



## Attending Physician Statement (APS) ordering guidelines

A routine physical exam (PE) APS should be ordered in these circumstances:

AGE AND AMOUNT APS ORDERING GUIDELINES*	
AGE	Face Amount and other guidelines
6-17	Exceeds \$3,500,000 PE within 5 years
18-39	Exceeds \$3 million PE within 2 years
18-39	Exceeds \$3,500,000 PE within 5 years
40-59	Exceeds \$3 million PE within 3 years
40-59	Exceeds \$3,500,000 PE within 5 years
60-70	Exceeds \$1 million PE within 5 yrs <sup>+</sup> See older age guidelines below
71-80	All amounts & PE within 2 yrs <sup>+</sup> See older age guidelines below
81+	All amounts & PE within 1 yr <sup>+</sup> See older age guidelines below

AGE	+ Older Age Guidelines
60-70	Standard if no complete PE within 2 years
71-80	Decline if no complete PE within 2 years
81+	Decline if no complete PE within 1 year; Preferred Plus not available over age 80

A complete physical exam (PE), for ages 60 and up, is defined as a full exam with a personal physician, including a history, physical and labs. A brief blood pressure check or prescription refill would not satisfy this definition.

## Impairments usually requiring an APS

- Abnormal cardiac test (or other abnormal testing)
- Barrett's Esophagus
- Cancer or Malignant Tumor (not Basal Cell or Squamous Cell)
- Cardiomyopathy (Congestive Heart Failure)
- Carotid Artery Disease/Stenosis
- Cerebrovascular Disease
- Cerebral Aneurysm
- Connective Tissue Disorder
- Coagulation Disorder
- Collagen Disease
- Congenital Heart Disease
- Coronary Artery Disease
- Depression, Major

- Diabetes Type I
- Eating Disorder
- GI Hemorrhage
- Hemochromatosis
- Idiopathic Thrombocytopenic Purpura (ITP)
- Liver Disorder (other than fatty liver)
- Lupus (SLE)
- Lymph Node Disorder
- Medicinal Marijuana (assessment will be based on disorder requiring this therapy)
- Multiple Sclerosis
- Muscular Dystrophy
- Narcolepsy
- Osteomyelitis
- Pancreatic Disorder
- Parkinson's Disease
- Polycystic Kidney Disease
- Polycythemia
- PSA Abnormality
- Psychiatric Illness (significant) – includes Bipolar disorder, Psychotic disorder, and Schizophrenia
- Renal Failure (Chronic Kidney Disease)
- Respiratory Disorder (significant) – includes COPD, Pulmonary Embolism and Pulmonary Nodules
- Rheumatoid Disorders including Rheumatoid Arthritis and Lupus\*
- Stroke or TIA
- Suicide Attempt
- Ulcerative Colitis (and similar disorders)\*
- Valvular Heart Disease – includes Mitral Regurgitation, Mitral Stenosis, Aortic Regurgitation, Aortic Stenosis, Pulmonary Insufficiency, Pulmonary Stenosis, Tricuspid Insufficiency and Tricuspid Stenosis
- Vasculitis

Ordering an unnecessary APS may delay a decision on the case while that APS is reviewed. **There is no need to order an APS for impairments that are automatically declined** (see pg 10), or for impairments that do not appear on the list of those usually requiring an APS.



## Additional situations APS is needed

- Any impairment that's rated Table D or greater
- Recent consultation for someone who has no pattern of regular medical care, but has consulted a physician in the last 90 days

This list reflects some of the more common disorders seen, but does not limit the ordering of an APS for situations of concern that the underwriter might identify.

\* The underwriter may elect to use a Personal Health Interview (PHI) initially, in lieu of ordering an APS in certain circumstances