

SF-DCT INFORMATION FOR ATYPICAL NEUROLOGICAL DISEASE SYNDROME (ANDS) CLAIMS

OPTION 1

(ANDS claims are not eligible for
Disease Option 2)

Atypical Neurological Disease Syndrome (ANDS)

- ANDS is a covered condition created in the Revised Settlement Program (RSP) in MDL-926 and included in Disease Payment Option 1 of the Dow Corning bankruptcy settlement.
- To qualify, a claimant must meet any one of the four neurological diseases as described on page (5). The clinical and laboratory presentation of these neurological diseases may have an “atypical” presentation from the natural disease and will also have neuromuscular, rheumatologic or nonspecific autoimmune signs and symptoms. Claimants who do not qualify for ANDS will be evaluated for Atypical Connective Tissue Disease (ACTD) in Disease Option 1.
- To submit a claim for ANDS, you do not need a diagnosis of ANDS, but you do need a diagnosis of one of the four eligible neurological diseases. You do need documentation of the qualifying findings and symptoms. Also, the doctor does not need to state that your eligible findings and symptoms were caused by your breast implants.

To qualify for ANDS, you must submit the following documents:

To submit a claim for Atypical Neurological Disease Syndrome (ANDS), you must meet **ALL** of the following criteria listed below:

1. An evaluation by a Qualified Medical Doctor (QMD) (see page 4); **and**
 2. Medical records supporting **ONE** of the following neurological diseases:
 - A. Polyneuropathy (see pages 6-12); **or**
 - B. Multiple Sclerosis-like Syndrome (see pages 12-22); **or**
 - C. Amyotrophic Lateral Sclerosis-like Syndrome (see pages 23-26); **or**
 - D. Disease of the Neuromuscular Junction (see pages 27 & 28);
- AND**
3. Medical records supporting three (3) symptoms or findings for Atypical Connective Tissue Disease (ACTD) that are not duplicative of the symptoms for the neurological diseases in #2 above (see pages 29-56); **and**
 4. Documentation of your disability level as a result of credited symptoms (see pages 57-74).

1. Acceptable QMD Certification for ANDS

To qualify for ANDS, you must submit a **QMD statement** or diagnosis of one of the eligible neurological diseases. A QMD is a physician who writes a letter for purposes of the settlement and is/or became board certified in one or more of the following specialties before (s)he wrote the letter:

1. Internal Medicine; or
2. Rheumatology; or
3. Neurology; or
4. Neurosurgery; or
5. Foreign doctor with equivalent specialty certification.

A physician with a status of “Board Eligible” does not qualify as a QMD. A physician can be Board Certified in more than one of these specialties. A QMD can also be your treating physician.

The SF-DCT cannot credit an ANDS symptom that is found and/or diagnosed by a physician who is board-certified in in Allergy/Immunology.

A board-certified Allergist/ Immunologist can (if appropriate for the symptom in question) document and diagnose the non-duplicative ACTD symptoms required for an ANDS claim to be approved. For example, a board-certified Allergist/Immunologist can document Sleep Disturbance to support an ACTD symptom; however, that same doctor would not be acceptable to document symptoms for Polyneuropathy (see page 4).

2. What are the eligible neurological diseases for ANDS?

To be eligible for ANDS in the Plan, you must document **ONE** of the following four (4) neurological diseases listed below:

- A. **Polyneuropathy** – a disease process involving a number of peripheral nerves, typically symmetrical, and affecting the distal fibers most severely (i.e., the feet are affected sooner or more severely than the hands); **or**
- B. **Multiple Sclerosis-like Syndrome (MS)** - MS is an autoimmune disease in which the body's immune system attacks myelin, a key substance that serves as a nerve insulator and helps in the transmission of nerve signals; **or**
- C. **Amyotrophic Lateral Sclerosis-like Syndrome (ALS)** - ALS is a progressive neurodegenerative disease caused by the degeneration of motor neurons, the nerve cells in the central nervous system that control voluntary muscle movement; **or**
- D. **Disease of the Neuromuscular Junction** (Myasthenia Gravis and Myasthenia Gravis-Like syndrome) – an autoimmune disorder and neuromuscular disease with fluctuating muscle weakness and fatigability.

2A. Acceptable Proof of Polyneuropathy

To receive credit for **Polyneuropathy**, a board-certified Neurologist or Internist must examine you and document that you have **ONE** of the following six (6) symptoms:

1. Loss of sensation to pinprick, vibration, touch or position; **or**
2. Proximal or distal muscle weakness evidenced by grip strength with a score less than 5, using 0-5 strength measurement testing; **or**
3. Proximal or distal muscle weakness evidenced by weak grips found on exam due to muscle or nerve involvement; **or**
4. Complaints of tingling and/or burning pain in the extremities; **or**
5. At least two (2) signs or complaints of dysesthesias noted by history or found on exam; **or**
6. Loss, diminished or absent tendon reflexes, may also be referred to as “jerks” found on exam;

PLUS

You must submit documents showing at least **ONE** of the following three (3) abnormal laboratory or diagnostic tests:

1. Abnormal levels of certain antibodies (see page 7) **or**
2. Abnormal sural nerve biopsy (see page 8); **or**
3. Abnormal electrodiagnostic testing (EMG or nerve conduction studies, etc.) (see page 9).

2A. Acceptable proof for Polyneuropathy – Abnormal laboratory or diagnostic tests

One of the three (3) ways to receive credit for an abnormal laboratory or diagnostic test is to document abnormal levels of certain antibodies. The QMD letter or the laboratory report must contain the prefix “anti” for any of the following results:

- Anti-Mag Antibodies; **or**
- Anti-Sulfatide Antibodies; **or**
- Anti-GMI Antibodies; **or**
- Anti-Sialoganglioside GM1-Ab; **or**
- Anti-IgG vs. GM1; **or**
- Anti-IgG vs. asialo-GM1; **or**
- Anti-IgM vs. GM1; **or**
- Anti-IgG Mag; **or**
- Anti-IgA-MAG; **or**
- Anti-IgG-Sulfatide.

ACTD Duplicate Labs: If you are credited with an abnormal laboratory result with the prefix “anti” or any of the immunoglobulin laboratory results credited in Polyneuropathy, then you cannot rely on the following ACTD symptom for your ANDS claim:

2A. Acceptable proof for Polyneuropathy – Abnormal laboratory or diagnostic tests (continued)

A second way to receive credit for an abnormal laboratory or diagnostic test is to submit documentation of an **abnormal sural nerve biopsy**.

A sural (calf of the leg or ankle) nerve biopsy is the removal of a small piece of nerve for examination by an electron microscope. An abnormal result will reflect findings of degenerative, inflammatory and/or cellular changes in the cellular nerve tissue.

To receive credit for an abnormal sural nerve biopsy, the findings must directly relate to a diagnosis of a neuropathy. An abnormal biopsy with findings of tumors will not be credited.

2A. Acceptable proof for Polyneuropathy - Abnormal laboratory or diagnostic tests

A third way to receive credit for an abnormal laboratory or diagnostic tests is to submit documentation of an abnormal result from **ONE** of the following **electrodiagnostic tests**:

1. Electromyography (EMG); **or**
2. Nerve Conduction Studies (NCS); **or**
3. Electronystagmography (ENG); **or**
4. Current Perception Threshold (CPT); **or**
5. Abnormal Evoked Potential studies.

The test results must state that a neuropathy or polyneuropathy is present and must confirm more than one nerve involvement; however, if an abnormal test shows a solitary neuropathy with only one nerve involvement and you are also credited with any Polyneuropathy findings in more than one extremity (for example, a positive tinell's sign in both wrists, loss of sensation in more than one extremity, loss of tendon reflex in more than one extremity), then the SF-DCT will credit this finding based on one nerve involvement.

An abnormal test confirming neurological conditions or illnesses other than a neuropathy cannot be used to credit Polyneuropathy. A test confirming a Radiculopathy cannot be credited because this condition is not included in the definition of a neuropathy.

2A. Polyneuropathy - unacceptable proof

Common reasons why claimants receive a deficiency notice for ANDS for Polyneuropathy:

1. The physician who provides the diagnosis of polyneuropathy and records the findings is not a board-certified Neurologist or board-certified Internist.
2. The records reflect a diagnosis of polyneuropathy but the file does not contain any neurological symptoms.
3. The condition of polyneuropathy is directly related to another cause or condition.
4. Neither the diagnostic, laboratory or biopsy reports confirms a diagnosis of polyneuropathy.
5. The file does not contain the laboratory or diagnostic test needed to confirm polyneuropathy.
6. The required laboratory results are normal.
7. The physician who provided the diagnosis is board-certified in Allergy/Immunology.

2A. Polyneuropathy and ACTD Duplicative Findings

If you are approved for ANDS Polyneuropathy, then you cannot rely on any of the following ACTD symptoms to support your ANDS claim:

ACTD Group 2 Polyneuropathy

ACTD Group 2 Myositis

ACTD Group 3 Paresthesia

2B. Multiple Sclerosis-like Syndrome

Multiple sclerosis (MS) is a chronic, potentially debilitating disease that affects your central nervous system, which is made up of your brain and spinal cord. Multiple sclerosis is widely believed to be an autoimmune disease, a condition in which your immune system attacks components of your body as if they're foreign.

Source: [MayoClinic.com](https://www.mayoclinic.com)

2B. Acceptable proof of Multiple Sclerosis-like Syndrome

To receive credit for Multiple Sclerosis-like Syndrome, you must document **ONE** of the following seven (7) symptoms found on examination by a board-certified Neurologist or board-certified Internist**:

1. Weakness in the pyramidal distribution (see page 14); **or**
2. Increased Deep Tendon reflexes (see page 15); **or**
3. Absent superficial abdominal reflexes (see page 16); **or**
4. Ataxia or dysdiadochokinesia as the sign of cerebellar involvement (see page 17); **or**
5. Neurologically induced tremors (see page 18); **or**
6. Internuclear Ophthalmoplegia and/or bladder or speech involvement secondary to central nervous system disease (see page 19); **or**
7. ** Evidence of Optic Neuritis found on exam by an Ophthalmologist (**Note** - The Ophthalmologist does **not** have to be board-certified) (see page 20);

PLUS

ONE of the following abnormal laboratory or diagnostic tests:

1. Abnormal brain MRI with foci of increased signal abnormality suggestive of demyelinating lesions (see page 21); **or**
2. Delayed visual evoked responses or abnormal evoked potentials (see page 21); **or**
3. Abnormal CSF with oligoclonal bands (see page 21).

2B. Multiple Sclerosis-like Syndrome – Weakness in the pyramidal distribution

Weakness in the pyramidal distribution - signs and symptoms may include paralysis, spasms, and loss of both fine and gross motor skills. Symptoms usually occur on one side but bilateral involvement may be observed.

Complaints of weakness alone without any of the signs and symptoms of motor involvement cannot be credited.

ACTD Duplicate Findings: If weakness is credited under MS-like syndrome, then you cannot rely on any of the following ACTD symptoms to support your ANDS claim:

ACTD Group 2 Polyneuropathy (weakness)

ACTD Group 3 Sustained balance or certain neurological symptoms such as tremors credited in Group 3 Documented Neurological symptoms

2B. Multiple Sclerosis-like Syndrome - Increased Deep Tendon reflexes

Increased Deep Tendon reflexes – the board-certified Neurologist or board-certified Internist must document **ONE** of the following on physical exam:

1. The medical records can use the following terms to describe increased deep tendon reflexes: “hyper,” “brisk,” “increased” or “jerk”; **or**
2. Medical records document reflexes with an actual scoring above 2+; **or**
3. Medical records document clonus symptoms such as spasticity accompanied by hyperreflexia and the spread of reflexes.
 - √ Clonus symptoms are an involuntary muscular contraction and relaxation in rapid succession.
 - √ Hyperreflexia is overactive or over-responsive reflexes.

2B. Multiple Sclerosis-like Syndrome - Absent superficial abdominal reflexes

The **superficial abdominal reflex** is a skin – muscle reflex which is elicited by stroking the skin of the anterior abdominal wall. To credit this sign, a board-certified Neurologist or board-certified Internist must find the loss of these reflexes on physical exam.

2B. Multiple Sclerosis-like Syndrome - Ataxia or Dysdiadochokinesia

Ataxia is wobbliness, incoordination and unsteadiness due to the brain's failure to regulate the body's posture and regulate the strength and direction of limb movements. Ataxia is usually a consequence of disease in the brain, specifically in the cerebellum which lies beneath the back part of the cerebrum.

Dysdiadochokinesia is a condition that describes a person's inability to control or perform voluntary movement.

To credit the symptom of ataxia or dysdiadochokinesia, a board-certified Neurologist or board-certified Internist must find **ONE** of the following on physical exam:

1. A diagnosis of ataxia and a convincing history of stumbling and/or dropping things; **or**
2. A diagnosis of ataxia with the presence of a positive Romberg or definitive gait disturbance observed on exam; **or**
3. A diagnosis of dysdiadochokinesia and a convincing history or presence of a nystagmus; **or**
4. A diagnosis of dysdiadochokinesia and the absence of rapid voluntary movement on command during a physical exam; **or**
5. A diagnosis of dysdiadochokinesia and the presence of any other condition whereby the voluntary movement is impaired, if found on exam.

2B. Multiple Sclerosis-like Syndrome - Neurologically induced tremors

Neurologically induced tremors - a board-certified Neurologist or board-certified Internist must observe tremors on exam.

2B. Multiple Sclerosis-like Syndrome - Internuclear Ophthalmoplegia and/or Bladder or Speech Involvement secondary to central nervous system disease

Internuclear Ophthalmoplegia is a disorder of eye movements caused by a lesion in an area of the brain called the medial longitudinal fasciculus. It is associated with jerky eye movements (nystagmus) in one eye when the other one moves outwards. It can also, but not always, cause double vision (diplopia).

To receive credit for **Internuclear Ophthalmoplegia**: a board-certified Neurologist or board-certified Internist must document paralysis or inability to move the muscles of the eye on exam; **or**

To receive credit for **Speech Involvement**, the board-certified Neurologist or board-certified Internist must find an inability to control the muscles of the face when trying to talk, swallow, chew or form sounds on exam; **or**

To receive credit for **Bladder Involvement**, the board-certified Neurologist or board-certified Internist must document a history of partial to total incontinence, urinary urgency or hesitancy, or partial retention of urine.

ACTD Duplicate Findings: If you receive credit for any of the symptoms noted above, you cannot rely on any of the following ACTD symptoms to support your ANDS claim:

ACTD Group 3 Chronic Cystitis or Bladder Irritability
ACTD Group 3 Documented Neurological symptoms.

2B. Multiple Sclerosis-like Syndrome - Optic Neuritis

Optic Neuritis is an inflammation with accompanying demyelination of the Optic Nerve serving the retina of the eye. It can present with blurring of vision, loss of visual acuity, loss of some or all color vision, complete or partial blindness and pain behind the eye.

To credit Optic Neuritis, an Ophthalmologist must find the symptom on physical exam. The physician does not have to be board-certified, but (s)he must observe and document the presence of Optic Neuritis.

2B. Multiple Sclerosis-like Syndrome - Abnormal brain MRI

In addition to documenting one of the symptoms of MS described on (pages 14 -20), you must submit documentation of an abnormal result from **ONE** of the following diagnostic tests:

1. **Abnormal Brain MRI** – the test results must reflect foci of increased abnormality with high intensity white matter in the brain or brain stem only suggestive of demyelinating lesions. An MRI with foci in the cervical spinal cord or any other part of the nervous system cannot be credited; **or**
2. **Delayed visual evoked responses; or**
3. **Abnormal evoked potentials** - auditory brainstem evoked potentials (ABEP) and somatosensory evoked responses (SER's); **or**
4. **Abnormal cerebral spinal fluid** with oligoclonal bands found on a pathology report or laboratory test.

2B. Multiple Sclerosis-like Syndrome - unacceptable proof

Common reasons why claimants receive a deficiency notice for ANDS for Multiple Sclerosis-like Syndrome:

1. The physician who provides the diagnosis and documents the findings is not board-certified in Neurology, Internal Medicine or Rheumatology.
2. The symptoms that must be found on exam are noted by history only (excluding the bladder symptoms).
3. The brain MRI does not reflect demyelinating lesions in the brain or brain stem.
4. The brain MRI does not confirm a diagnosis of multiple sclerosis.
5. The file does not reflect any of the required tests needed to confirm the condition.
6. The pathology report or laboratory test does not confirm the presence of oligoclonal bands in the cerebral spinal fluid.
7. The symptoms of MS are directly related to another cause or condition .
8. The file reflects an abnormal test but does not contain any MS symptoms.

2C. Amyotrophic Lateral Sclerosis-like Syndrome (ALS)

ALS is a progressive neurodegenerative disease that usually attacks both upper and lower motor neurons and causes degeneration throughout the brain and spinal cord. As a motor neuron disease, the disorder causes muscle weakness and atrophy throughout the body. Unable to function, the muscles gradually weaken, develop twitches because of denervation, and eventually atrophy due to that denervation. Ultimately, a person with ALS may lose the ability to initiate and control all voluntary movement except for the eyes.

2C. Acceptable proof of Amyotrophic Lateral Sclerosis-like Syndrome

To credit for **ALS**, you must document evidence of progressive upper and widespread lower motor neuron disease and/or bulbar involvement and **ONE** of the following symptoms documented by a board-certified Neurologist or board-certified Internist:

1. involuntary movement disorders; **or**
2. tremors; **or**
3. chorea (muscle twitching); **or**
4. athetosis (snake like movements); **or**
5. dystonia (sustained muscle contractions cause twisting and repetitive movements or abnormal postures); **or**
6. alterations in muscle tone and posture; **or**
7. rigidity together with paresthesia in cogwheel; **or**
8. Posture abnormalities together with equilibrium dysfunction and weakness;

PLUS

ONE of the following abnormal laboratory or diagnostic tests:

1. Abnormal levels of Anti-Mag Antibodies, Abnormal levels of Anti-Sulfatide, or Abnormal levels of Anti-GMI Antibodies. The abnormal results can be documented in a QMD letter or by submitting the laboratory report. The report must contain the prefix "anti" for the criteria to be accepted; **or**
2. Abnormal sural nerve biopsy which reflect findings of degenerative and/or cellular changes in the cellular nerve tissue found on either a biopsy or pathology report. The findings must relate to a diagnosis of neuromuscular disease; **or**
3. Abnormal muscle biopsy which reflects chronic inflammation. Findings must relate to a diagnosis of neuromuscular disease; **or**
4. Any abnormal EMG that involves a movement disorder resulting from either a nerve or muscle impairment. The administrator and interpreter of the EMG does not have to be a QMD. However, the QMD must acknowledge the abnormal EMG and make the connection between the EMG and the diagnosis of ALS.

2C. Amyotrophic Lateral Sclerosis-like Syndrome – ACTD Duplicative Findings

ACTD Duplicate Findings: If you receive credit for symptoms 1-8 on (page 24), then you cannot rely on any of the following ACTD symptoms for your ANDS claim:

ACTD Group 2 Peripheral Neuropathy (loss of tendon reflexes)
ACTD Group 3 Sustained Balance Disturbance
ACTD Group 3 Dysphagia
ACTD Group 3 Documented Neurological symptoms.

ACTD Duplicate Finding: If you receive credited for any of the labs listed in symptom 9 on page ____, then you cannot rely on any of the following ACTD laboratory results to support your ANDS claim:

Anti-Mag Antibodies, Anti-Sulfatide, Anti-GMI, Sialoganglioside, GM1-Ab, IgG vs. GM1, IgM vs. GM1, IgG vs. asialo-GM1, IgG Mag, IgA-MAG or IgG-Sulfatide.

ACTD Duplicate Finding: If you receive credit for ALS based on an abnormal biopsy or pathology report, you cannot rely on the following ACTD symptom for your ANDS claim:

ACTD Group 2 Myositis.

2C. Amyotrophic Lateral Sclerosis-like Syndrome - unacceptable proof

Common reasons why claimants receive a deficiency notice for ANDS for ALS:

1. The physician who provides the diagnosis and documents the findings is not board-certified in Neurology, Internal Medicine or Rheumatology.
2. The file does not reflect evidence of progressive upper and widespread lower motor neuron disease.
3. The file does not reflect evidence of bulbar Involvement.
4. The file does not reflect any of the required tests needed to confirm the condition.
5. The symptoms of ALS are directly and solely related to another cause or condition.
6. The file reflects an abnormal test but does not contain any ALS symptoms.
7. The sural biopsy report does not confirm ALS.

2D. Diseases of Neuromuscular Junction

The Settlement defines Disease of Neuromuscular Junction as Myasthenia Gravis and Myasthenia Gravis-Like syndrome or disorders of the Neuromuscular Junction. To receive credit for Disease of Neuromuscular Junction, your file must contain the following:

1. a diagnosis of Myasthenia Gravis, Myasthenia Gravis-like syndrome, or disorder of Neuromuscular Junction by a board-certified Neurologist; or
2. Submission of sufficient evidence of, and the required findings confirming such conditions.

AND

3. An abnormal EMG reflecting typical findings of decrement on repetitive stimulation; or
4. Elevated acetylcholine receptor antibodies.

ACTD Duplicate Findings: If you are credited with any of these findings in ANDS, you cannot rely on the following ACTD symptoms to support your ANDS claim:

ACTD Group 2 Myositis or an abnormal EMG
ACTD Group 3 Sustained Balance Disturbance
ACTD Group 3 Dysphagia
ACTD Group 3 Documented Neurological Symptoms.

2D. Diseases of Neuromuscular Junction - unacceptable proof

Common reasons why claimants receive a deficiency notice for ANDS for Disease of Neuromuscular Junction:

1. The physician who provides the diagnosis and documents the findings is not board-certified in Neurology.
2. The file does not contain a diagnosis of Myasthenia Gravis or Myasthenia Gravis-like or any diagnosis of a neuromuscular disorder.
3. The file does not reflect any of the required tests needed to confirm the condition.
4. The EMG report does not reflect decrement on repetitive stimulation.
5. The file reflects an abnormal test but does not contain sufficient evidence of and the required findings confirming such condition..
6. The file does not reflect elevated acetylcholine receptor antibodies or an abnormal EMG.
7. The file reflects qualifying symptoms of a neuromuscular junction disease but there is not a diagnosis or sufficient evidence of and the required findings confirming such condition.

3. Medical records supporting three (3) symptoms or findings for Atypical Connective Tissue Disease (ACTD) that are not duplicative of the symptoms for the neurological diseases

In addition to documenting that you have one of the four eligible neurological diseases listed on (page 3), you must also document that you have three (3) symptoms or findings for Atypical Connective Tissue Disease (ACTD) and these three symptoms or findings cannot duplicate the symptoms for which you received credit for your neurological disease.

For example, In Multiple Sclerosis-Like Syndrome (MS), the symptoms listed are weakness in the pyramidal distribution, ataxia and dysdiadochokinesia as the sign of cerebellar involvement. If either of these symptoms are credited under Multiple Sclerosis, then you cannot receive credit for sustained balance disturbance in ACTD.

Pre-existing symptoms in ANDS and ACTD

If your ANDS condition existed before the date of your first breast implantation, you can still be approved for one of the ANDS diseases as long as your three non-duplicative ACTD symptoms did not exist before the date of your first breast implant.

If any of the non-duplicative ACTD symptoms existed before you received your first breast implant, you cannot rely on any of the pre-existing ACTD symptoms to support your ANDS claim.

Signs and Symptoms Classical Rheumatoid Arthritis

The following symptoms cannot be credited in ACTD, if the file reflects a diagnosis of Classical Rheumatoid Arthritis

- Group 2 Laboratory test (Rheumatoid Factor); **and**
- Group 3 Documented Arthralgias

3. ACTD Symptom, Group 1 – Raynaud’s Phenomenon

To receive credit for Raynaud’s Phenomenon, your file must reflect **ONE** of the following:

1. A diagnosis and a history of 2 alternating color changes (i.e. blue to red); **or**
2. A diagnosis and a statement that reads “ history of two color changes”; **or**
3. A diagnosis and a statement that reads “history of color changes”; **or**
4. A diagnosis and observation of one color change, if found on physical exam.

3. ACTD Symptom, Group 2 – Immune Mediated Skin Changes or Rash

To receive credit for an Immune Mediated skin rash, your file must reflect **ONE** of the following rashes noted by history or found on exam:

1. Heliotrope rash; **or**
2. Malar rash; **or**
3. Grotton's or (Gottron's papules); **or**
4. Vasculitic skin rash confirmed by biopsy; **or**
5. Petechiae rash described as diffuse; **or**
6. Telangectasias described as diffuse; **or**
7. Livedo reticularis described as diffuse; **or**
8. A well described rash noted to be raised, patchy, itchy, pustular, scaly, macular, localized or fine.

3. ACTD Symptom, Group 2 – Pulmonary Abnormalities

To receive credit for a Pulmonary Abnormality, your file must reflect **ONE** of the following:

1. A diagnosis of Restrictive Lung Disease; **or**
2. A diagnosis of Interstitial Lung Disease or Interstitial Fibrosis; **or**
3. A diagnosis of Pleural Lung Disease; **or**
4. A diagnosis of Pleural lung disease with presence of pleural fluid confirmed by chest x-ray; **or**
5. A diagnosis of Obstructive Lung disease along with clinical findings and either an abnormal chest x-ray, abnormal arterial blood gases or an abnormal pulmonary function test in a non-smoker or past smoker with a 15 year smoke-free history.

3. ACTD Symptom, Group 2 – Pericarditis

To receive credit for Pericarditis, your file must reflect the following:

1. Clinical findings of friction rub on exam, fever and pain; **and**
2. An abnormal EKG or Echocardiogram confirms pericarditis.

3. ACTD Symptom, Group 2 – Peripheral Neuropathy

To receive credit for Peripheral Neuropathy, your file must reflect **ONE** of the following found on exam or by history:

1. Loss of sensation to pinprick, vibration, touch or position on exam; **or**
2. Loss of tendon reflex found on exam; **or**
3. Signs of dysesthesia found on exam or noted by history; **or**
4. Signs of entrapment neuropathy (i.e. carpal tunnel syndrome, a positive phalen's or a positive tinel's sign) found on exam.

ACTD Duplicate Findings: If you are credited with Polyneuropathy in ANDS, you cannot rely on the following ACTD symptoms for your ANDS claim:

ACTD Group 2 Myositis

ACTD Group 3 Documented Neurological Symptoms (paresthesia).

3. ACTD Symptom, Group 2 – Myositis or Myopathy

To receive credit for Myositis/Myopathy, your file must reflect **ONE** of the following:

1. Muscle weakness found on exam (you do not need a diagnosis); **or**
2. Muscle weakness in a specific muscle or muscle group found on exam; **or**
3. Elevated CPK or Aldolase; **or**
4. Abnormal Cybex or EMG test; **or**
5. Muscle strength testing with score of less than 5 in a specific muscle or muscle group; **or**
6. Muscle biopsy results reflected in a pathology report, reflecting fiber generation, regeneration, or necrosis.

ACTD Duplicate Findings: If you are credited with weakness for your ANDS claim, then you cannot rely on the following ACTD symptom to support your ANDS claim:

Group 2 Myositis or Myopathy.

3. ACTD Symptom, Group 2 – Serologic Abnormalities

To receive credit for Serologic Abnormalities, your file must reflect **ONE** of the following:

1. ANA greater than or equal to 1:40; **or**
 2. Elevated Sedimentation Rate (ESR); **or**
 3. Elevated C-Reactive Protein (CRP); **or**
 4. Elevated Immunoglobulin: IgG, IgA, or IgM; **or**
 5. A Positive ANA profile: anti-DNA, SSA, SSB, RNP, or Sm (Smith only); **or**
1. Other antibodies – thyroid antibodies, anti-microsomal, anticardiolipin, or RF. Can also credit Anti-Smooth, striated and skeletal, Centro mere, Scl-70, Jo-1, PM-Scl or dsDNA, deoxynucleoprotein, histone, Ma, RANA, SL, NSpl, NSpll, nucleolar and nuclear matrix; **or**
 1. Positive Anti-microsomal or (thyroid peroxidase-TPO)
 2. Positive Rheumatoid Factor

ACTD Duplicate Findings: If you receive credit for Laboratory Findings in ANDS, then you cannot rely on the following ACTD symptom to support your ANDS claim: ACTD Group 2 Serological Abnormalities.

Note: If your file reflects a diagnosis of Classical Rheumatoid Arthritis, you cannot rely on a Positive Rheumatoid Factor (#8) to support your ANDS claim.

3. ACTD Symptom, Group 3 – Alopecia

To receive credit for Alopecia, your file must reflect ONE of the following:

1. A diagnosis of Alopecia; or
2. Hair loss anywhere on the body; or
3. A described “diffuse frontal” or “female pattern.”

3. ACTD Symptom, Group 3 – Burning Breast pain in the chest, breast, arms and axilla

To receive credit for burning pain in the chest, breast, arms or axilla, your file must reflect **ONE** of the following:

1. Complaints of burning breast pain; **or**
2. Complications due to contractures, rupture, scarring, tissue loss and/or infections; **or**
3. Disfigurements such as loss of nipple, decrease feeling or sensation etc.

3. ACTD Symptom, Group 3 – Colitis or Bowel Irritability

To receive credit for Colitis or Bowel Irritability, your file must reflect **ONE** of the following:

1. A diagnosis of Colitis; **or**
2. A diagnosis of Bowel Irritability; **or**
3. A diagnosis of diverticulitis, diverticulosis, Crohn's disease or spastic colon; **or**
4. A variation of complaints of diarrhea, constipation, bloating, and/or cramping.

3. ACTD Symptom, Group 3 – Chronic Cystitis or Chronic Bladder Irritability

To receive credit for Chronic Cystitis or Chronic Bladder Irritability, your file must reflect **ONE** of the following:

1. A diagnosis of Chronic Cystitis; **or**
2. A diagnosis of chronic bladder irritability; **or**
3. Complaints of hematuria, frequency, burning, urgency, or a history of urinary tract infections for 60 days or more.

ACTD Duplicate Findings: If you receive credit for Internuclear Ophthalmoplegia and/or Bladder or Speech Involvement in ANDS, then you cannot rely on this ACTD symptom to support your ANDS claim.

3. ACTD Symptom, Group 3 – Chronic Fatigue

To receive credit for Chronic Fatigue, your file must reflect **ONE** of the following:

1. A diagnosis of chronic, sustained or persistent fatigue; **or**
2. Complaints of being tired, fatigue, or lethargic for 60 days or more.

3. ACTD Symptom, Group 3 – Sustained Balance Disturbance

To receive credit for Sustained Balance Disturbances, your file must reflect **ONE** of the following:

1. A diagnosis of sustained balance disturbance; **or**
2. Complaints of balance disturbances for 60 days or more;
3. A positive Romberg or an inability to tandem walk, found on exam for 60 days or more; **or**
4. Complaints of dizziness, vertigo, and/or ataxia for 60 days or more.

ACTD Duplicate Findings: If you are credited with weakness, ataxia or dysdiadochokinesia in ANDS, then you cannot rely on the following ACTD symptom to support your ANDS claim:

ACTD Group 3 Sustained Balance Disturbances.

3. ACTD Symptom, Group 3 – Documented Arthralgias

To receive credit for Documented Arthralgias, your file must reflect ONE of the following:

1. At least two notations of arthralgias on two separate occasions ; or
2. At least two complaints of joint pain on two separate occasions; or
3. Pain or tenderness in a joint or a specific area on physical exam; or
4. Multiple records or a single record that reflects joint pain over a period of time; or
5. A notation of generalized arthralgias; or
6. A notation of arthralgias all over; or
7. A notation of diffuse arthralgias; or
8. A notation of bursitis in a specific joint; or
9. Degenerative joint disease (DJD) in a specific joint; or
10. Costochondritis in a specific joint; or
11. TMJ pain (temporal mandibular joint).

Note: If your file reflects a diagnosis of Classical Rheumatoid Arthritis, you cannot rely on Documented Arthralgias to support your ANDS claim.

3. ACTD Symptom, Group 3 – Documented Myalgias

To receive credit for Documented Myalgias, your file must reflect ONE of the following:

1. Two complaints of muscle pain or myalgias on two separate occasions; or
2. At least two notations of myalgias on two separate occasions; or
3. Multiple records or a single record that reflects muscle pain over an extended period of time ; or
4. A notation of generalized myalgias; or
5. A notation of myalgias all over; or
6. A notation of diffuse myalgias or muscle pain; or
7. At least two complaints of tightness in a specific muscle; or
8. Leg cramps in a specific muscle or at least two complaints; or
9. Muscle spasms in a specific muscle or at least two complaints; or
10. Tendonitis in a specific area by history or at least two complaints; or
11. Trigger points or tender points noted by history.

3. ACTD Symptom, Group 3 – Documented Sleep Disturbances

To receive credit for Documented Sleep Disturbances, your file must reflect **ONE** of the following:

1. Sleep disturbance related to a credited symptom; **or**
2. Complaints of sleep disturbance on two (2) or more occasions; **or**
3. A detailed description of your sleep disturbance; **or**
4. Complaints of insomnia on two (2) or more occasions.

3. ACTD Symptom, Group 3 – Documented Neurological Symptoms

To receive credit for Documented Neurological Symptoms, your file must reflect **ONE** of the following:

1. Cognitive Dysfunction – examples of memory loss or concentration problems; **or**
2. Paresthesia –(2) complaints of numbness and tingling or paresthesias in a specific area; **or**
3. “Other Symptoms” – any other neurological symptoms of ANDS, General Connective Tissue Symptoms (GCTS) or Systemic Lupus Erythematosus (SLE) such as tremors, or neurological symptoms noted by history only.

ACTD Duplicate Findings: If you are credited with Polyneuropathy or MS, you cannot rely on the following ACTD symptom to support your ANDS claim:

ACTD Group 3 Documented Neurological Symptoms (Paresthesias).

3. ACTD Symptom, Group 3 - Dysphagia

To receive credit for Documented Dysphagia, your file must reflect ONE of the following:

1. Complaints of difficulty swallowing; or
2. A diagnosis of dysphagia; or
3. Complaints of swelling of the throat that interferes with swallowing

ANDS duplicative finding: If you are credited with Disease of Neuromuscular Junction or ALS, then you cannot rely on the following ACTD symptom to support your ANDS claim:

ACTD Group 3 Documented Dysphagia.

3. ACTD Symptom, Group 3 – Easy Bruisability or Bleeding Disorders

To receive credit for Documented Easy Bruising or Bleeding Disorders, your file must reflect **ONE** of the following:

1. Diagnosis of easy bruisability; **or**
2. Diagnosis of bleeding disorder; **or**
3. Abnormal menstruation involving heavy bleeding (not related to other gynecological diagnosis); **or**
4. Recurring nose bleeds; **or**
5. Prothrombin (PT) or partial thromboplastin (PTT) labs not within normal limits and not related to anticoagulants, Aspirin, Ibuprofen, Coumadin, or Heparin; **or**
6. Complaints of easy bruising or notations of large bruises due to an unknown cause; **or**
7. Multiple bruises found on exam.

3. ACTD Symptom, Group 3 – Persistent Low Grade Fevers or Night Sweats

To receive credit for Documented Low Grade Fevers or Night Sweats, your file must reflect **ONE** of the following:

1. Diagnosis of persistent low grade fevers; **or**
2. Diagnosis of persistent night sweats; **or**
3. Complaints of low grade fevers or night sweats lasting 60 days or more; **or**
4. Low grade fevers (99-100.9) for 60 days or more.

3. ACTD Symptom, Group 3 – Lymphadenopathy

To receive credit for Lymphadenopathy, your file must reflect **ONE** of the following:

1. Diagnosis of lymphadenopathy; **or**
2. Records reflect “enlarged” lymph nodes; **or**
3. “Shoddy” or “Shotty” nodes found on MRI, CT scan, X-ray or mammogram, or any other diagnostic test.

3. ACTD Symptom, Group 3 – Mucosal Ulcers

To receive credit for Mucosal Ulcers, your file must reflect **ONE** of the following:

1. Mucosal ulcers found on physical exam; **or**
2. Mucosal ulcers confirmed by diagnostic test.

3. ACTD Symptom, Group 3I – Pathological Findings Granulomas or Siliconomas or Chronic Inflammatory Response or Breast Infections

To receive credit for Pathological Findings, your file must reflect **ONE** of the following:

1. Pathology report reflects chronic inflammation, histiocytes, macrophages, giant cells, foreign bodies, granulomas or siliconomas; **or**
2. Microscopic report, cultures, or other pathology reports reflect a breast infection; **or**
3. Medical records reflect a breast infection.

3. ACTD Symptom, Group 3 – Photosensitivity

To receive credit for Photosensitivity, your file must reflect **ONE** of the following:

1. A diagnosis of photosensitivity; **or**
2. Records reflect sun sensitivity; **or**
3. Records reflect photo dermatitis; **or**
4. An immune mediated rash that reacts to sun.

3. ACTD Symptom, Group 3 – Sicca Symptoms

To receive credit for Sicca Symptoms, your file must reflect **ONE** of the following:

1. Notation of using drops in eyes; **or**
2. Notation of the need for water at bedside; **or**
3. Records reflect dry eyes and/or dry mouth; **or**
4. Notation that mouth feels like cotton; **or**
5. Notation of xerostomia or xerophthalmia.

4. What are the levels of compensation for ANDS?

- Disability Level A – \$50,000 – Death or Total Disability
- Disability Level B – \$20,000 – An individual shall be considered 35% disabled if she demonstrates a loss of functional capacity which renders her unable to perform some of her usual activities of vocation, avocation and/or self-care or she can perform them only with regular or recurring severe pain.
- Disability Level C – \$10,000 – An individual shall be considered 20% disabled if she demonstrates a loss of functional capacity which renders her unable to perform some of her usual activities of vocation, avocation and/or self-care or she can perform them only with regular or recurring moderate pain.

The compensation amounts for ANDS and ACTD are the same. The compensation amounts for approved ANDS claims are based solely on the claimant's level of disability.

Premium Payments for ANDS

If Premium Payments are approved by the District Court, approved ANDS claimants could receive an additional payment of up to 20% of their approved compensation amount.

Level A – Premium Payment of up to \$10,000 (Class 5)

Level B – Premium Payment of up to \$ 4,000 (Class 5)

Level C – Premium Payment of up to \$2,000 (Class 5)

4. Level A – Death, \$50,000 (U.S.)

One way to qualify for Level A is based on a claimant's death. To do this, you must submit ONE of the following:

- A death certificate that indicates the primary or secondary cause of death is related to ANDS or ACTD or one of the approved conditions; or
- An autopsy report that indicates the cause of death is related to ANDS or ACTD; or
- A letter from a QMD or the claimant's medical records that directly relate the primary or secondary cause of death to ANDS or ACTD or one of the approved ANDS or ACTD symptoms.

Level A based on a claimant's death can be approved without a death certificate or autopsy report. The claimant's death cannot be caused by any other disease or condition.

4. Functional Disability Level A Claims

- The Claims Resolution Procedures document defines Disability A as: “Death or total disability resulting from the compensable condition. An individual will be considered totally disabled if she demonstrates a functional capacity adequate to consistently perform none or only a few of the usual duties or activities of vocation or self-care.”
- The SF-DCT’s current standard for Disability Level A claims requires claimants to submit proof that they are disabled in both vocation and self-care. The CAC has a motion pending before the court on this issue. If you filed a claim for a Level A and did not qualify because of this issue, you may accept a lower payment for a Level B or C disability claim (if you qualify). If the Court rules in favor of the CAC, the SF-DCT will identify claims potentially affected by the ruling, re-review them and notify claimants accordingly.

4. Disease Option 1 ANDS, Level A Total Disability: Vocation and Self-Care

The second way to qualify for a Level A payment in Disease Option 1 ANDS is to document that you are totally disabled, as defined in the Plan. There are several ways the QMD or Treating Physician can assign a Level A total disability. Listed below are some acceptable examples of assignments for Level A disability provided that there is an adequate description of your limitations in performing both vocation and self-care, either in the QMD letter or the medical records:

- The physician can describe your limitations in performing both your vocation and self-care activities; **or**
- The physician can simply state “Level A” disability and then describe the vocation and self-care limitations; **or**
- The physician can use other phrases such as “completely disabled” or “totally disabled” and then describe the vocation and self-care limitations.

Note: If you submit several disability letters with different dates, and only the most current letter states that you are now totally disabled, then you must submit the medical records supporting the most current disability letter that supports the Level A disability. The new disability rank cannot be based solely on a phone call the doctor had with you or a review of a questionnaire that you completed.

Note: If you are relying solely on a QMD letter, the SF-DCT may, in limited circumstances described in Section 5.04 of the Settlement Facility and Fund Distribution Agreement, request additional medical records to support a claim.

4. Disease Option 1 ANDS, Level A Total Disability: Vocation

To be considered totally disabled in your vocation, you must show that you are unable to do one of the following because of the limitations from your credited symptom(s):

- If you work outside the home, you must show that you are unable to work in your primary occupation; **or**
- If you do not work outside the home and were attending school, you must show that you are either unable to go to school; **or**
- If you were doing volunteer work, you must show that you are unable to do volunteer work; **or**
- If you are a homemaker and this is your primary occupation. You must show that you are unable to perform your homemaking duties.

Note: If the physician adequately describes your limitations in performing your vocation and self-care, but indicates that you are able to perform your homemaking duties, the SF-DCT cannot approve your claim for level A total disability. Your ability to adequately and regularly perform your homemaking activities conflict with the description of your inability to perform your vocation and self-care.

Example: Ms. Jones is unable work due to chronic fatigue; however, she is able to perform most of her household duties. Due to her severe joint pain she requires a home health aide at least 5 days a week to assist with dressing and grooming.

Examples of homemaking activities are cooking, washing dishes, cleaning, sweeping or vacuuming, washing windows, dusting, mopping, laundry, changing bed linens and/or shopping.

4. Disease Option 1 ANDS, Level A Total Disability: Self-care

To be approved for limitations in performing your self-care activities, your medical records – when read together to reflect an overall description of your limitations -- must show that you are not able to perform two self-care activities listed below either by yourself or without assistance from another person or an assistive device.

1. Bathing
2. Dressing
3. Grooming
4. Feeding
5. Toileting

The need for assistance "means" a claimant is unable to perform an activity alone and requires help from others or a special device to complete a specific activity due to a credited symptom. The records or the physician's statement must indicate the need for assistance and taken as a whole must demonstrate that these self-care activities cannot be done without assistance or an assistive device. Assistance must be needed when performing the primary act of the self-care activity.

4. Level A - Total Disability (100%), \$50,000 (U.S.)

Examples of an ANDS Total Disability A Claim:

- Example 1: Medical records from 1974 reflect that Ms. Jones had **Optic Neuritis** from her MS resulting in multiple eye surgeries. Records from 1984 reflect that her vision deteriorated to the point of partial loss of vision in both eyes. In 1994, she was approved for SSI based solely on her diagnosis of Optic Neuritis due to MS. Records from 1995 through 2000 reflect that she required assistance from friends and family members to cook, clean, vacuum and grocery shop due to Ms. Jones's loss of vision from her MS. Her daughter must assist with dressing and undressing, must take her to and from the toilet and assist her with getting on and off the toilet since the loss of her vision. All of her grooming is done by her daughter such as combing, brushing and blow drying her hair because she can no longer see to do so.
- Example 2: Due to **severe muscle weakness (ALS)** in the upper extremities, Ms. Smith quit her job in 1994 because the limited use of her arms severely limited her ability to answer the phones or perform any duties requiring the use of her upper body strength. She requires help from her husband with combing, brushing and washing her hair due to her inability to hold her arms for any length of time; her arms are too weak. Her husband must assist with feeding because she is unable grasp and hold objects due to her severe weakness in all of her extremities due to her ALS.

4. ANDS Level A Total Disability – unacceptable proof

The following are unacceptable examples of total disability:

- Your records show that you continue to work in your job/employment.
- “Permanently disabled.” This is not the same as totally disabled.
- Your records show that your primary vocation is affected or limited by an ineligible symptom or condition, for example: work injury, car accident, heart attack, etc.
- The treating doctor or QMD letter states that you are totally disabled, but your medical records dated within the same time frame indicate that you are actively exercising.
- The QMD or treating doctor bases your total disability on a pre-existing symptom or condition.
- The treating doctor or QMD bases your Level A total disability rank on symptoms that were not eligible or approved. (Example: The QMD states that you are unable to work because of fatigue but you were not credited with the symptom of chronic fatigue.)
- If your file mentions homemaking then in order to qualify the records must reflect that you have difficulty performing this activity. (See example on page 62)
- The file does not provide any details or descriptions about your inability to perform both vocation and self-care.

4. ANDS Level A Total Disability – unacceptable proof continued

- The QMD increases your disability rank to level A total disability, but he or she does not perform a new examination or provide current medical records to support the new level assigned. The new disability rank cannot be based solely on a phone call with you or a review of a questionnaire that you have completed.
- The QMD describes severe limitations or an inability to dress, feed, groom and/or toilet yourself alone but the same physician or your medical records indicate that you are working full time.
- The file reflects detailed descriptions about your inability to perform vocation (job or homemaking) because of an approved ANDS or ACTD symptom or condition, but it does not contain information about your self-care limitations.
- The file reflects conflicting information regarding either your vocation and/or self-care limitation. (Example: file reflects that you are either working or able to perform all or most of your self-care activities.)

4. ANDS Level A Total Disability - Assisted Living Home

Level A can be approved when a claimant's condition has deteriorated to the point that she is now in an assisted living home or requires 24-hour care due to ANDS or one of the credited symptoms or conditions .

Note: To ensure approval of your claim, it is best to submit all medical records available to support the statement.

4. ANDS Disability Level B - \$20,000 (U.S.) (Class 5)

There are two ways to approve an ANDS Disability Level B claim:

1. Your file must provide an adequate description of your functional limitations (difficulty) in performing vocation, avocation and/or self-care activities due to a credited ANDS or ACTD symptom; or
2. Your file must provide sufficient documentation that you have regular or recurring severe pain due to a credited non-duplicative ACTD symptom.

4. ANDS Level B – unacceptable proof

- The file does not reflect recurring severe pain from one of the following: complaints, medications or treatments.
- The file does not provide an adequate description of at least two of the three activities of vocation, avocation and/or self-care limited by a credited ACTD symptom.
- The QMD based your disability on severe pain from an ineligible condition or symptom.
- The QMD based disability on severe pain but the pain cannot be established as recurring.
- The treating doctor or QMD increases your disability rank to level B disability but he or she does not perform a new examination or provide current medical records to support the new level assigned. The new disability rank cannot be based solely on a phone call with you or a review of a questionnaire that you completed.

4. ANDS Level B – unacceptable proof continued

- The QMD or treating doctor assigns level B disability but your pain is described as “moderate.”
- The QMD or treating doctor based your disability on severe pain but you were not credited with any pain symptoms.
- Your file supports severe pain, but there is no disability assignment from a QMD or treating physician in the file.
- The treating doctor or QMD letter describes your limitations in performing your activities of vocation, avocation and/or self-care, but your medical records or QMD letter dated within the same time frame indicate that you very active.
- The treating doctor or QMD bases your disability on a pre-existing symptom or condition.

4. ANDS Disability Level C - \$10,000 (U.S.) (Class 5)

There are two ways to approve an ANDS Level C disability claim:

1. Your file must provide an adequate description of your functional limitations (difficulty) in performing vocation, avocation or self-care activities due to a credited ANDS or ACTD symptom; or
2. Your file must provide sufficient documentation that you have regular or recurring moderate pain due to a credited ANDS or ACTD symptom.

4. ANDS Disability Level C - “Functional Limitations”

To approve Disability Level C based on functional limitations, your file **must** provide adequate documentation of **ONE** of the following:

1. An adequate description (example) of at least one activity that you have difficulty with or are unable to perform in the area of vocation, avocation or self care.
2. An adequate description (examples) of at least two daily living activities that you are unable to perform such as climbing stairs, writing, driving, riding in a car, bending or sitting etc.

4. ANDS Disability Level C based on Pain

To approve Disability Level C based on complaints of pain, your file must document **MORE THAN ONE** complaint of pain in a credited location and the pain must be established as regular or recurring. Below are some acceptable examples of recurring pain:

- Recurring complaints of burning breast pain.
- Recurring complaints of joint pain in a specific area.
- Recurring complaints of muscle pain in a specific area.

NOTE: Disability Level C does not require that the degree of pain be specified in the medical records. Any credited symptom that causes repeated complaints of pain can be approved.

4. ANDS Level C – unacceptable proof

- The QMD or treating physician assigns Level C but the file does not reflect any recurring pain.
- The QMD or treating physician assigns Level C but the file does not reflect limitations in vocation, avocation, or self-care.
- The QMD or treating physician assigns Level C but the file does not reflect two daily living activities affected by a credited symptom.
- You were not credited with any pain symptoms.
- The QMD letter or medical records describe your pain as “mild,” “slight” or “minimal.”
- The file reflects multiple complaints of pain that are recurring but there is no disability determination in the file from a QMD or treating physician.
- The QMD or treating doctor base your disability on a pre-existing symptom or condition.

Note: The SF-DCT will take under consideration the possibility of approving a claim for level C disability without a disability statement, if the file reflects the following:

- Complaints of regular or recurring pain due to a credited ACTD symptom not described as slight or mild; **or**
- Difficulty performing at least one activity in either vocation, avocation or self-care due to a credited ACTD; **and**
- A detailed description of the attempts made to obtain a disability statement and the reasons why the disability statement is not available.