



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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PHILHEALTH CIRCULAR

No. 25, s-2008

Aug

TO : ALL MEMBERS OF THE NATIONAL HEALTH INSURANCE PROGRAM, ACCREDITED HEALTH CARE PROVIDERS AND ALL OTHERS CONCERNED

SUBJECT : Outpatient Malaria Package

In support of the United Nations' Millennium Development Goal to halt or reverse the incidence of malaria and other diseases by 2015, PhilHealth has approved the implementation of an outpatient malaria package through Board Resolution No. 924 s. 2006. This benefit aims to decrease prevalence of malaria by increasing the proportion of the population having access to effective malaria treatment measures.

A. Benefit Package

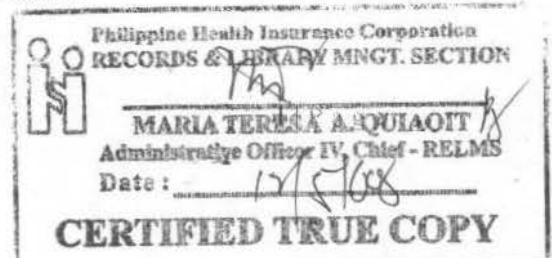
1. The Outpatient Malaria Package shall have a case rate of 600 pesos, subject to the limitations provided therein.
2. This amount shall be paid directly to an accredited provider to cover the services the patient requires: diagnostic malaria smears and other laboratory procedures; drugs and medicines; and consultation services, including patient education and counseling.
3. Under this benefit package, the diagnosis and chemotherapy of malaria shall be in accordance to the Department of Health's *National Policy on Diagnosis and Chemotherapy for Malaria*.
4. Availment of this package shall be charged one (1) day to the annual 45-day benefit limit.
5. In addition, availment of this package is also covered by the *rule on single period of confinement*; meaning, only one (1) benefit shall be paid for the same illness or condition that are not separated by more than 90 days. For this reason, a patient shall only be provided with a new package after 90 days from start of previous availment of the package.

B. Inclusion Criteria

1. PhilHealth shall only pay for services rendered to patients diagnosed with malaria confirmed either through:
 - a. Microscopy - detection of malaria parasites in Giemsa-stained blood smear, or;
 - b. Rapid Diagnostic Test (RDT) in areas with no access to microscopy centers or during outbreaks.
2. The package applies to any species of malaria (*Plasmodium falciparum, vivax, malariae* or *ovale*) and may be availed by all qualified PhilHealth members and dependents in accredited RHUs.

C. Exclusion Criteria

1. The following are considered as exclusions to the Outpatient Malaria Package:
 - a. Diagnosis of malaria with no laboratory confirmation
 - b. Negative malaria smear or RDT
 - c. Re-treatment cases within 90 days from previous availment of the package
 - d. Chemoprophylaxis for persons at risk for developing malaria



c. Severe and complicated malaria cases and all other conditions requiring immediate referral to higher category of care/hospital such as:

- i. Cerebral malaria
- ii. Malaria with rupture of spleen
- iii. Malaria with nephropathy
- iv. Severe anemia
- v. Thrombocytopenia
- vi. Pulmonary edema
- vii. Circulatory collapse or shock
- viii. Pregnant women
- ix. Children under one (1) year of age

2. Treatment for malaria which requires hospitalizations shall be covered under the regular inpatient hospitalization benefit of PhilHealth.

D. Eligibility Rules for Members and Dependents

1. Employed and Individually Paying Program (IPP) members including KASAPI must have paid at least three (3) months of contribution within the immediate six (6) months prior to the month of start of treatment.
2. Sponsored and Overseas Workers Program members are entitled to the package if the start of treatment falls within the validity period of their membership as stated in the ID card/enhanced Member Data Record.
3. Retirees and pensioners shall be entitled to avail of the package upon presentation of PhilHealth ID.

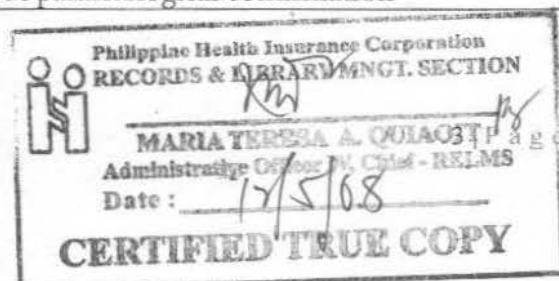
E. Claims Availment and Processing

1. Claims for the Outpatient Malaria Package must be submitted to PhilHealth within 60 days from last day of treatment.
2. Claims with incomplete requirements shall be returned to the facility for completion. The following documents are required for processing of claims:
 - a. Malaria blood smear - Since microscopy is considered as the definitive standard in the diagnosis of malaria, the following must be submitted:
 - i. A photocopy of result of malarial smear done prior to initiation of treatment (Day 1) must be submitted by all facilities with functional microscopy center. However, in areas with no microscopy centers, a result of RDT (signed by RDT-trained health care worker) must be submitted in lieu of the malarial smear.
 - ii. A photocopy of result of follow-up malarial smear done on Day 3 of treatment for all species of Plasmodium.
 - iii. A photocopy of result of follow-up malarial smear done on Day 7 and Day 14 of treatment for Plasmodium vivax and ovale.
 - b. PhilHealth Claim Form 1 – properly accomplished by member and employer.
 - c. PhilHealth Claim Form 2 – properly accomplished by health care providers. Fill in all blanks and write “NA” if the information required is not applicable (see Annex A – Sample Claim Form 2)
 - i. Part I: Items 1 to 14 should be properly filled out. Special attention should be given in the following boxes:
 1. In Item No. 2, write Outpatient Malaria Package or OMP on Accreditation Category.
 2. In Item No 10, write the initial impression of malaria in the space for Admission Diagnosis.
 3. In Item No 11, Date Admitted corresponds to the date of the start of treatment (Day 1) while date discharged corresponds to the date of the last day of treatment (Day 4 for *P. falciparum* and *P. ovale* and Day 14 for *P. vivax* and *P. malariae*). Write “Not Applicable” or “NA” in Time Admitted and Time Discharged. In the space provided for Claimed Number of days, please write Outpatient Department or “OPD”.
 4. In Item No. 12, the vertical space provided for Total indicates the actual charges and the amount of reimbursement requested by the facility. It is important that the actual charges also be written on space provided for Actual Hospital/Ambulatory Charges. Under the column labeled Benefit

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MARIA TERESA A. QUILAUIT	
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Date: <u>March 8</u>	
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- Claim Hospital, "600" should be written to indicate the amount of reimbursement requested by the facility.
5. In Item No. 13, the certification must be properly accomplished by the authorized representative.
- ii. Part II: The physician should accomplish this portion.
1. In Item No. 14, write the complete final diagnosis. The final diagnosis should indicate which species of malaria parasite (*Plasmodium*) was detected in the blood smear.
 2. Claims with incomplete diagnosis shall be returned to the facility for completion.
 3. The ICD-10 code is also written on right portion of Box No. 14.
 4. In Item No. 15, write "Not Applicable" or "NA" in the case type.
 5. Item No. 16 should also be properly filled-out and signed by the physician.
- iii. Parts III, IV and V need not be filled-out.
- d. Member Data Record (MDR)
 - e. Proof of premium payment for individually paying program members
 - f. PhilHealth ID cards for sponsored, pensioners and overseas workers program members
 - g. Other supporting documents required by PhilHealth
3. All claim applications for the Outpatient Malaria Package are also required to indicate ICD-10 codes in Claim Form 2. Claim forms with no ICD-10 codes will not be processed by PhilHealth. The following are the ICD-10 codes for malaria:

Code	Description
	<i>Plasmodium falciparum</i> malaria including mixed infections of <i>P. falciparum</i> with any other <i>Plasmodium</i> species
B50.0	<i>Plasmodium falciparum</i> malaria with cerebral complications; Cerebral malaria, not otherwise specified
B50.8	Other severe and complicated <i>Plasmodium falciparum</i> malaria; severe or complicated <i>Plasmodium falciparum</i> malaria, not otherwise specified
B50.9	<i>Plasmodium falciparum</i> malaria, unspecified
	<i>Plasmodium vivax</i> malaria including mixed infections of <i>P. vivax</i> with other <i>Plasmodium</i> species, except <i>Plasmodium falciparum</i>
B51.0	<i>Plasmodium vivax</i> malaria with rupture of spleen
B51.8	<i>Plasmodium vivax</i> malaria with other complications
B51.9	<i>Plasmodium vivax</i> malaria without complications; <i>Plasmodium vivax</i> malaria, not otherwise specified
	<i>Plasmodium malariae</i> malaria including mixed infections of <i>P. malariae</i> with other <i>Plasmodium</i> species, except <i>Plasmodium falciparum</i> and <i>Plasmodium vivax</i>
B52.0	<i>Plasmodium malariae</i> malaria with nephropathy
B52.8	<i>Plasmodium malariae</i> malaria with other complications
B52.9	<i>Plasmodium malariae</i> malaria without complication; <i>Plasmodium malariae</i> malaria, not otherwise specified
	Other parasitologically confirmed malaria
B53.0	<i>Plasmodium ovale</i> malaria
B53.1	Malaria due to simian plasmödia
B53.8	Other parasitologically confirmed malaria, not elsewhere classified; Parasitologically confirmed malaria, not otherwise specified
	Unspecified malaria
B54.0	Clinically diagnosed malaria without parasitological confirmation



4. To facilitate processing of this package, the following Relative Value Scale (RVS) Code shall be used by PhilHealth in claims evaluation:

Code	Description	RVU
87207	Outpatient Malaria Package	Package

F. Accredited Providers

1. The initial providers for the Outpatient Malaria Package are the accredited facilities for the Outpatient Benefit for the sponsored members i.e., rural health units (RHUs).
2. Although currently accredited RHUs are not required to apply for a separate accreditation as providers of the malaria package; the facility is required to submit a certified true copy of a malaria microscopist's training in the diagnosis of malaria from Department of Health. A malaria microscopist can either be a medical technologist or a microscopist who completed a malaria microscopy training program. The document may be submitted to the Accreditation Department or PhilHealth Regional Offices.
3. In remote areas which make use of RDT in the diagnosis of malaria, certificate of training of RDT-trained health care workers should also be submitted to PhilHealth to facilitate processing of claims with no malaria blood smear.
4. LGU managed RHUs are also required to provide an authorization, ordinance, or Sanggunian Bayan Resolution to create a trust fund for PhilHealth reimbursement to ensure the continuity of care and services for Malaria patients.
 - a. The disposition of PhilHealth payment shall be:
 - i. 80% for the delivery of the required service e.g., drugs, supplies, equipment
 - ii. 20% administrative cost that shall be divided among the health personnel of the rural health units/health centers including Barangay Healthcare Workers
 - b. Disbursement shall be in accordance with pertinent accounting and auditing rules
5. No additional fee shall be imposed on currently accredited facilities for their application as providers of the Outpatient Malaria Package.
6. Accredited RHUs are advised to arrange orientation on claims filing procedures with their respective PhilHealth Regional Office to avoid unnecessary delay or denial of payment of claims.
7. Accredited health care providers are hereby reminded that furnishing false or incorrect information for the purpose of claiming payment from PhilHealth is punishable under the *Revised Implementing Rules and Regulations of R.A. 7875* as amended, and is a violation of the *Warranties of Accreditation*.

This Circular shall take effect for all malaria treatment with treatment dates starting December 1, 2008.

For your information and guidance.

DR. REY B. AQUINO
President and CEO

Date signed: 02 Dec. 08

