

## Clarification on PhilHealth Circular 2024-0032: “Benefits Package for Ischemic Heart Disease - Acute Myocardial Infarction”

PhilHealth informs all PhilHealth Regional Offices (PROs), accredited healthcare providers, beneficiaries, and all others concerned that claims for Ischemic Heart Disease-Acute Myocardial Infarction (IHD-AMI) shall follow the policy on claims filing and claims processing and evaluation based on PhilHealth Circular No. 2024-0032, “Benefits Package for Ischemic Heart Disease-Acute Myocardial Infarction”.

All patients with AMI, defined as the “presence of acute myocardial injury detected by abnormal cardiac biomarkers in the setting of evidence of acute myocardial ischemia” including those with STEMI or Non-STEMI, are qualified to avail of this benefit package. A non-specific or non-diagnostic ECG should not disqualify a patient from availing of the benefit package.

PhilHealth-accredited Health Facilities (HFs) without the service capability of providing Percutaneous Coronary Intervention (PCI) or fibrinolysis should coordinate and refer patients to hospitals that are capable of providing these services. The referring HF can claim the package for “Emergency Medical Services with Coordinated Referral and Interfacility Transfer (IHD-AMI-C)”. If the HF does not plan on providing PCI or fibrinolysis, they should still refer patients for cardiac rehabilitation as part of their medical management.

Cardiac rehabilitation sessions may start while the patient is admitted and continued as an outpatient, and completed a minimum of six (6) sessions provided on different dates. Cardiac rehabilitation is provided by a cardiac rehabilitation specialist who is credentialed and privileged by the accredited health facility.

In HFs and areas where there is no cardiac rehabilitation specialist, the care could be provided by a cardiologist in collaboration with a physiatrist. Establishment of cardiac rehabilitation units with a cardiac rehabilitation specialist is highly recommended, but while these units are still being established, it should not limit the provision of cardiac rehabilitation services to IHD-AMI patients.

In improving patient outcomes through ensuring access to early revascularization services, timely referral, and cardiac rehabilitation services, PhilHealth does not require 24-hour admission for the reimbursement of claims for IHD-AMI.

As such, all accredited HFs are highly encouraged to forge networks to increase access and address service gaps.

Further, in consideration of HFs without the service capability of providing quality services to IHD-AMI patients, referral to the same level of HF for accessing early revascularization and cardiac rehabilitation services is also acceptable. Referrals do not automatically mean transferring patients to higher-level HFs.

For further inquiries, please contact the PhilHealth Corporate Action Center Hotline at (02) 8662-2588 or email [actioncenter@philhealth.gov.ph](mailto:actioncenter@philhealth.gov.ph).

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