

**On the approval of the rules for organizing the provision of medical care to persons with chronic diseases, the frequency and timing of observation, the mandatory minimum and frequency of diagnostic tests**

***Unofficial translation***

Order of the Minister of Healthcare of the Republic of Kazakhstan dated October 23, 2020 No. RK MH-149/2020. Registered with the Ministry of Justice of the Republic of Kazakhstan on October 26, 2020 No. 21513

*Unofficial translation*

      In compliance with paragraph 3 of Article 88 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On people's health and the health care system" **ORDER**:

      1. To approve the Rules for organizing the provision of medical care to persons with chronic diseases of the frequency and timing of observation, the mandatory minimum and frequency of diagnostic tests in accordance with Appendix 1 to this order.

      2. To recognize as invalid some orders of the Ministry of Health of the Republic of Kazakhstan in accordance with Appendix 2 to this order.

      3. The Department of Medical Aid Organization of the Ministry of Health of the Republic of Kazakhstan, in accordance with the procedure established by the legislation of the Republic of Kazakhstan, shall ensure:

      1) state registration of this order with the Ministry of Justice of the Republic of Kazakhstan;

      2) posting this order on the Internet resource of the Ministry of Health of the Republic of Kazakhstan;

      3) within ten working days after the state registration of this order with the Ministry of Justice of the Republic of Kazakhstan, submission to the Legal Department of the Ministry of Health of the Republic of Kazakhstan information on the implementation of the activities provided for in subparagraphs 1) and 2).

      4. Control over the implementation of this order shall be entrusted to the supervising Vice-Minister of Health of the Republic of Kazakhstan.

      5. This order shall be enforced upon the expiration of ten calendar days after the day of its first official publication.

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| *The Minister of Healthcare* |
| *of the Republic of Kazakhstan* | *A. Tsoy* |

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|  | Appendix 1 to the  order of the Minister of the Healthcare  of the Republic of Kazakhstan  October 23, 2020  No. RK MH-149/2020 |

**Regulations for organizing the provision of medical care to persons with chronic diseases,**  
**the frequency and timing of observation, the mandatory minimum and frequency of diagnostic tests**

**Chapter 1 General provisions**

      1. These Rules for organizing the provision of medical care to persons with chronic diseases, the frequency and timing of observation, the mandatory minimum and frequency of diagnostic tests (hereinafter referred to as the Rules) are developed in accordance with paragraph 3 of Article 88 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On the health of the people and health care system" (hereinafter - the Code) and determine the procedure for organizing the provision of medical care to persons with chronic diseases.

      2. Basic concepts used in these Rules:

      1) profile specialist - a medical worker with a higher medical education who has a certificate in the field of health care;

      2) the authorized body in the field of healthcare (hereinafter referred to as the authorized body) - the central executive body that carries out management and inter-sectoral coordination in the field of health protection of citizens of the Republic of Kazakhstan, medical and pharmaceutical science, medical and pharmaceutical education, sanitary and epidemiological well-being of the population, circulation of medicines and medical devices, the quality of medical services (assistance);

      3) dynamic observation - systematic observation of the patient's health, as well as the provision of the necessary medical care based on the results of this observation;

      4) clinical protocol - scientifically proven recommendations for the prevention, diagnosis, treatment, medical rehabilitation and palliative care for a specific disease or condition of the patient;

      5) compulsory social health insurance (hereinafter referred to as the CSHI) - a set of legal, economic and organizational measures for the provision of medical care to consumers of medical services at the expense of the assets of the social health insurance fund;

      6) the system of compulsory social health insurance - a set of rules and regulations established by the state, regulating relations between participants in the system of compulsory social health insurance;

      7) guaranteed volume of free medical care (hereinafter referred to as the GVFMC) - the volume of medical care provided at the expense of budget funds.

**Chapter 2. The procedure for organizing the provision of medical care to persons with chronic diseases,**   
**the frequency and timing of observation, the mandatory minimum and frequency of diagnostic tests**

      3. Provision of medical care to persons with chronic diseases is carried out in the organizations of primary medical-sanitary and consultative-diagnostic care, depending on the place of attachment of the patient in accordance with the Rules for the provision of medical care approved by the authorized body in accordance with subparagraph 82) of Article 7 of the Code.

      4. The provision of medical care to persons with chronic diseases is carried out in accordance with the standards in the field of health care approved by the authorized body in accordance with subparagraph 32) of Article 7 of the Code.

      5. The provision of medical care to persons with chronic diseases is carried out through dynamic monitoring within the framework of the GVFMC and (or) in the CSHI system, in order to prevent complications, exacerbations of diseases, their prevention and medical rehabilitation of these persons.

      6. Provision of medical care to persons with chronic diseases is carried out:

      1) according to the list of diseases subject to dynamic observation in primary health care organizations (hereinafter - PHC) in accordance with the PHC rules approved by the authorized body in accordance with subparagraph 82) of Article 7 of the Code.

      The frequency and timing of observation, the mandatory minimum and the frequency of diagnostic studies for chronic diseases subject to dynamic observation in PHC organizations within the GVFMC are determined in accordance with Appendix 1 to these Rules.

      2) according to the list of diseases subject to dynamic observation at the level of consultative and diagnostic assistance (hereinafter - CDA), in accordance with the CDA Rules, approved by the authorized body in accordance with subparagraph 82) of Article 7 of the Code ...

      The provision of medical care at the CDA level is carried out for socially significant diseases that are subject to dynamic observation by specialized specialists within the GVFMC and for chronic diseases that are subject to monitoring by specialized specialists within the GVFMC and (or) in the CSHI system.

      The frequency and timing of observation, the mandatory minimum and the frequency of diagnostic studies for socially significant diseases subject to dynamic observation by specialized specialists within the GVFMC are determined in accordance with Appendix 2 to these Rules.

      The frequency and timing of observation, the mandatory minimum and the frequency of diagnostic studies for chronic diseases subject to observation by specialized specialists within the GVFMC and (or) in the compulsory health insurance system are determined in accordance with Appendix 3 to these Rules.

      7. Observation, including diagnostic studies, of persons with diseases not provided for in the Lists in accordance with Appendices 1, 2 and 3 to these Rules is carried out in accordance with the lists of medical care under the GVFMC and (or) in the CSHI system and clinical protocols.

      8. The provision of medical care to persons with chronic diseases is carried out by specialists from PHC and CDA: PHC doctors (general practitioner, general practitioner / local pediatrician), paramedics (local nurse or paramedic) and specialized specialists in accordance with medical indications ... If indicated, social workers in the field of health care, psychologists and specialists from healthy lifestyle offices are involved.

      9. When providing health care to people with chronic diseases, a PHC doctor will:

      1) initial examination, collection, recording of complaints and anamnesis of the disease;

      2) physical examination of the patient;

      3) evaluation of the results of diagnostic studies;

      4) assessment of the patient's self-help learning outcomes depending on the disease;

      5) adjusting the individual plan of non-drug and drug treatment, the patient's self-control diary, taking into account the results of the examination, examination data, recommendations of specialized specialists, healthy lifestyle specialists;

      6) referral to inpatient replacement and (or) inpatient treatment if signs of exacerbation and progression of the disease are detected, there are indications for medical supervision in inpatient conditions;

      7) referral to medical rehabilitation in accordance with the standard for organizing the provision of medical rehabilitation to the population of the Republic of Kazakhstan, approved by the authorized body in accordance with subparagraph 32) of Article 7 of the Code, in the presence of a medical information system in electronic format;

      8) issuance of recommendations for the preparation of documents for referral to medical and social expertise (hereinafter - MSE), in accordance with the Rules for conducting medical and social expertise, approved by the authorized body in the field of social protection of the population, in the presence of a medical information system in electronic format.

      10. In the absence of complaints, signs of complications and progression of the disease based on the results of examination, deviations of laboratory and instrumental studies from the norm in patients with chronic diseases in accordance with Appendices 1, 2 and 3 to these Rules, the PHC doctor will correct the treatment, give recommendations for maintaining a healthy lifestyle life.

      11. Within the time frame in accordance with Appendices 1, 2 and 3 to these Rules, a patient with a chronic disease is subject to examination by a specialized specialist.

      12. The specialized specialist submits to the PHC doctor a medical report in the form (advisory and diagnostic opinion) approved by the authorized body in accordance with subparagraph 31) of Article 7 of the Code, which indicates the results of the examination and recommendations for further patient management, in the presence of a medical information system in electronic format ...

      13. The PHC doctor, after receiving the advisory and diagnostic opinion, carries out further monitoring of the patient in accordance with the recommendations of the specialized specialist.

      14. If indicated, the patient is referred for hospitalization in a round-the-clock or day hospital in accordance with the profile of the disease.

      Inpatient care for persons with chronic diseases is provided in accordance with the Rules for the provision of inpatient care approved by the authorized body in accordance with subparagraph 82) of Article 7 of the Code.

      Inpatient care is provided in accordance with the Rules for the provision of inpatient care, approved by the authorized body in accordance with subparagraph 82) of Article 7 of the Code.

      15. A day or round-the-clock hospital doctor, upon discharge, draws up an extract from the inpatient's medical record in the form approved by the authorized body in accordance with subparagraph 31) of Article 7 of the Code, which indicates the volume of diagnostic tests, medical measures and recommendations for further observation and treatment. An electronic version of your statement will be sent to PHC at the place of attachment.

      16. The PHC doctor, after receiving an extract from the inpatient's medical record, including in e-health systems, carries out further monitoring of the patient, taking into account the recommendations of a day or round-the-clock hospital doctor.

      17.A person with a chronic disease is registered for follow-up at the PHC organization at the place of attachment on the basis of one of three documents:

      1) PHC doctor's opinion;

      2) an advisory opinion of a specialized specialist;

      3) extracts from the medical card of an inpatient.

      When registering a person taken for dynamic observation for the first time, the district nurse fills out insert 5 to the outpatient's medical card in the form approved by the authorized body in accordance with subparagraph 31) of Article 7 of the Code, including through information systems ...

      In the absence of technical feasibility, it is issued in paper form, with subsequent entry into the information system.

      18. Treatment implementation is monitored by a paramedical worker (hereinafter - SMA).

      19. In case of repeated visits, the SMR interrogates persons, conducts a physical examination, sends them to laboratory and instrumental studies in accordance with Appendices 1, 2 and 3 to these Rules.

      20. In the absence of complaints, signs of exacerbation and progression of the disease during physical examination, deviations of the results of laboratory and instrumental studies from the norm of CMP:

      conducts a conversation and gives recommendations on maintaining a healthy lifestyle, if necessary, refers to specialists in healthy lifestyle;

      explains to a patient with a high risk of developing complications or a life-threatening state of the rules of action for their development and the need for a timely call for an ambulance;

      writes out prescriptions;

      appoints the date of the next appearance by entering the date into the form approved by the authorized body in accordance with subparagraph 31) of Article 7 of the Code.

      In the presence of complaints, signs of exacerbation, complications and progression of the disease based on the results of the examination, deviations in the results of laboratory and instrumental studies from the norm, the CMP sends the patient to the PHC doctor for an unscheduled examination ...

      21. The PHC doctor and the head of the medical organization exercise control over the organization of work of the IDA on dynamic observation, including keeping records and entering data into the information system.

      For people with chronic diseases, if indicated, PHC provides rehabilitative treatment and medical rehabilitation services, palliative care with the provision of special social and medical services.

      22. Drug provision for persons with chronic diseases is carried out in accordance with subparagraph 6) of paragraph 1 of Article 108 of the Code.

      23. For people with chronic diseases, dynamic observation is carried out within the framework of the disease management program (hereinafter - PMD).

      24. With dynamic observation, specialists select patients for participation in PMD according to three nosologies: arterial hypertension, type 2 diabetes mellitus, chronic heart failure.

      25. The criteria for selecting patients to participate in PMD are:

      patients with primary arterial hypertension (uncomplicated);

      patients with type 2 diabetes mellitus (compensated and subcompensated);

      patients with chronic heart failure of NYHA classes II-IV with an ejection fraction of less than 40% or with an ejection fraction of more than 40% and left ventricular diastolic dysfunction according to echocardiography.

      26. Patients with multiple conditions may be recruited to PMD if they meet the selection criteria set out in paragraph 25.

      27. If the patient agrees to participate in PMD, the local nurse enters into an agreement in accordance with the Civil Code of the Republic of Kazakhstan.

      The district nurse provides input of the electronic form of the contract on participation in PMD into the information system of e-health "Unified Payment System".

      28. PMD monitoring of the patient is carried out by PHC specialists who hold the appropriate certificates of professional development. The PMDator within the PHC site is the community physician (general practitioner, community physician (pediatrician)).

      29. For effective implementation of PMD in PHC organizations, it is recommended to create a multidisciplinary team consisting of PHC specialists, a psychologist, a healthy lifestyle specialist, a specialized specialist and other interested specialists.

      30. In case of dynamic patient follow-up by PMD, the PHC and CMP physician by competence fills out a patient observation card participating in the PMD. The observation card contains information about the patient, the data of an objective examination, the results of laboratory and instrumental research methods.

      31. The follow-up card is filled in at each patient visit to the PHC organization, followed by the introduction of updated CMP data into the PMD patient register.

      32. Based on PMD patient registry data, PHC segmentation is performed on a regular basis by PHC. As a result of patient segmentation, the frequency of dynamic observation (examination by the SMR and PHC doctor), laboratory and instrumental studies, examinations by specialized specialists is determined.

      33. The organization of the planned admission of patients is carried out by the CMP. Notification of patients participating in PMD is carried out in accordance with the list formed in the PMD patient register via telephone communication, SMS messages, social networks, mobile applications.

      34. Notification (dialing) to patients is also carried out to invite for laboratory and instrumental studies to ensure follow-up of the patient.

      35. Patient education on self-help is provided by PHC, tailored to the individual patient's level.

      36. Within the framework of the PMD, the patient draws up an individual action plan for a short period (no more than 2 weeks), including the volume of physical activity, diet, lifestyle, elimination of bad habits.

      37. Monitoring program performance is assessed based on the achievement of target indicators.

      38. Deregistration of persons with chronic diseases is carried out according to the criteria and terms of observation in accordance with Appendices 1, 2 and 3 to these Rules.

      39. The reasons for discontinuing follow-up of people with chronic diseases at PHC are:

      1) change of attachment site (ensuring that the asset is transferred to PHC at the patient attachment site);

      2) written refusal of the patient;

      3) death of the patient.

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|  | Appendix 1 to the Rules medical care people with chronic diseases, frequency and timing of observation, mandatory minimum and multiplicity diagnostic research |

**List of diseases subject to dynamic monitoring in primary health care organizations within the guaranteed volume of free medical care**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Nosology ICD code | Inspection frequency | | | Minimum laboratory diagnostic tests | | Terms of observation |
| examination | Examination by the doctor PHC | examination by specialized specialists | Research | multiplicity |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Infectious and parasitic diseases | | | | | | | |
| 1 | Chronic viral hepatitis B (B18, including B18.0, B18.1. B18.2, B18.8), C and D, without liver cirrhosis | Once every 3 months | Once every 6 months | Once a year gastroenterologist and / or infectious disease specialist | complete blood count with platelets | Once every 6 months | for life with chronic viral hepatitis B, C (fibrosis stage F2) and D; deregistration after elimination of the virus in chronic viral hepatitis C (fibrosis stage less than F1) |
| biochemical blood tests: alanine aminotransferase (ALaT), aspartate aminotransferase (ASaT), total bilirubin by fractions, creatinine, AFP | Once every 6 months |
| coagulogram: international normalized ratio (INR) | Once every 6 months |
| polymerase chain reaction for viral hepatitis B (HBV-DNA), qualitative with a positive result, PCR for viral hepatitis B (HBV-DNA) quantitative | Once every 6 months |
| Liver ultrasound | Once a year |
| indirect pulse elastometry (Fibroscan) of the liver | Once in two years |
| Diseases of the circulatory system | | | | | | | |
| 2 | Arterial hypertension:  2.1. Essential (primary) hypertension, I10;  2.2. Hypertensive heart disease (hypertensive disease with predominant heart damage), I11;  2.3. Hypertensive (hypertensive) disease with predominant kidney damage, I12;  2.4. Hypertensive (hypertensive) disease with predominant damage to the heart and kidneys, I13;  2.5. Secondary hypertension, I15 | Once every 3 months - for patients with medium and low risk, once a month - for patients with high and very high risk, and for those with low adherence to treatment | Every 6 months - for patients with medium and low risk, once every 3 months - for patients with high and very high risk, and for those with low adherence to treatment | Cardiologist once a year | general urine analysis | Once a year | for life |
| biochemical blood test: determination of low density lipoproteins | Once a year |
| electrocardiography | Once a year |
| 24-hour blood pressure monitoring (24 hours) | Once every 2 years |
| echocardiography | Once every 2 years |
| 3 | Coronary heart disease:  3.1. Unstable angina pectoris, I20.0 \*\*;  3.2. Other forms of angina pectoris, I20.8;  3.3. Chronic ischemic heart disease, I25 | Once every 3 months | Once every 6 months | Cardiologist once a year | determination of low density lipoproteins | Once every 6 months | For life |
| echocardiography | Once every 6 months |
| Holter monitoring of the electrocardiogram (24 hours) | Once a year |
| treadmill test | Once a year |
|  | Once every 3 months | Once every 6 months | Cardiologist once a year | creatinine | Once a year | For life |
| electrocardiogram | Once a year |
| echocardiography | Once a year |
| 3.4. Heart failure, I 50; | Once every 3 months | Once every 3 months | monthly cardiologist | International normalized ratio (INR) | Once a week until the target is reached, then once a month; | For life |
| blood chemistry:  creatinine, alanine aminotransferase (ALaT), aspartate aminotransferase (ASaT), lactate dehydrogenase (LDH), free hemoglobin, total bilirubin, blood glucose, potassium, sodium | the first 3 months - monthly, then 1 time in 3 months; |
| detailed general blood test with platelet count, duration of bleeding, blood clotting; | Once every 6 months |
| natriuretic hormone, von Willebrand factor | Once every 6 months |
| echocardiography | the first 3 months - monthly, then 1 time in 3 months; |
| electrocardiography | Once every 3 months |
| chest x-ray | Once a year |
| esophagogastroduodenoscopy | Once a year |
| ultrasound dopplerography of brachiocephalic vessels | Once a year |
| 4 | Extracranial diseases of the brachiocephalic arteries:  4.1. Cerebrovascular diseases, I65-I69 \*\*\*  4.2. Blockage and stenosis of the precerebral arteries, not leading to cerebral infarction, I65  4.3. Blockage and stenosis of cerebral arteries, not leading to cerebral infarction, I664.4. Other cerebrovascular diseases, I67  4.5. Vascular disorders of the brain in diseases classified elsewhere, I68  4.6. Consequences of cerebrovascular diseases, I69  4.7. Embolism and thrombosis of an artery of the upper extremities, I74.2  4.8. Aoritis in diseases classified elsewhere, I79.1 | - | - | Once a year angiosurgeon, neurologist | ultrasound dopplerography of the brachiocephalic trunk | once every 6 months | For life |
| 4.9. Subarachnoid hemorrhage, I 60 Intracerebral hemorrhage, I 61 Other nontraumatic intracranial hemorrhage, I 62 Ischemic stroke, I 63 Stroke, unspecified as hemorrhage or infarction, I 64 | once every 3 months | once every 6 months | Once a year | complete blood count with platelet count | once every 6 months | For life |
| international normalized ratio (INR) | Once a year |
| biochemical blood tests: lipid spectrum, blood glucose | once every 6 months |
| Doppler ultrasound of brachiocephalic arteries in patients with stroke | once every 6 months |
| electrocardiogram | According to indications for the correction of antihypertensive therapy |
| echocardiography in patients with cardioembolic stroke | According to indications for the correction of antihypertensive therapy |
| 24-hour blood pressure monitoring (DBPM) in patients with intracerebral hemorrhage | According to indications for the correction of antihypertensive therapy |
| 5 | Valvular heart disease:  5.1. Chronic rheumatic heart disease, I05-I09  Rheumatic diseases of the mitral valve, I05  Rheumatic diseases of the aortic valve, I06  Rheumatic diseases of the tricuspid valve, I07  Multiple valve lesions, I08  Other rheumatic heart disease, I09  5.2. Non-rheumatic lesions of the heart valves, I34-I39  Non-rheumatic mitral valve disease, I34  Non-rheumatic aortic valve disease, I35  Non-rheumatic lesions of the tricuspid valve, I36  Pulmonary valve lesion, I37  Endocarditis, valve unspecified, I38  Endocarditis and valvular heart disease in diseases classified elsewhere, I39 | once every 3 months | once every 6 months | once a year cardiologist | electrocardiography | once every 6 months | For life |
| echocardiography | once a year |
| Holter electrocardiography | once a year |
| 6 | Arrhythmias I47, Atrial fibrillation and flutter, I48 | once every 3 months | once every 6 months. According to the indications, the frequency may increase | once a year cardiologist | electrocardiography | once every 6 months | For life |
| Holter electrocardiography | once a year |
| echocardiography | once a year |
| Diseases of the blood and blood-forming organs | | | | | | | |
| 7 | Hereditary factor VIII deficiency (D66);  Hereditary factor IX deficiency (D67)  Von Willebrand disease (D68.0)  Hereditary deficiency of other coagulation factors (D68.2) | once every 6 months | once every 6 months | once every 6 months gematologist | detailed complete blood count with platelet count, duration of bleeding, blood clotting | Twice a year | For life |
| Respiratory diseases | | | | | | | |
| 8 | Chronic diseases of the lower respiratory tract:  8.1. Other chronic obstructive pulmonary disease, J44 | once every 6 months (type A, B, mild, medium)  once every 3 months (type C, D, severe and extremely severe) | once a year (type A, B, mild, moderate);  once every 6 months (type C, D, severe and extremely severe) | once a year pulmonologist | spirography | once a year | for life |
| pulse oximetry | once a year |
| echocardiography | once a year |
| 8.2. Asthma, J45 | a year once (light degree)  once every 6 months (medium degree)  once every 3 months (severe degree) | once a year (mild)  once every 6 months (moderate to severe) | once a year pulmonologist | spirography | once every 6 months | for life |
| echocardiography | once a year |
| Diseases of the digestive system | | | | | | | |
| 9 | Diseases of the upper gastrointestinal tract:  9.1. Gastroesophageal reflux with esophagitis, K21.0  9.2. Ulcer of the stomach and duodenum, K25-K27  Stomach ulcer, K25  Duodenal ulcer, K26  Peptic ulcer, unspecified, K27  9.3. Chronic atrophic gastritis, K29.4  9.4. Polyps (polyposis) of stomach, K31.7 | once every 3 months | once every 6 months | once a year gastroenterologist | esophagogastroduodenoscopy | once a year | deregistration in the absence of clinical and instrumental signs of the disease within 3 years |
| histological examination of 1 block-preparation of surgical- biopsy material of the 3rd category of complexity | once a year |
| 10 | Non-infectious enteritis and colitis:  10.1. Crohn's disease (regional enteritis), K50  10.2. Ulcerative colitis, K51  10.3. Other noninfectious gastroenteritis and colitis, K52 | once every 6 months | once a year | once a year gastroenterologist | esophagogastroduodenoscopy with histological examination of 1 block-preparation of surgical biopsy material, 3rd category of complexity | once a year | for life |
| colonoscopy with histological examination of 1 block-preparation of surgical biopsy material, 3rd category of complexity | once a year |
| 11 | Liver cirrhosis, K70-K76  Toxic liver damage, K71  Hepatic failure, not elsewhere classified, K72  Chronic hepatitis, not elsewhere classified, K73  Fibrosis and cirrhosis of the liver, K74  Other inflammatory liver diseases, K75  Other liver diseases, K76 | once every 3 months | once every 6 months | once a year gastroenterologist | complete blood count with platelets | once every 3 months | for life |
| biochemical blood tests:  determination of alanine aminotransferase (ALaT), determination of aspartate aminotransferase (ASaT), determination of bilirubin in serum, creatinine, albumin | once every 3 months |
| international normalized ratio (INR) | once every 6 months |
| Ultrasound of the liver and spleen | once every 6 months |
| In cases of existing education up to 2 cm with the complexity of the diagnosis of HCC: |  |
| Liver ultrasound | Once every 3-4 months |
| determination of alpha-fetoprotein (AFP) | Once every 3-4 months |
| indirect pulse hepatic elastometry | once a year |
| esophagogastroduodenoscopy (in the absence of contraindications) | once every 6 months |
| Diseases of the musculoskeletal system and connective tissue | | | | | | | |  |
| 12 | Arthropathies, dorsopathies:  12.1. Rheumatoid arthritis, M 05; M 06  12.2. Psoriatic arthropathies, M 07.3  12.3. Ankylosing spondylitis, M45  12.4. Juvenile (juvenile) arthritis, M08 | once every 6 months | once a year | once a year rheumatologist, ophthalmologist | general blood analysis | once every 6 months | for life |
| biochemical blood tests: determination of "C" reactive protein (CRP), blood creatinine, blood glucose (for patients taking glucorticosteroids), determination of alanine aminotransferase (ALaT), determination of aspartate aminotransferase (ASaT), determination of serum bilirubin (for patients taking cytostatics)) | once every 6 months |
| enzyme immunoassay for hepatitis B, C, HIV (for patients taking cytostatics and being on genetic engineering biological therapy) | once every 6 months |
| X-ray of the affected segment | once a year |
| X-ray of the pelvic bones (detection of aseptic necrosis of the femoral head) | once a year |
| esophagogastroduodenoscopy (for patients taking glucorticosteroids and non-steroidal anti-inflammatory drugs) | once a year |  |
| 13 | Systemic lesions of connective tissue:  13.1. Polyarteritis nodosa, M30  13.2. Other necrotizing vasculopathies, M 31  13.3. Systemic lupus erythematosus, M32-M32.9  13.4. Dermatopolymyositis, M33-M33.9  13.5. Systemic sclerosis (systemic scleroderma), M.34-M34.9  13.6. Other systemic connective tissue lesions. M35 | once every 3 months | Once every 6 months | once a year rheumatologist | blood creatinine | once every 6 months | for life |
| general blood analysis | once every 6 months |
| general urine analysis | once every 6 months |
| determination of "C" reactive protein (CRP) semi-quantitative / qualitative in serum | once every 6 months |
| blood glucose (for patients taking glucorticosteroids) | once every 6 months |
| enzyme immunoassay for hepatitis B, C, HIV (for patients taking cytostatics and being on genetic engineering biological therapy) | once every 6 months |
| plain chest x-ray twice a year(for patients taking cytostatics) | once every 6 months |
| esophagogastroduodenoscopy (for patients taking glucorticosteroids and non-steroidal anti-inflammatory drugs) | once every 6 months |
| Endocrine system diseases, eating disorders and metabolic disorders | | | | | | | |
| 14 | Diabetes mellitus type 1 in children E 10 | in the first 3-6 months after the onset of diabetes - once a month, then - once every 3 months | in the first 3-6 months after the onset of diabetes - once a month, then - once every 3 months | in the first 3-6 months after the onset of diabetes - once a month, then - once every 3 months by an endocrinologist | determination of glycated hemoglobin in blood | once every 3 months | for life |
| blood creatinine with the calculation of the glomerular filtration rate (GFR) | once a year |
| wide pupil ophthalmoscopy | once a year |
| electromyography | once a year |
| Diabetes mellitus type 1 in adults E 10 | once every 3 months | once every 6 months | once a year endocrinologist | biochemical blood tests: determination of glycated hemoglobin in the blood, blood creatinine with the calculation of the glomerular filtration rate (GFR), lipid spectrum | once every 3 months | for life |
| wide pupil ophthalmoscopy | once a year |
| electromyography | once a year |
| Diabetes mellitus E11-E11.9 | once every 3 months | once every 6 months | once a year with an endocrinologist | biochemical blood tests: determination of glycated hemoglobin in the blood, blood creatinine with the calculation of the glomerular filtration rate (GFR), lipid spectrum | once every 6 months | for life |
| wide pupil ophthalmoscopy | once a year |
| 15 | Thyroid diseases:  15.1. Diffuse toxic goiter. Thyrotoxicosis,  E05-E05.9  15.2. Hypothyroidism, E02 | once every 6 months | once a year | once a year endocrinol | biochemical blood tests: determination of thyroid-stimulating hormone (TSH) in serum by immunochemiluminescence, determination of free triiodothyronine (T3) in serum by immunochemiluminescence, determination of free thyroxine (T4) in serum by immunochemiluminescence | once a year | for life |
| Diseases of the nervous system | | | | | | | |
| 16 | Epilepsy, G 40 | once every 6 months | once a year. According to the indications, the frequency may increase | once a year neurologist | electroencephalography | once a year | for life |
| 17 | Cerebral palsy, G 80 | Once every 3 months | once every 6 months | once a year neurologist | GMFCS scale - determination of motor ability in children with cerebral palsy | once every 6 months | for life |
| Bartel's daily life activity index. | once every 6 months |
| Diseases of the genitourinary system | | | | | | | |
| 18 | Glomerular diseases:  18.1. Chronic nephritic syndrome, N03  18.2. Nephrotic syndrome, N04 | once every 3 months | once every 6 months | once a year nephrologist | determination of protein in urine | once every 6 months | for life |
| biochemical blood tests: determination of creatinine, urea, total protein, total cholesterol, serum glucose | once every 6 months |
| Chronic renal failure (N18), End-stage renal disease (N18.0),  Other manifestations of chronic renal failure (N18.8) | once every 6 months | once a year | twice a yearby a nephrologist | general blood test, general urine analysis (determination of protein in urine) | once every 3 months | for life |
| Biochemical blood test: creatinine, urea, total protein, potassium, sodium, cholesterol, glucose | once every 6 months |
| Kidney ultrasound | according to indications |
| 19 | Chronic interstitial nephritis, N11 | once every 3 months | once every 6 months | once a year nephrologist | general clinical urine analysis (general urine analysis) | once a year | no relapse within 3 years |
| 20 | Hyperplasia of the prostate, N40 | once every 3 months | once every 6 months | once a year urologist | determination of total prostate-specific antigen (PSA) in blood serum by immunochemiluminescence | once a year | no relapse within 3 years |
| 21 | Benign breast dysplasia, N60 | once every 3 months | once every 6 months | once a year mammologist, gynecologist | mammography (4 images), ultrasound examination of the mammary glands | once a year | no relapse within 3 years |
| 22 | Non-inflammatory diseases of the female genital organs:  22.1. Endometriosis, N80  22.2. Polyp of female genital organs, N84  22.3. Glandular hyperplasia of endometrium, N85.0  22.4. Adenomatous endometrial hyperplasia, N85.1  22.5. Erosion and ectropion of cervix, N86  22.6. Leukoplakia of the cervix, N88.0 | once every 3 months | once every 6 months | once a year gynecologist | taking a smear for oncocytology | once a year | 1 year after treatment |
| Benign neoplasm of the ovary, D27 | once every 6 months | once a year | once a year gynecologist | pelvic ultrasound | once a year | no relapse within 3 years |
| Certain conditions arising in the perinatal period | | | | | | | |
| 23 | Bronchopulmonary dysplasia arising in the perinatal period, P27.1 | Once a month until the 1st year, then once every 6 months | with mild severity once every 6 months up to 1 year, then, if necessary, with moderate and severe severity from once every 3 months to 1 year, then up to 3 years once every 6 months then once a year | once a year pediatric pulmonologist | computed tomography of the chest and mediastinum | once a year | for life |
| echocardiography | once a year |
| Congenital anomalies (malformations), deformities and chromosomal abnormalities (children) | | | | | | | |
| 24 | Congenital heart defects in the postoperative period:  24.1. Congenital malformations of heart chambers and joints, Q20  24.2. Congenital malformations of cardiac septum, Q21  24.3. Congenital malformations of pulmonary and tricuspid valves, Q22  24.4. Congenital malformations (malformations) of aortic and mitral valves, Q23  24.5. Other congenital malformations of the heart, Q24  24.6. Congenital malformations of large arteries, Q25 | Once a month | once every 3 months | once every 3 months pediatric cardiologist in the first year of follow-up, then according to indications | echocardiography | once every 3 months in the 1st year of observation, then once every 6 months | 2 years, but with persisting pulmonary hypertension, residual shunt and valve insufficiency - for life |
| electrocardiographic examination (in 12 leads) | once every 3 months in the 1st year of observation, then once every 6 months |
| 25 | Congenital malformations:  25.1. Congenital malformations of esophagus, Q39  25.2. Congenital diaphragmatic hernia, Q79  25.3. Anorectal malformations, Q42 | within 1 to 6 months, once a month.  Then up to a year once every 3 months.  From the 2nd year of life 1 time in 6 months | once every 3 months during the 1st year of life; further from the 2nd year of life - once every 6 months | once a year pediatric surgeon | 25.1. esophagogastroduodenoscopy for Q39 | once a year | observation up to 3 years of age |
| 25.2. chest x-ray at Q79 | once a year |
| 25.3. diagnostic calibration bougie of neoanus at Q42 (according to indications) | once a year |

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|  | Appendix 2 to the Rules medical care people with chronic diseases, frequency and timing of observation, mandatory minimum and multiplicity diagnostic research |

**The list of socially significant diseases subject to dynamic observation by specialized specialists**   
**at the level of consultative and diagnostic assistance within the guaranteed volume of free medical care**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| P / p No. | Name of diseases | Inspection frequency | | Minimum laboratory and diagnostic tests | | Terms of observation |
| examination by a PHC doctor | examination by specialized specialists | research | multiplicity |
| 1 | Tuberculosis (A15 - A19) | once a year | examination by a phthisiatrician once every 6 months | Plain chest x-ray (1 projection) | once every 6 months | 2 years |
| 2 | Human immunodeficiency virus (HIV) disease (B20-B24) | once a year | examination by an infectious disease specialist once every 6 months | Ultrasound of the hepatobiliopancreatic region, chest x-ray | once a year | for life |
| 3 | Malignant and benign neoplasms (C00-97; D00-09; D37-48, except for C81-96) | once a year | once a year oncologist | Complete blood count, general urine analysis | once a year | for life |
| Biochemical blood test: total protein, creatinine, urea, uric acid, glucose, direct and total bilirubin, alkaline phosphatase, alanine aminotransferase, aspartate aminotransferase | once a year |
| Ultrasound of the abdominal organs, ultrasound of the pelvic organs (transabdominal), ultrasound of the prostate and urinary PMD with determination of residual urine | once a year |
| Chest X-ray | once a year |
| MRI of other organs | according to indications (once every 3 years) |
| CT of other organs | according to indications (once every 3 years) |
| 4 | Malignant neoplasms of lymphoid, hematopoietic and related tissues (C81-96) | once a year | twice a yearoncologist, hematologist | Complete blood count with determination of the number of reticulocytes and morphological examination of erythrocytes | twice a year | for life |
| 5 | Myelodysplastic syndromes (D46)  Chronic myeloproliferative disease (D47.1) | once a year | twice a yearoncologist, hematologist | Complete blood count with determination of the number of reticulocytes and morphological examination of erythrocytes | twice a year | for life |
| 6 | Hemolytic anemias (D 56; D 56.0-D 56.2; D 56.4; D 57; D 57.0-D 57.2) | once a year | twice a yearhematologist | Complete blood count with determination of the number of reticulocytes and morphological examination of erythrocytes | twice a year | for life |
| once a year oncologist | General urine analysis |
| Biochemical blood test: total bilirubin and its fractions, alanine aminotransferase, aspartate aminotransferase |
| 7 | Paroxysmal nocturnal hemoglobinuria (Markiafava-Mikeli) (D 59.5) | once a year | twice a yearhematologist | Complete blood count with determination of the number of reticulocytes and morphological examination of erythrocytes | twice a year | for life |
| once a year oncologist | Biochemical blood test: bilirubin and its fractions, serum iron |
| Study of osmotic resistance of erythrocytes, determination of the diameter and sphericity index of erythrocytes (Price-Jones curve) |
| Hemoglobin electrophoresis | once a year |
| Determination of the level of enzymes glucose-6 phosphate dehydrogenase, pyruvate kinase |
| Coombs test |
| Doppler ultrasound of the spleen and liver vessels |
| 8 | Aplastic anemia, unspecified (D 61.9) | once a year | twice a yearhematologist | Complete blood count with determination of the number of reticulocytes and morphological examination of erythrocytes | twice a year | for life |
| 9 | Idiopathic thrombocytopenic purpura (D 69.3) | once a year | twice a yearhematologist | Complete complete blood count with platelet count, duration of bleeding, blood clotting | twice a year | for life |
| 10 | Langerhans cell histiocytosis, not elsewhere classified (D 76.0) | once a year | once a year endocrinologist | General blood analysis; Blood chemistry; | Every 3-6 months | for life |
| X-ray examination of bone lesions | Every 3 months |
| Computed tomography of the lungs | Every 6 months |
| Abdominal ultrasound | Every 6 months |
| 11 | Immunodeficiencies (D80-D84) | once a year | twice a yearhematologist | Complete complete blood count with platelet count, duration of bleeding, blood clotting | twice a year | for life |
| 12 | Diabetes mellitus (E10-E14) | once a year | once a year endocrinologist | biochemical blood tests: determination of glycated hemoglobin in the blood, blood creatinine with the calculation of the glomerular filtration rate (GFR), lipid spectrum | once every 3 months | for life |
| wide pupil ophthalmoscopy | once a year |
| electromyography | once a year |
| 13 | Other conditions of pituitary hyperfunction (E22.8) | once a year | once a year endocrinologist | X-ray of the skull (Turkish saddle) | once a year | follow-up for 2 years with stabilization of clinical parameters |
| once a year gynecologist | MRI of the brain | according to indications (once every 2 years) |
| Determination of prolactin | once a year |
| Ultrasound of the pelvic organs, densitometry | once a year |
| 14 | Hypopituitarism (E23.0) | once a year | once a year endocrinologist | Skull X-ray (Turkish saddle) | once a year | for life |
| MRI of the brain | according to indications (once every 2 years) |
| Determination of adrenocorticotropic hormone (ACTH) in serum by ELISA method | once a year |
| 15 | Deficiency of other B vitamins (E 53.1) | once a year | once a year endocrinologist | Thyroid ultrasound | according to indications (once a year) | for life |
| Complete blood count, general urine analysis | twice a year |
| 16 | Classical phenylketonuria (E 70.0) | once a year | once a year endocrinologist | Biochemical blood test: sodium, potassium, chlorides, creatinine and / or urea | 1 time per year and according to indications | for life |
| Complete blood count, general urine analysis | twice a year |
| 17 | Glycogen storage diseases (E 74.0) | once a year | once a year endocrinologist | Biochemical blood test: sodium, potassium, chlorides, creatinine and / or urea | according to indications (once a year) | for life |
| Complete blood count, general urine analysis | twice a year |
| 18 | Other sphingolipidoses (E 75.2) | once a year | once a year endocrinologist | Biochemical blood test: sodium, potassium, chlorides, creatinine and / or urea | according to indications (once a year) | for life |
| Complete blood count, general urine analysis | twice a year |
| 19 | Mucopolysaccharidosis (E 76.0-E 76.2) | once a year | once a year endocrinologist | Biochemical blood test: sodium, potassium, chlorides, creatinine and / or urea | according to indications (once a year) | for life |
| Complete blood count, general urine analysis | twice a year |
| 20 | Porphyrias (E 80.2) | once a year | once a year endocrinologist | Biochemical blood test: sodium, potassium, chlorides, creatinine and / or urea | according to indications (once a year) | for life |
| Complete blood count, general urine analysis | twice a year |
| 21 | Copper metabolism disorders (E 83.0) | once a year | once a year endocrinologist | Biochemical blood test: sodium, potassium, chlorides, creatinine and / or urea | according to indications (once a year) | for life |
| Complete blood count, general urine analysis | twice a year |
| 22 | Cystic fibrosis with other manifestations (E 84.8) | once a year | once a year endocrinologist | Biochemical blood test: sodium, potassium, chlorides, creatinine and / or urea | according to indications (once a year) | for life |
| Complete blood count, general urine analysis | twice a year |
| 23 | Hereditary familial amyloidosis without neuropathy (E 85.0) | once a year | once a year endocrinologist | Biochemical blood test: sodium, potassium, chlorides, creatinine and / or urea | according to indications (once a year) | for life |
| Complete blood count, general urine analysis | twice a year |
| Kidney ultrasound | once a year |
| 24 | Plasma protein metabolism disorders (E 88.0) | once a year | once a year endocrinologist | Biochemical blood test: sodium, potassium, chlorides, creatinine and / or urea | according to indications (once a year) | for life |
| Complete blood count, general urine analysis | twice a year |
| Kidney ultrasound | once a year |
| 25 | Mental and Conduct Disorders (F00-F99) | once a year | once every 6 months psychiatrist | Electroencephalography, psychocorrective conversation for the purpose of social and labor adaptation | once a year | 2 years after the permanent compensation |
| 26 | Motor neuron disease (G 12.2) | once a year | once a year neurologist | General blood analysis; general urine analysis; biochemical blood test: blood electrolytes, determination of urea, residual nitrogen, creatinine; electrocardiography, electroneuromyography | twice a year | for life |
| 27 | Degenerative diseases of the nervous system (G30-G32) | once a year | once a year neurologist | Electrocardiography; general blood analysis; general urine analysis; biochemical blood test: cholesterol, high density lipoproteins, low density lipoproteins, blood glucose; coagulogram | once a year | for life |
| Psychiatrist 2 times a year | Electroencephalography, USDG of cerebral vessels | once a year |
| 28 | Demyelinating diseases of the central nervous system (G35-G37) | once a year | twice a yearneurologist | Electrocardiography, general blood test, general urinalysis, biochemical blood test: cholesterol, high density lipoproteins, low density lipoproteins, blood glucose; electroencephalography; electroneuromyography | once a year | for life |
| MRI of the brain | according to indications (once every 2 years) |
| 29 | Other types of generalized epilepsy and epileptic syndromes (G 40.4) | Once a month | once every 3 months neurologist;  once every 6 months ophthalmologist | Complete blood count | 4 times a year | clinical and neurophysiological remission within 5 years.  Social adaptation |
| General urine analysis | 4 times a year |
| Biochemical blood test (liver and kidney tests, electrolytes) | 4 times a year |
| Echocardiography | once a year |
| Electrocardiography | once a year |
| Kidney ultrasound | 2 times a year |
| Abdominal ultrasound | 2 times a year |
| CT scan of the brain | once a year |
| MRI of the brain | once a year |
| 30 | Encephalopathy, unspecified (G 93.4) | Once a month | once every 3 months neurologist;  once every 6 months ophthalmologist | Echocardiography | once a year | clinical and neurophysiological remission within 5 years.  social adaptation |
| Electrocardiography | once a year |
| Kidney ultrasound | 2 times a year |
| Abdominal ultrasound | 2 times a year |
| CT scan of the brain | once a year |
| MRI of the brain | once a year |
| 31 | Acute rheumatic fever (I00-I02) | twice a year | twice a year rheumatologist, once a year cardiac surgeon, once a year otorhinolaryngologist, once a year dentist, once a year neurologist | General blood analysis, | twice a year | for life |
| General urine analysis | once a year |
| Creatinine, ALT, AST, fibrinogen, Antistreptolysin "O", C-reactive protein | twice a year |
| Electrocardiographic examination (in 12 leads) | twice a year |
| Echocardiography | twice a yearduring the first year, then once a year |
| Chest X-ray | once a year |
| X-ray of joints | according to indications |
| 32 | Primary pulmonary hypertension (I 27.0) | once every 6 months | twice a year cardiologist | Complete blood count, general urine analysis | once a year | for life |
| Electrocardiographic examination (in 12 leads) | twice a year |
| Echocardiography | once a year |
| Biochemical blood test: total serum cholesterol, high density lipoproteins, low density lipoproteins, TAG, potassium | once a year |
| Coagulogram: determination of prothrombin time (PT) followed by calculation of prothrombin index (PTI) and international normalized ratio (INR) in blood plasma by manual method (PT-PTI-INR) | once a year |
| 33 | Other interstitial pulmonary diseases (J 84; J 84.0; J 84.1; J 84.8; J 84.9) | twice a year | Pulmonologist 2 times a year | Complete blood count, urinalysis, chest x-ray, spirometry | once a year | for life |
| 34 | Bullous disorders (L 10; L 13.0) | once a year | once a year dermatologist | General blood analysis | once a year | for life |
| 35 | Osteogenesis incomplete (Q 78.0) | once a year | once a year traumatologist-orthopedist | Determination of rheumatoid factor in blood serum quantitatively on the analyzer | once a year | restoration of functional range of motion in the joint |
| Radiography of one segment |
| 36 | Congenital ichthyosis (Q 80) | once a year |  | General blood test, general urine analysis, biochemical blood test | once a year | for life |
| 37 | Epidermolysis bullosa (Q 81) | once a year |  | General blood test, general urine analysis, biochemical blood test | once a year | for life |

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|  | Appendix 3 to the Rules medical care people with chronic diseases, frequency and timing of observation, mandatory minimum and multiplicity diagnostic research |

**The list of chronic diseases subject to observation by specialized specialists at the level of consultative and**  
**\diagnostic assistance within the guaranteed volume of free medical care and (or) in the system of compulsory social health insurance**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| P / p No. | Name of a group of diseases | Inspection frequency | | Minimum laboratory and diagnostic tests | | Terms of observation |
| examination by a PHC doctor | examination by specialized specialists | research | multiplicity |
| Consequences of transferred infectious and parasitic diseases | | | | | | |
| 1 | Consequences of previous polio (B91) | twice a year | twice a year neurologist | Electroneuromyography, fundus examination | twice a year | for life |
| 2 | Condition after surgery for echinococosis (B67) | twice a year | twice a year surgeon | Ultrasound of the abdominal organs | once a year | for life |
| Ultrasound of the pleura and pleural cavity |
| Chest X-ray (2 projections) |
| 3 | Consequences of postponed tuberculosis (B90) | once a year | once a year phthisiatrician | Chest X-ray (2 projections) | twice a year | for life |
| Tuberculin diagnostics (for children) |
| Diseases of the blood and blood-forming organs | | | | | | |
| 4 | Iron deficiency anemia (D50) | once every 6 months | twice a year hematologist | Complete blood count with determination of the number of reticulocytes and morphological examination of erythrocytes | twice a year | before normalization of indicators |
| 5 | Other hereditary hemolytic anemias (D58) | once every 6 months | twice a year hematologist | Complete blood count with determination of the number of reticulocytes and morphological examination of erythrocytes | twice a year | for life |
| once a year - oncologist | General urine analysis |
| Biochemical blood test: total bilirubin and its fractions, alanine aminotransferase, aspartate aminotransferase |
| 6 | Acquired hemolytic anemia (D59 except D59.5) | once every 6 months | twice a year hematologist | Complete blood count with determination of the number of reticulocytes and morphological examination of erythrocytes | twice a year | for life |
| once a year - oncologist | Biochemical blood test: bilirubin and its fractions, serum iron |
|  | Study of osmotic resistance of erythrocytes, determination of the diameter and sphericity index of erythrocytes (Price-Jones curve) |
| Hemoglobin electrophoresis |
| Determination of the level of enzymes glucose-6 phosphate dehydrogenase, pyruvate kinase | once a year |
| Coombs test |
| Doppler ultrasound of the spleen and liver vessels |
| 7 | Acquired pure red cell aplasia (erythroblastopenia) (D60), other aplastic anemias (D61, except D 61.9),  Acute post-hemorrhagic anemia (D62),  Anemia in neoplasms (D63) | once every 6 months | twice a year hematologist | Complete complete blood count with platelet count, duration of bleeding, blood clotting | twice a year | for life |
| once a year oncologist | Biochemical blood test: determination of creatinine in patients on immunosuppressive therapy, bilirubin and its fractions, alanine aminotransferase, aspartate aminotransferase | once a year |
| Endocrine system diseases, eating disorders and metabolic disorders | | | | | | |
| 8 | Other forms of hypothyroidism (E03), Other forms of non-toxic goiter (Nodular and mixed euthyroid goiter after surgery) (E04) | once a year | once a year endocrinologist | Determination of thyroid stimulating hormone (TSH), free thyroxine (T4), antibodies to thyroid peroxidase in blood serum by enzyme immunoassay | once a year | for life |
| General blood analysis | once a year |
| Ultrasound of the thyroid gland, electrocardiography | once a year |
| X-ray of knee joints and feet, as well as hands for determining bone age in children under 15 years of age | according to indications (once every 2 years) |
| 9 | Hypoparathyroidism (E20) | once a year | once a year endocrinologist | Parathyroid hormone by enzyme immunoassay | once a year | for life |
| Biochemical blood test: phosphorus, total and ionized calcium, glucose, creatinine | once a year |
| 10 | Pituitary hyperfunction (E22, except E 22.8) | once a year | once a year endocrinologist | Skull X-ray (Turkish saddle) | once a year | follow-up for 2 years with stabilization of clinical parameters |
| once a year gynecologist | MRI of the brain | according to indications (once every 2 years) |
| Determination of prolactin | once a year |
| Ultrasound of the pelvic organs, densitometry | once a year |
| 11 | Hypofunction and other disorders of the pituitary gland (E 23, except for E 23.0)  Diabetes insipidus (E23.2) | once a year | once a year endocrinologist | Skull X-ray (Turkish saddle) | once a year | for life |
| MRI of the brain | according to indications (once every 2 years) |
| Determination of adrenocorticotropic hormone (ACTH) in serum by ELISA method | once a year |
| 12 | Itsenko-Cushing's syndrome (E24) | once a year | once a year endocrinologist | Ultrasound of the adrenal glands | once a year | for life |
| Determination of blood cortisol |
| Determination of the level of free cortisol in daily urine |
| Determination of fasting blood glucose and 2 hours after eating |
| X-ray of the thoracic and lumbar spine, determination of visual fields |
| 13 | Adrenogenital disorders (E25) | once a year | once a year endocrinologist, urologist | Determination of potassium (K) in serum | once a year | follow-up for 5 years with stable remission |
| Determination of sodium (Na) in serum | once a year |
| Left hand radiography | once a year |
| Determination of testosterone levels | once a year |
| Determination of thyroid stimulating hormone (TSH), free thyroxine (T4), antibodies to thyroid peroxidase in blood serum by enzyme immunoassay | once a year |
| Ultrasound of the adrenal glands | according to indications (once a year) |
| Ultrasound of the pelvic organs | according to indications (once a year) in adolescent girls |
| Testicular ultrasound | according to indications (once a year) in boys |
| 14 | Ovarian dysfunction (E28) | once a year | once a year gynecologist, endocrinologist | Complete blood count, general urine analysis | once a year | follow-up for 3 years with stable remission, improvement of clinical parameters |
| Hand radiography | once a year |
| Determination in blood serum by enzyme immunoassay: thyroid stimulating hormone (TSH), follicle-stimulating hormone (FSH), luteinizing hormone (LH), prolactin, total T, DEAS, progesterone, cortisol, determination of globulin-binding sex hormone (SHBG) | once a year |
| Ultrasound of the pelvic organs | once a year |
| Breast ultrasound | once a year |
| Thyroid ultrasound | once a year |
| 15 | Puberty disorders, not elsewhere classified (E30) | once a year | once a year gynecologist, endocrinologist | Complete blood count, general urine analysis | once a year | follow-up for 3 years with stable remission, improvement of clinical parameters |
| Determination in blood serum by enzyme-linked immunosorbent assay: thyroid stimulating hormone (TSH), follicle-stimulating hormone (FSH), luteinizing hormone (LH), prolactin, total T, DEAS, progesterone, cortisol, determination of globulin-binding sex hormone (SHBG) |
| Ultrasound of the pelvic organs |
| Breast ultrasound |
| Thyroid ultrasound |
| 16 | Other endocrine disorders (E34) | once a year | once a year endocrinologist | Biochemical blood test: sodium, potassium, chlorides, creatinine and / or urea | according to indications (once a year) | for life |
| Complete blood count, general urine analysis | twice a year |
| Ultrasound of the pelvic organs | twice a year |
| Determination of follicle-stimulating hormone, luteinizing hormone (LTH), estrogen, pregnandiol, androgen, 17 KS | twice a year |
| 17 | Vitamin D deficiency (E55) | once a year | Once a year orthopedic surgeon | Biochemical blood test for calcium and phosphorus | twice a year | for three years |
| Radiography of the wrist joint | according to indications (once a year) |
| Diseases of the genitourinary system | | | | | | |
| 18 | Female genital prolapse (N81) | once a year | once a year obstetrician-gynecologist | Oncocytology smear | once a year | until complete recovery |
| Ultrasound of the pelvic organs |
| 19 | Lack of menses, scanty and infrequent menses (N91) | once a year | once a year obstetrician-gynecologist | General blood analysis | once a year | restoration of menstrual function |
| Blood test for hormones by enzyme immunoassay: progesterone, follicle-stimulating hormone (FSH), luteinizing hormone (LH), testosterone, thyroid-stimulating hormone (TSH), free T3, antibodies to thyroid peroxidase in serum |
| Ultrasound of the pelvic organs (transvaginal) |
| 20 | Other abnormal bleeding from the uterus and vagina (N93) | once a year | once a year obstetrician-gynecologist | Blood test for hormones by enzyme immunoassay: progesterone, follicle-stimulating hormone (FSH), luteinizing hormone (LH), testosterone, thyroid-stimulating hormone (TSH), free T3, antibodies to thyroid peroxidase in serum by enzyme-linked immunosorbent assay | once a year | restoration of menstrual function |
| Ultrasound of the pelvic organs (transvaginal) |
| Coagulogram: PT, fibrinogen, APTT, INR |
| Hysteroscopy |
| 21 | Female infertility (N97) | once a year | once a year obstetrician-gynecologist | Oncocytology smear; cleanliness smear | once a year | restoration of fertility |
| Ultrasound of the pelvic organs |
| Complete blood count, blood test for hormones by enzyme immunoassay: progesterone; follicle-stimulating hormone (FSH), luteinizing hormone (LH), testosterone, thyroid stimulating hormone (TSH), free T3, antibodies to thyroid peroxidase in serum |
| Diseases of the nervous system | | | | | | |
| 22 | Consequences of inflammatory diseases of the central nervous system (G09) | once every 6 months | Twice a year, a neurologist and an ophthalmologist | Fundus examination | twice a year | observation until complete or partial recovery of functions is achieved |
| MRI of the brain | according to indications (once every 2 years) |
| 23 | Parkinson's disease (G20) | once a year | twice a year neurologist | Electrocardiography | once a year | for life |
| Doppler ultrasonography of cerebral vessels | once a year |
| MRI of the brain | according to indications (once every 2 years) |
| 24 | Other degenerative diseases of the basal ganglia (G23) | once a year | twice a year neurologist | Electrocardiography | once a year | for life |
| Doppler ultrasonography of cerebral vessels | once a year |
| MRI of the brain | according to indications (once every 2 years) |
| 25 | Migraine (G43) | once a year | twice a year neurologist | Echocardiography | once a year | observation until full or partial recovery of functions: improving the quality of life |
| Echoencephalography | according to indications (once a year) |
| X-ray of the sinuses | according to indications (once a year) |
| Ultrasound of the brain in children under 1 year of age | according to indications (once a year) |
| Electroencephalography, video monitoring, USDG of brachiocephalic vessels | according to indications (once a year) |
| 26 | Lesions of the trigeminal nerve (G50) | once a year | once a year neurologist | MRI of the brain | according to indications (once every 2 years) | follow-up for 1 year, subject to regression and / or stabilization of neurological symptoms |
| 27 | Facial nerve disorder (G51) | once a year | once a year neurologist | Electroneuromyography | once a year | follow-up for 1 year, subject to regression and / or stabilization of neurological symptoms |
| 28 | Other cranial nerve disorders (G52) | once a year | once a year neurologist | Electroneuromyography | once a year | follow-up for 1 year, subject to regression and / or stabilization of neurological symptoms |
| MRI of the brain | according to indications (once every 2 years) |
| 29 | Nerve root and plexus disorders (G54) | once a year | once a year neurologist | Electroneuromyography | once a year | follow-up for 1 year, subject to regression and / or stabilization of neurological symptoms |
| MRI of the brain | Once every 2 years |
| 30 | Myasthenia gravis and other neuromuscular synapse disorders (G70.0-G70.9) | twice a year | twice a year neurologist | Electroneuromyography | twice a year | for life |
| CT scan of the chest, MRI of the mediastinal organs | according to indications (once a year) |
| 31 | Other diseases of the spinal cord (G95) | once a year | twice a year neurologist | Electrocardiography, blood electrolytes | twice a year | for life |
| Electroneuromyography | once a year |
| MRI of the cervicothoracic spine | according to indications (once every 2 years) |
| Eye diseases | | | | | | |
| 32 | Iridocyclitis (H20) | once a year | once a year ophthalmologist | Skioscopy | once a year | relief of the inflammatory process |
| Tonometry | once a year |
| Biomicroscopy | once a year |
| 33 | Chorioretinal dystrophies (after laser surgery) (H32) | once a year | once a year ophthalmologist | Visometry | once a year | for life |
| Perimetry, ophthalmoscopy, eye biomicroscopy | once a year |
| 34 | Retinal detachment and tears (H33) | once a year | once a year ophthalmologist | Visometry | once a year | for life |
| Perimetry, ophthalmoscopy, eye biomicroscopy | once a year |
| OST, cycloscopy | once a year |
| Eyeball ultrasound | according to indications (once every 2 years) |
| once a year neurologist | USDG of the brachiocephalic trunk | according to indications (once every 2 years) |
| 35 | Retinal vascular occlusion (H34) | once a year | once a year ophthalmologist | Visometry | once a year | for life |
| Perimetry, ophthalmoscopy, eye biomicroscopy | once a year |
| once a year neurologist | OST, cycloscopy | once a year |
| USDG of the brachiocephalic trunk | according to indications (once every 2 years) |
| 36 | Other diseases of the retina (H35) | once a year | once a year ophthalmologist | Visometry | once a year | for life |
| once a year neurologist | Perimetry, ophthalmoscopy, eye biomicroscopy |
| 37 | Diseases of the eyeball (H44) | once a year | once a year ophthalmologist | Visometry | once a year | for life |
| Perimetry | once a year |
| 38 | Glaucoma (H40) | once a year | once a year ophthalmologist | Daily tonometry (non-contact) (1 eye) | once a year | for life |
| Unloading and stress tests for glaucoma (1 eye) |
| Perimetry |
| Keratometry |
| Gonioscopy |
| 39 | Refractive and accommodation disorders (H52) | once a year | once a year ophthalmologist | Refractometry, skiascopy | once a year | improvement of visual acuity |
| Visometry |
| Ophthalmoscopy |
| 40 | Visual disturbance (H53) | once a year | Ophthalmologist twice a year | Refractometry, skiascopy, visometry, ophthalmoscopy | once a year | improvement of visual acuity |
| Diseases of the hearing organs | | | | | | |
| 41 | Suppurative otitis media (H66) | once a year | once a year otorhinolaryngologist | X-ray of the temporal bone pyramid | once a year | relief of the inflammatory process |
| 42 | Other diseases of the middle ear and mastoid (H74) | once a year | once a year otorhinolaryngologist | X-ray of the temporal bone pyramid | once a year | relief of the inflammatory process |
| 43 | Conductive and sensorineural hearing loss (H90) | once a year | once a year otorhinolaryngologist | Tonal threshold audiometry | once a year | for life |
| Diseases of the circulatory system | | | | | | |
| 44 | Cardiomyopathy (I42) | once every 6 months | twice a yearcardiologist | Complete blood count, general urine analysis | once a year | for life |
| Electrocardiographic examination (in 12 leads) | twice a year |
| Echocardiography | once a year |
| Biochemical blood test: total serum cholesterol, high density lipoproteins, low density lipoproteins, TAG, potassium | once a year |
| Coagulogram: determination of prothrombin time (PT) followed by calculation of prothrombin index (PTI) and international normalized ratio (INR) in blood plasma by manual method (PT-PTI-INR) | once a year |
| 45  ... | Atrioventricular (atrioventricular) block and left bundle branch block (I44) | once every 6 months | twice a yearcardiologist | General blood analysis | once a year | until complete recovery and no relapse within 5 years |
| Electrocardiographic examination (in 12 leads) | twice a year |
| Echocardiography | once a year |
| Biochemical blood test: low density lipoproteins, potassium | once a year |
| 46 | Atrioventricular (atrioventricular) block and right bundle branch block (I45) | once every 6 months | twice a yearcardiologist | Determination of sodium (Na) in serum | once a year | for life |
| Coagulogram: determination of prothrombin time (PT) followed by calculation of prothrombin index (PTI) and international normalized ratio (INR) in blood plasma by manual method (PT-PTI-INR) | once a year |
| 47 | Hereditary and idiopathic neuropathy (G60) | once a year | once a year neurologist | General blood analysis; general urine analysis; coagulogram; prothrombin index, INR; biochemical blood test: blood glucose, cholesterol, low and high density lipoproteins | once a year | for life |
| once a year cardiologist | Electrocardiography, USDG of cerebral vessels, USDG of brachiocephalic arteries | once a year |
| MRI of the brain | according to indications (once every 2 years) |
| 48 | Capillary diseases (I78) | once a year | once a year hematologist, rheumatologist, angiosurgeon (if indicated) | General blood analysis | once a year | until complete recovery and no relapse within 5 years |
| General urine analysis | once a year |
| Biochemical blood test: total and direct bilirubin | once a year |
| 49 | Atherosclerosis (I70) | once a year | once a year surgeon, angiosurgeon, cardiologist | Blood chemistry; cholesterol, HDL, LDL, TAG, glucose | once a year | for life |
| Doppler ultrasonography of the arteries of the upper and lower extremities |
| Doppler ultrasound of the branches of the aortic arch |
| 50 | Aneurysm and aortic dissection (I71) | twice a year | Angiosurgeon 2 times a year | USDG of the abdominal aorta and its branches | once a year | for life |
| CT with contrast enhancement of the aorta | according to indications (once every 2 years) |
| 51 | Other peripheral vascular diseases (I73) | once a year | once a year surgeon, angiosurgeon | Determination of rheumatoid factor in blood serum quantitatively on the analyzer | once a year | follow-up for 3 years in the absence of signs of disease progression |
| Doppler ultrasonography of the arteries of the upper and lower extremities | once a year |
| 52 | Other disorders of arteries and arterioles (I77) | once a year | once a year surgeon, angiosurgeon | General blood analysis | once a year | observation for 1 year in the absence of signs of disease progression |
| Doppler ultrasonography of the arteries of the upper and lower extremities |
| 53 | Phlebitis and thrombophlebitis (I80) Postphlebitic syndrome (I87) Varicose veins of the lower extremities (I83) | once a year | once a year surgeon, angiosurgeon | Doppler ultrasonography of the veins of the lower extremities | once a year | follow-up for 2 years in the absence of signs of disease progression |
| Respiratory diseases | | | | | | |
| 54 | Emphysema of lung (J43.9) | once a year | once a year surgeon, pulmonologist | Chest x-ray, spirometry | twice a year | for life |
| CT scan of the chest | once a year |
| Diseases of the digestive system | | | | | | |
| 55 | Gingivitis and periodontal disease (K05) | once a year | once a year dentist | General blood analysis | once a year | observation for 1 year |
| Jaw X-ray (2 projections) |
| 56 | Other diseases of the esophagus (K22) | once a year | once a year gastroenterologist | Videoesophagogastroduodenoscopy | once a year | observation until stable remission is achieved |
| 57 | Hernia of the anterior abdominal wall (K40-43.9):  Inguinal hernia (K40) Femoral hernia (K41) Umbilical hernia (K42) Incisional ventral hernia (K43.9) | once a year | twice a year  surgeon | Ultrasound of the anterior abdominal wall, spirography | twice a year | observation until the hernia is removed |
| 58 | Diverticular bowel disease (K57) | once a year | twice a year  surgeon | Videoesophagogastroduodenoscopy, abdominal ultrasound | twice a year | for life |
| 59 | Fissure and fistula of anal and rectal region (K60) | once a year | twice a year  surgeon | Rectomanoscopy | twice a year | observation if the crack does not go away for more than two months surgical treatment is indicated |
| 60 | Cholelithiasis (K80) Chronic cholecystitis (K81) | once a year | once a year gastroenterologist, surgeon | Biochemical blood test: total and direct bilirubin | once a year | observation until removal of the bile PMD lesion, achieving stable remission |
| Ultrasound of the abdominal organs | once a year |
| Diseases of the skin, subcutaneous tissue | | | | | | |
| 61 | Atopic dermatitis (L20) | once a year | once a year dermatologist | General urine analysis | once a year | follow-up for 5 years with complete recovery and no relapse |
| Biochemical blood test: total and direct bilirubin, glucose | once a year |
| 62 | Psoriasis (L40) | once a year | once a year dermatologist | General blood analysis | twice a year | follow-up for 5 years with complete recovery and no relapse |
| General urine analysis | twice a year |
| Biochemical blood test: determination of alanine aminotransferase (ALaT), aspartate aminotransferase (ASaT), total and direct bilirubin, glucose | once a year |
| 63 | Erythema multiforme (L51) | once a year | once a year dermatologist | General blood analysis | once a year | follow-up for 5 years with complete recovery and no relapse |
| General urine analysis | once a year |
| Biochemical blood test: total and direct bilirubin, glucose | once a year |
| 64 | Granulomatous changes of skin and subcutaneous tissue (L92) | once a year | once a year dermatologist | General blood analysis | twice a year | follow-up for 5 years with complete recovery and no relapse |
| General urine analysis | twice a year |
| Biochemical blood test: aspartate aminotransferase, total bilirubin and its fractions, glucose | once a year |
| 65 | Lupus erythematosus (L93) | once a year | once a year dermatologist | General blood analysis | once a year | for life |
| General urine analysis | once a year |
| Determination of glucose in urine (quantitative) | once a year |
| 66 | Other diseases of the skin and subcutaneous tissue, not elsewhere classified (L98) | once a year | once a year dermatologist | Biochemical blood test: total bilirubin and its fractions, glucose | once a year | for life |
| 67 | Optional and obligate skin precancers; cutaneous horn, cysts, radiation dermatitis, xeroderma pigmentosa, Paget's disease, Bowen's disease, (L85.8, L72.9, L58, Q82.1, M88, L90, L91) | once a year | once a year dermatologist | General blood analysis | once a year | follow-up for 5 years with complete recovery and no relapse |
| Diseases of the musculoskeletal system | | | | | | |
| 68 | Arthrosis (M15-M19) | once a year | Traumatologist-orthopedist twice a year | Determination of antistreptolysin "O" in blood serum quantitatively on the analyzer | once a year | reduction of pain syndrome, signs of inflammation |
| Determination of rheumatoid factor in blood serum quantitatively on the analyzer | once a year |
| X-ray of the hip joints | once a year |
| X-ray of the knee joints | once a year |
| 69 | The consequences of trauma - contracture, ankylosis in a vicious position, osteomyelitis in adults (M21) | once a year | once a year traumatologist-orthopedist | X-ray of the affected segment | once a year | improvement of functional range of motion in joints |
| Determination of rheumatoid factor in blood serum quantitatively on the analyzer | once a year |
| 70 | Osteopathy and chondropathy (M80-M94) | once a year | Traumatologist-orthopedist twice a year | General blood analysis | Twice per year | observation for 3 years in the absence of exacerbation |
| Determination of total blood protein | once a year |
| Radiography of one segment |
| Fistulography |
| Lesions in the perinatal period | | | | | | |
| 71 | Subdural hemorrhage due to birth injury (P10.0) | twice a year | twice a yearneurologist | Electroencephalography | Twice a year | observation until complete or partial recovery of functions is achieved |
| 72 | Birth injury to the peripheral nervous system (P14) | twice a year | twice a yearneurologist | Complete blood count, general urine analysis, electroencephalography | Twice a year | observation until complete or partial recovery of functions is achieved |
| Congenital anomalies (malformations) of the eye, ear, face and neck | | | | | | |
| 73 | Microcephaly (Q2) | once a year | twice a yearneurologist | Electroencephalography, ophthalmoscopy | twice a year | observation until complete or partial recovery of functions is achieved |
| Skull X-ray | once a year |
| 74 | Anophthalmos, microphthalmos and macrophthalmos, congenital, after removal of eyes for other ophthalmic pathology, (Q11) | once a year | once a year ophthalmologist | Visometry | once a year | for life |
| Ophthalmoscopy |
| Biomicroscopy |
| Perimetry |
| 75 | Congenital ear defects causing hearing impairment (Q16) | once a year | once a year otorhinolaryngologist | Tonal threshold audiometry | once a year | for life |
| 76 | Congenital cleft palate and lip (Q35-Q37) | from birth to 6 months monthly, from 6 months to 6 years 1 time in two months and according to indications | once a year surgeon (maxillofacial surgeon) | Complete blood count, determination of total protein | once a year | deregistration after restoration of the anatomical integrity of tissues |
| 77 | Congenital malformations and deformities of the musculoskeletal system (Q65-Q79) | once a year | once a year traumatologist-orthopedist | Determination of rheumatoid factor in blood serum quantitatively on the analyzer | once a year | restoration of functional range of motion in the joint |
| Radiography of one segment |
| Trauma | | | | | | |
| 78 | Head injury (S06) | twice a year | twice a yearneurologist | General blood test, general urine analysis, determination of blood glucose, total cholesterol | once a year | observation until complete or partial recovery of functions is achieved |
| Doppler ultrasonography of cerebral vessels | once a year |
| MRI of the brain | according to indications (once every 2 years) |
| 79 | Injury of the abdomen, lower back, lumbar spine and pelvis (S30-S39) | once a year | once a year traumatologist-orthopedist | Control radiographs of the affected segment | at 6, 12 and 36 weeks after surgery | observation until complete or partial recovery of functions is achieved |
| CT scan of the spine | according to indications (once every 3 years) |
| Condition after organ and tissue transplantation | | | | | | |
| 80 | Transplanted organs and tissues (Z94) | 1 time per month | Specialist in indications | Complete blood count, general urine analysis | 1 time per month | for life |
| Tacrolimus / CsA level | Once a month (up to 12 months) |
| Additional laboratory and instrumental research methods according to clinical diagnostic and treatment protocols | |

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|  | Appendix 2 to the order |

**List of some orders of the Ministry of Healthcare of the Republic of Kazakhstan that have become invalid**

      1) order of the Minister of Health of the Republic of Kazakhstan dated March 30, 2019 No. RK MH-16 "On approval of the Rules for dynamic observation of patients with chronic diseases" (registered in the Register of State Registration of Normative Legal Acts on April 8, 2019 under No. 18474, published on April 16, 2019 in the Reference Control Bank of regulatory legal acts of the Republic of Kazakhstan in electronic form);

      2) order of the Minister of Health of the Republic of Kazakhstan dated October 17, 2019 No. RK MH-136 "On approval of the list of chronic diseases, in which dynamic observation of patients is carried out, the list of socially significant diseases for which medical and social assistance is provided, the list of diagnostic services, including number of laboratory diagnostics, a list of infectious diseases and diseases that pose a danger to others, a list of diseases that are not subject to dynamic monitoring within the guaranteed volume of free medical care, a list of certain categories of the population subject to emergency and planned dental care, a list of diseases (conditions) subject to medical rehabilitation and restorative treatment in the direction of a specialist in primary health care or a medical organization "(registered in the Register of State Registration of Normative Legal Acts on October 18, 2019 under No. 19484,published on October 18, 2019 year in the Reference Control Bank of regulatory legal acts of the Republic of Kazakhstan in electronic form).

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