



Republic of the Philippines
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PHILHEALTH CIRCULAR

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TO HT : ACCREDITED TB-DOTS CENTERS, CLAIMS
PROCESSING DEPARTMENTS-NATIONAL CAPITAL
REGION AND PHILHEALTH REGIONAL OFFICES
AND ALL OTHERS CONCERNED

SUBJECT : ADDITIONAL GUIDELINES FOR PROCESSING OF
ANTI-TUBERCULOSIS (DOTS) PACKAGE CLAIM
APPLICATIONS

With reference to Circular No. 19 series of 2003 regarding PhilHealth's **Outpatient Anti-Tuberculosis or Directly Observed Treatment Shortcourse (DOTS) Benefit Package**, the following are additional guidelines to facilitate processing of claims applications:

The following documents must be submitted to the Receiving Section of PhilHealth within sixty (60) days upon completion of each treatment phase:

- PhilHealth Claim Form 1
- PhilHealth Claim Form 5
- Copy of National Tuberculosis Control Program (NTP) Treatment Card
- Supporting documents (*as required for eligibility checking*)

Please take note that the evaluation criteria for eligibility to DOTS Package is based on Circular No. 19 and the Manual of Procedures of the National Tuberculosis Control Program (NTP). Below are important points to be considered in filing the claim:

1. This package is intended only for **new cases** of pulmonary and extrapulmonary TB in children and adults.
2. Examination of three (3) sputum specimen is mandatory to all adult patients prior to enrollment to DOTS.
3. Together with all other documents enumerated in item No.1, claims for smear-negative TB adult patients shall present a copy of the Diagnostics Committee's recommendation to enroll patients to DOTS.
4. The 4,000 pesos benefit shall cover only diagnostic work-up, consultation services and drugs provided on or after enrollment to DOTS. The patient shall shoulder costs for direct sputum smear examination, consultation services and other incidental expenses incurred prior to start of treatment.
5. Date of enrollment to DOTS is the date when the first dose of medication was actually taken by the patient.

6. In order to monitor adult patients' response to DOTS, sputum smear follow-up examination must be performed based on the schedule specified on Table 5a of the Manual of Procedures of the NTP (*see attached*).
7. Claims for patients who were unable to produce good sputum specimen for follow-up smear examination shall also be paid. In such cases, the circumstance (*Unable to Produce Sputum*) must be noted in the portion of NTP Treatment Form allotted for the Sputum Examination Results.
8. If the NTP Form shows incomplete provision of TB medications, claims shall still be processed, provided that, patient's management was in conformity with the NTP guidelines as described on Table 9a of the MOP and not part of the exclusion criteria listed under PhilHealth Circular No. 19 series of 2003.
9. Claims for completed DOTS package shall be paid regardless of treatment outcome. However, claims for patients who defaulted DOTS shall be denied.
10. Claims for transfer-out patients shall also be paid, provided that, patient was properly referred to a PhilHealth-accredited facility and was transferred with referral slip. In such cases, the referring facility shall be responsible for filing the claim together with properly filled-out NTP Referral/Transfer Form. Claims filed by receiving DOTS clinics for transfer-in patients shall be denied.
11. PhilHealth DOTS benefit is one (1) package payable in two (2) installments. Reckoning date for a patient's contribution eligibility shall be the date of enrollment or registration to DOTS. Claims for patients who only satisfied the contribution eligibility during the progress of DOTS shall be denied.
12. ICD-10 coding shall be based on the diagnosis written on PhilHealth Form 5 and the submitted NTP Treatment Form. Claims without or incorrect ICD-10 codes shall be returned to the facility for compliance to correct ICD-10 coding.
13. Incomplete NTP Form and/or PhilHealth Claim Form 5 shall be returned to the DOTS facility for completion.
14. Claims with discrepancies in the NTP Form and PhilHealth Claim Form 5 shall be returned to the DOTS facility to reconcile such inconsistencies in the information.

Please be guided accordingly.



FRANCISCO T. DUQUE III, MD, MSc
President and CEO

Table 5a. SCHEDULE OF SPUTUM SMEAR FOLLOW-UP EXAMINATION (Category I)

Schedule of Sputum Smear Follow-up Examination	Category I (2HRZE/4HR)	
	Regular Treatment	With One Month of Extension (HRZE)
Towards the end of the 2nd month	YES	
Towards the end of the 3rd month		YES
Towards the end of the 4th month	YES	
Towards the end of the 5th month		YES
<u>In the beginning</u> of the 6th month	YES (*1)	
<u>In the beginning</u> of the 7th month		YES (*1)

*1 Check the follow-up sputum smear examination at the end of the treatment (during the last week of treatment) for the patient who has smear positive in the last follow-up smear examination and shows smear negative in the repeated smear examination.

Table 9a. Treatment Modifications for New Smear-Positive Cases Who Interrupted Treatment

Length of treatment	Length of interruption	Do a smear?	Result of Smear	Register again?	Treatment modification
Less than one month	Less than 2 weeks	No		No, use the same treatment card	Continue Regimen - I
	2 weeks or more	Yes	Positive	No, open a new treatment card	Start again on Regimen-I
			Negative	No, use the same treatment card.	Continue Regimen - I
One to two months	Less than 2 weeks	No		No, use the same treatment card	Continue Regimen - I
	2 to 8 weeks	Yes	Positive	No, use the same treatment card	Complete the remaining intensive Phase, add one extra month of Intensive Phase.
			Negative	No, use the same treatment card	Continue Regimen - I
	More than 8 weeks	Yes	Positive	Close the previous registration as "Defaulter", then re-register as "RAD", open a new treatment card.	Start on Regimen - II
			Negative	Close the previous registration as "Defaulter", then re-register as "Other", but use the same treatment card.	Continue Regimen - I
	More than two months	Less than 2 weeks	No		No, use the same treatment card
2 to 8 weeks		Yes	Positive	Close the previous registration as "Defaulter" (*1), then re-register as "RAD", open a new treatment card.	Start on Regimen - II
			Negative	No, use the same treatment card.	Continue Regimen - I
More than 8 weeks		Yes	Positive	Close the previous registration as "Defaulter", then re-register as "RAD", open a new treatment card.	Start on Regimen - II
			Negative	Close the previous registration as "Defaulter", then re-register as "Other", but use the same treatment card.	Continue Regimen - I

*1 This is the exceptional case to define as "Defaulter" for a patient who interrupted treatment of less than eight weeks.