in Items 2-5, and joints of foot is involved in disability, should combine and improve the grade.	
		12-28	Those whose two joints among three ones of one lower limb are involved in obvious moving disability.	8	8. When the same lower limb exhibit both functional disability and muscle disability caused by nerve damage, it should be comprehensively considered and could not be combined to increase grade.	
		12-29	Those whose one joint among three ones of one lower limb is involved in obvious moving disability.	11	9. Moving nerve disability:	
		12-30	Those whose both lower limbs are involved in obvious moving disability.	6	(1) The self-moving moving disability caused by partial nerve paralysis should follow the regulations for upper limb functional disability in (2) of point 8.	
		12-31	Those whose two joints among three ones of two lower limbs are involved in obvious moving disability.	9	(2) When total or most nerve is involved in paralysis, should judge the grade comparing with the regulations in (3) of point 8	
		12-32	Those whose one joint among three ones of two lower limbs are involved in obvious moving disability.	11	10. Those whose most of lower limb is involved in esthesis-disabled, should judge the grade comparing with the regulations in (4) of point 8 on upper limbs.	
		12-33	Those whose one lower limb is involved in obvious moving disability.	9	11. In point 10 of upper limb functional disability judgment regarding "When same upper limb exhibit both functional and organ-defected disabilities shall apply special judgment regulations to judge" and point 11 for disability judgment	
		12-34	Those whose two joints among three ones of two lower limbs are involved in	11		

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
			obvious moving disability.		<p>regarding “Same upper limb as well as fingers simultaneously exhibit functional disability and organ-defected disability shall apply special judgment regulation to judge” shall apply for lower limbs.</p> <p>12. “One lower limb exhibit pseudarthrosis and obvious moving disability” means: (1) Those whose thighbone left pseudarthrosis. (2) Those whose both sides of shin bone and fibula left pseudarthrosis.</p> <p>13. “One lower limb left pseudarthrosis” means any side of shin bone or fibula left pseudarthrosis.</p>	
		12-35	Those whose one joint among three ones of one lower limb is involved in obvious moving disability	13		
		12-36	Those whose one lower limb is involved in pseudarthrosis and obvious moving disability	8		
		12-37	Those whose one lower limb is involved in pseudarthrosis.	9		
	Deformity disability (femur or tibia)	12-38	Those whose long cannon bones of two lower limbs are involved in deformity.	11	<p>1. “Those whose cannon bone of one lower limb is in left deformity” means: (1) Those whose femur is involved in left deformity. (2) Those whose tibias of lower limbs are involved in left deformity.</p> <p>2. The above-mentioned deformity, should be checked from the exterior or through the obvious deformity on the X-ray Firm (with formation of above 165° bending).</p> <p>3. Formation of callus or thickened tissue caused by fracture of long tubular bones shall not be considered as deformity.</p>	Should be issued by the national health insurance special contracted hospitals or clinics
		12-39	Those whose long cannon bone of one lower limb is involved in deformity.	13		
	Toe function disability	12-40	Those whose ten toes haven’t the functions.	8	<p>“Those whose toes are Disabled” means whom is the same with the following situations:</p> <p>1. Those whose end joint of the first toe was cut above 1/2, or the possible moving scope of middle toe or toe joint is weakened above 1/2 of physiological moving scope.</p> <p>2. Those whose upper part of end joint of second toe is cut or middle or first toe joint loses above 1/2 of physiological moving scope.</p> <p>3. Those whose upper part of end joints of third, fourth and fifth toe are cut or the joints of middle and first toe are completely involved in entasia.</p>	Should be issued by the national health insurance special contracted hospitals or clinics
		12-41	Those whose five toes of one foot haven’t the functions.	10		
		12-42	Those whose first toe or the other four toes of one foot haven’t the functions.	12		
		12-43	Those whose second toe hasn’t the functions.	14		
12-44		Those whose first toe and other optional toe totally two at least haven’t functions.	11			
12-45		Those whose second and other optional toe totally three at least haven’t the functions.	13			
12-46		Those whose second and other optional toe totally two haven’t the functions.	14			
12-47		Those whose third, fourth and fifth toe of one foot hasn’t the functions.	14			
12-48	Those whose first and any other toe but	15				

Disability Type		Item	Disability State	Disability Level	Disability Examination Standard	Medical Care Organization Level for issuing diagnosis
			the second one of one foot hasn't the functions.			