

Clarification on the Implementation of the Acute Stroke Benefits Package

To avoid Return-to-Hospital (RTH) tags or denial of claims, and to facilitate the proper evaluation and payment of benefits under the Acute Stroke Package as outlined in PhilHealth Circular No. 2023-0021, the following clarifications are issued:

A. Neuroimaging Requirements (NIR)

1. All stroke patients, including those who did not undergo thrombolysis, must have at **least one** neuroimaging result (NIR) (e.g., Cranial CT scan or MRI) to support the diagnosis and validate the claim.
2. For patients who receive reperfusion therapy (e.g., IV thrombolysis), **at least two neuroimaging studies** are required: one before and one after thrombolysis. Any combination of CT and MRI is allowed, as long as both are clearly documented.
3. **A negative or normal neuroimaging result does not disqualify a claim for Acute Ischemic Stroke**, as long as the patient was clinically managed as an acute stroke. Adequate documentation must show focal neurological deficits and appropriate stroke treatment consistent with established protocols.
4. For facilities without the capacity to attach NIR (e.g., in geographically isolated and disadvantaged areas or GIDAs), claims shall be reimbursed using the old case rates:
 - 28,000 for Acute Ischemic Stroke (AIS)
 - 38,000 for Acute Hemorrhagic Stroke (AHS)
 These claims will be subject to post-audit review.
5. If the patient has been referred or transferred, a neuroimaging result from the referring facility may be accepted if properly documented and attached to the claim.

B. Discharges Against Medical Advice (DAMA/HAMA)

For patients discharged against medical advice (DAMA or HAMA) admitted for 48 hours or less to be paid following the amount indicated on the SOA, but not to exceed the current published case rates. These claims shall be subject to monitoring and utilization review.

C. Clinical Documentation Requirements

All claims must be accompanied by a complete and detailed Case Summary (CF4), including:

- Date and time of stroke onset
- Neurological examination findings
- Working and final diagnosis
- Imaging results (when available)
- Summary of the hospital course, including management rendered

PhilHealth reiterates that these clarifications are issued to guide accredited healthcare facilities and PROs. Proper compliance will support timely claims processing and consistent stroke care delivery.

For compliance.

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Date signed: July 16, 2025