



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Healthline 637-9999 www.philhealth.gov.ph



PHILHEALTH CIRCULAR

No. 23 ,s-2006

TO : ALL CONCERNED

SUBJECT : Expanded Coverage of PhilHealth Normal Spontaneous Delivery Package in PhilHealth Accredited Hospitals and Maternity Care Package in PhilHealth Accredited Non-Hospital Facilities (Lying-In Clinics)

Please be guided by the following amendments as provided by PhilHealth Board Resolution number 923 series of 2006:

A. Inclusion

- Starting 1 October 2006, PhilHealth will reimburse uncomplicated deliveries of the first three (3) births.
- This amendment applies only to normal spontaneous delivery (NSD) package in hospitals and maternity care package in lying-in clinics.
- A case rate of P4,500 shall be paid to accredited providers of the NSD and maternity care package. For hospitals, payment for health professionals is set at 2,000 pesos while 2,500 pesos is for the facilities. In non-hospital facilities, first payment of 3,650 pesos is paid after delivery and a second payment worth 850 pesos is paid after post-natal consultation and family planning services.
- Normal birth is characterized by spontaneous onset of labor; low risk at the start of labor, throughout labor, and delivery; infant in vertex position; and 37-42 weeks of completed pregnancy.
- For lying-in clinics, additional requirements for coverage includes the following:
 - First prenatal visit of patient must not exceed the four (4) months age of gestation (or 16 weeks age of gestation)

B. Exclusion

- NSD of the 4th and subsequent births are not covered by PhilHealth.

Example 1:

Pregnancy	Outcome	Lying-in Clinics	Hospitals
1st	normal delivery	Covered (Package)	Covered (Package)
2nd	normal delivery	Covered (Package)	Covered (Package)
3rd	normal delivery	Covered (Package)	Covered (Package)
4th	<u>normal delivery</u>	Not covered	Not covered

- It is reiterated that the following conditions remain to be excluded in PhilHealth accredited non-hospital facilities:

- maternal age under 19 years old
- first pregnancy of patients aged 35 years and older
- multiple pregnancy
- ovarian abnormality (ovarian cyst)
- uterine abnormality (myoma uteri)
- placental abnormality (placenta previa)
- abnormal fetal presentations (breech)
- history of three (3) or more miscarriages/abortion
- history of one (1) stillbirth
- history of major obstetric and/or gynecologic operation (cesarean section, uterine myomectomy)
- history of medical conditions (e.g., hypertension, pre-eclampsia, eclampsia, heart disease, diabetes, thyroid disorder, morbid obesity, moderate to severe asthma, epilepsy, renal disease, bleeding disorders)
- other risk factors that may arise during present pregnancy (e.g., premature contractions, vaginal bleeding) that warrants a referral for further management

Example 2:

Pregnancy	Outcome	Lying-in Clinics	Hospitals
1st	cesarean delivery	Not covered	Covered (RVS 59514)
2nd	normal delivery	Not covered	Covered as VBAC (RVS 59612)
3rd	normal delivery	Not covered	Covered (Package)
4th	<u>normal delivery</u>	Not covered	Not covered

Example 3:

Pregnancy	Outcome	Lying-in Clinics	Hospitals
1st	breech delivery	Not covered	Covered (RVS 59411/59514)
2nd	normal delivery	Covered (Package)	Covered (Package)
3rd	normal delivery	Covered (Package)	Covered (Package)
4th	<u>normal delivery</u>	Not covered	Not covered

Example 4:

Pregnancy	Outcome	Lying-in Clinics	Hospitals
1st	preterm delivery	Not covered	Covered (RVS 59409)
2nd	normal delivery	Covered (Package)	Covered (Package)
3rd	normal delivery	Covered (Package)	Covered (Package)
4th	<u>normal delivery</u>	Not covered	Not covered

Example 5:

Pregnancy	Outcome	Lying-in Clinics	Hospitals
1st	stillbirth	Not covered	Covered (RVS 59409)
2nd	normal delivery	Not covered	Covered (Package)
3rd	normal delivery	Not covered	Covered (Package)
4th	<u>normal delivery</u>	Not covered	Not covered

- Pregnancies resulting to abortions are not covered by the limitation of coverage of vaginal deliveries of the first three births. The code and Relative Value Unit (RVU) for the completion of incomplete abortion in the Relative Value Scale (RVS) is as follows:

CODE	DESCRIPTIVE TERMS	RVU
59812	Treatment of incomplete abortion, any trimester, completed surgically	40

Example 6:

Pregnancy	Outcome	Lying-in Clinics	Hospitals
1st	normal delivery 1st	Covered (Package)	Covered (Package)
2nd	abortion	Not covered	Covered (RVS 59812)
3rd	normal delivery 2nd	Covered (Package)	Covered (Package)
4th	normal delivery 3rd	Covered (Package)	Covered (Package)
5th	normal delivery 4th	Not covered	Not covered

Example 7:

Pregnancy	Outcome	Lying-in Clinics	Hospitals
1st	abortion	Not covered	Covered (RVS 59812)
2nd	abortion	Not covered	Covered (RVS 59812)
3rd	abortion	Not covered	Covered (RVS 59812)
4th	normal delivery 1st	Not covered	Covered (Package)
5th	normal delivery 2nd	Not covered	Covered (Package)
6th	normal delivery 3rd	Not covered	Covered (Package)
7th	normal delivery 4th	Not covered	Not covered

C. Contribution Requirements

- Individually Paying Program (IPP) members availing the normal spontaneous delivery and maternity care package are required nine (9) months of premium payment within the immediate twelve (12) months prior to delivery.
- However, IPP members enrolled as members of KASAPI organized groups shall only be required three (3) months of contribution within the immediate six (6) months prior to delivery.
- Employed members are required three (3) months of contribution within the immediate six (6) months prior to delivery.
- 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 (MCE), PhilHealth Certificate of Eligibility (PCE) or Enhanced Member's Data Record (MDR).

D. Claims Filing

- PhilHealth Claim Form No. 4, in lieu of Claim Form 2, shall be used by hospitals in filing claims for the NSD package.
- Non-hospital facilities are required to submit PhilHealth Claim Forms 4 and 4A for the 1st claim (prenatal, delivery, newborn care). For the second claim (postnatal care and family planning services), Claim Forms 4 and 4B must be submitted.

This Circular shall take effect for all claims with admission dates starting October 1, 2006. All other issuances inconsistent with this circular are hereby modified or repealed accordingly.

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

Date signed: August 22, 2006