



**PHILHEALTH CIRCULAR**  
 No. 14, s-2006

**TO : ALL CONCERNED**

**SUBJECT : Amendment to PhilHealth Circular No. 26 of 2003: PhilHealth Coverage of Avian Influenza and Influenza Pandemic**

Pursuant to PhilHealth Board Resolution No. 880, s-2006, PhilHealth benefit for Severe Acute Respiratory Syndrome (SARS) is expanded to include coverage of avian influenza and influenza pandemic. The following rules apply to all claims for SARS, avian influenza and influenza pandemic:

**I. Coverage**

**A. Avian Influenza/Influenza Pandemic**

- Avian Influenza (AI) or "bird flu" is a contagious disease normally infecting animals that may cause serious illness when transmitted to humans. Influenza pandemic (IP) occurs when a new influenza A virus appears in the human population and then spreads easily from person to person worldwide.
- This benefit covers only avian influenza or influenza pandemic caused by subtypes of avian influenza A virus recognized by the Department of Health (DOH) as risks to human health and capable of creating influenza pandemic. This includes:
  - Avian influenza A virus H5N1; or
  - New subtypes of Avian influenza A virus that have never circulated among humans; &
  - Other subtypes of Avian influenza A virus that have not circulated among humans for a long time.
- Excluded from this benefit are the following:
  - Influenza-like illnesses (ILI) and;
  - Other seasonal outbreaks of influenza caused by established flu viruses (e.g., H1N1, H1N2 and H3N2) that occur widely in humans.

These cases of influenza are covered by the regular hospitalization benefits of PhilHealth.

**B. Systematic Acute Respiratory Syndrome**

- Severe Acute Respiratory Syndrome (SARS) is a respiratory viral infection caused by a coronavirus - SARS CoV.
- This benefit covers only probable and confirmed cases of SARS identified by DOH.
- Patients classified only as SARS suspect cases are not covered by this benefit. Moreover, cases of acute respiratory illness where an alternative diagnosis can fully explain the illness are excluded from this benefit.

**II. Benefit**

- This benefit may be availed of by qualified PhilHealth members (including Overseas Workers Program) and dependents identified by DOH as cases of SARS or avian influenza/pandemic influenza. For confinements abroad, it must be certified by the attending physician.
- Except for confinements abroad, patients availing this benefit must be admitted in a DOH-designated SARS or AI/IP hospital.
- Hospitalization benefits for members and dependents admitted in a DOH-designated SARS or AI/IP hospital is set at 50,000 pesos per case.
- Hospitalization benefits for health care workers (HCW's) in DOH-designated SARS or AI/IP hospitals is set at P100,000 pesos per case provided that:
  - HCW contracted the disease while caring for a SARS or AI/IP patient (person-to-person transmission)
  - HCW renders service in a DOH-designated hospital for SARS or AI/IP
  - DOH attests that the HCW contracted the disease while performing his official duties in a DOH-designated hospital for SARS or AI/IP
  - HCW is a qualified member of the National Health Insurance Program
- The SARS or Avian Influenza/Influenza Pandemic Benefit covers payment for the following:
  - Room and board
  - Drugs and medicines
  - Radiographic services and laboratory examinations
  - Supplies
  - Transfer services from referring hospital to DOH-designated hospital
  - Use of the operating room complex
  - Professional fees
  - Other medically necessary care

6. Professional fees are incorporated in the benefit. Computation is based on the table below and total doctors' PF is subtracted from the total benefit package.

SERVICE	PROFESSIONAL FEE	MAXIMUM BENEFIT
Medical management:		
a. General Practitioner	150 pesos/day	900 pesos
b. Specialist	250 pesos/day	2,500 pesos
Surgical management:		
a. Surgeon	40 pesos/RVU	16,000 pesos
b. Anesthesiologist	30% surgeon's fee	5,000 pesos

**Example:**

	BENEFIT
Case Rate	<b>50,000 pesos</b>
a. Professional Fee	2,500 pesos - pay to doctor
b. Hospital Charges	47,500 pesos - pay to hospital

7. The rule on single period of confinement and 45-day allowance per year applies.

**III. Claims Filing**

- The following are required for claims processing:
  - PhilHealth Form 1 - duly accomplished by member and employer (if employed)
  - PhilHealth Form 2 - duly accomplished by hospital representative
  - List of DOH designated SARS or AI/IP hospitals as proof facility designation
  - Certification from DOH for HCW patients
  - Certification from attending physician for confinement abroad
  - Other supporting documents as required by PhilHealth Circular No. 18 series of 2003
- Itemization of Parts III and IV of Claims Form 2 is not required provided that item 12 in Part I is duly accomplished (declaration of actual charges).
- PhilHealth benefit for SARS, avian influenza, and influenza pandemic shall be paid directly to DOH-designated hospitals and accredited doctors.
- All claims applications shall be filed within 60 days from date of discharge of patient.
- In cases where members are required by hospitals to buy drugs, medicines and supplies or requested to seek out other necessary services (laboratory procedures) from other facilities, reimbursement to members is allowed, provided that:
  - Hospital cannot provide the necessary items and services covered by the benefit.
  - These items and services are used during confinement.
  - Official receipts and/or other documents of purchases are submitted.
  - The reimbursements to members depend on the actual cost of the receipts submitted but not more than the difference between the maximum benefit and the hospital reimbursement.
  - The hospital acknowledges that the cost of benefits and services it provided is less than the maximum benefit by appropriately filling-up item 12 of Part 1 of Form 2.

**Example:**

	BENEFIT
Case Rate	<b>50,000 pesos</b>
a. Professional Fee	2,500 pesos - pay to doctor
b. Hospital Charges	42,500 pesos - pay to hospital
c. Official receipts - total 12,000 pesos	5,000 pesos - pay to member

6. Benefit payment shall not exceed the maximum benefit, or the actual charges/benefit deducted from the patient whichever is the lowest.

**IV. Eligibility Requirements**

- Current eligibility rules apply for the avilment of this benefit.
- Employed and IPP members should have at least three (3) months of contributions within the immediate six (6) months prior to the month of admission.
- Sponsored members may avail of this benefit within the validity period stated in their PhilHealth Membership Identification Card or Certificate of Eligibility (Form CE1) as per PhilHealth Circular No. 3 s.2005.
- OWP members or their dependents may avail of this benefit within the validity period stated in their Medicare Eligibility Certificate (MEC), PhilHealth Certificate of Eligibility (PCE) or enhanced Member's Data Record (MDR).

**C. Effectivity**

This Circular shall take effect for all claims with discharge dates starting June 1, 2006.

All other rules and guidelines not contrary to this circular shall remain in full force and effect.

**(Sgd.) LORNA O. FAJARDO, CESO III**  
 Acting President and CEO

Date Signed: April 18, 2006