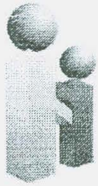


Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Healthline 637-9999 www.philhealth.gov.ph

PHILHEALTH CIRCULAR
No. 39, s-2009

TO : **ALL ACCREDITED HOSPITALS, PROFESSIONAL HEALTH CARE PROVIDERS, MEMBERS OF PHILHEALTH, PHILHEALTH PERSONNEL AND ALL OTHERS CONCERNED**

SUBJECT : **Expanded Normal Spontaneous Delivery (NSD) Package and Maternity Care Package (MCP)**

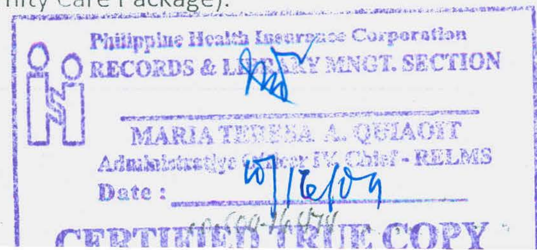
In compliance to PhilHealth Board Resolution No. 1282, series of 2009, payment for claims for Normal Spontaneous Delivery (NSD) package and Maternity Care Package (MCP) shall be increased to 6,500 pesos in all accredited providers.

A. NORMAL SPONTANEOUS DELIVERY (NSD) PACKAGE

1. This 6,500 peso payment shall be applicable to normal deliveries of the first four births in all accredited hospitals. This amount shall be divided into:
   a. **2,500 pesos facility fee component** - to cover hospital charges for: room and board; drugs and medicines; laboratory, supplies and other ancillary procedures; labor room, delivery room and recovery room; and, other medically necessary charges for delivery and postpartum care.
   b. **2,500 pesos physician fee component** - to cover payment professional fee of accredited professionals for delivery services, immediate post-partum care and counseling for reproductive health, breastfeeding and newborn care.
   c. **1,500 pesos prenatal care component** - for reimbursement of members' prenatal expenses prior to confinement. This may cover any of the following prenatal expenses: drugs and medicines; laboratory tests and ancillary procedures; tetanus immunization; and; prenatal consultations as supported by official receipts.
2. The RVS Code for the NSD package is 59400 – Routine obstetric care including antepartum care, vaginal delivery and postpartum care for hospitals (Normal Spontaneous Delivery Package).
3. For NSDs accompanied by bilateral tubal ligation procedures in one confinement, payment shall be as follows:
   a. For NSD of the first 4 births, both packages will be reimbursed (RVS 59400 & 58600). Provision of BTL must be indicated in Part II of Claim Form 4 (complete final diagnosis and/or services performed).Operating Room Record and/or OR Technique must also be submitted.
   b. For NSD beyond the first 4 births, claim will be paid as BTL package only (RVS 58600).

B. MATERNITY CARE PACKAGE (MCP)

1. This 6,500 peso payment shall be applicable to normal deliveries of the first four births in all accredited lying-in clinics, birthing homes or midwife-managed clinics. This amount shall be divided into:
   a. **5,000 pesos facility and professional fee component** - to cover charges for: professional fee (delivery, postpartum care, and counseling for reproductive health, breast feeding & newborn screening); room and board; drugs and medicines; laboratory, supplies and other ancillary procedures; labor room, delivery room and recovery room; and, other medically necessary charges for delivery and postpartum care.
   b. **1,500 pesos prenatal care component** - for reimbursement of members' prenatal expenses prior to confinement. This may cover any of the following prenatal expenses: essential drugs and medicines; laboratory tests and ancillary procedures; tetanus immunization; and; professional fee for consultations as supported by official receipts.
2. The RVS Code for the MCP is 59401 – Routine obstetric care including antepartum care, vaginal delivery and postpartum care for non-hospital facilities (Maternity Care Package).



3. It is reiterated that all the enumerated medical conditions identified as "exclusion criteria" for the MCP shall still apply.
4. The first prenatal visit before 16 weeks AOG shall no longer be required for processing of 59401 claims. However, there should be at least ***4 prenatal visits*** done prior to delivery.

C. RULES ON PAYMENT OF PRENATAL CARE COMPONENT

1. Payment for the prenatal care component (including consultation) of the MCP and NSD package is payable to PhilHealth members upon presentation of valid official receipts (OR).
2. OR should be attached in PhilHealth Claim Forms submitted by accredited providers to PhilHealth.
3. Claims for drugs and medicines used during prenatal care should be in the PNDF and must be based on rational drug use (e.g., anti-anemics, vitamins and minerals, tetanus toxoid, anti-infectives).
4. Other items covered under the prenatal care component may be reimbursed provided that they are part of routine care (e.g., CBC, urinalysis, glucose test, HBsAg, VDRL, blood typing) or considered medically-necessary (e.g., glucose tolerance test, ultrasound).
5. In cases where all prenatal services are provided by the accredited providers, reimbursement for the prenatal care component may be made to the accredited facility provided that members acknowledges that all the required services (like drugs, lab, tetanus immunization and consultation) were given by the facility. Waiver for the prenatal care component or member certification that prenatal services were provided and covered by the facility must be attached to the claims application.

D. RULES ON CLAIMS FILING

1. All claims for the MCP and NSD Package are required to submit fully accomplished Claim Form 4 together with other required documents (e.g., Claim Form 1, MDR, proof of payment).
2. In addition, properly accomplished Claim Forms 4A **and** 4B claims are required for MCP claims.
3. Henceforth, all claims for the MCP shall only be required to file claim once instead of 2 separate filing.
4. RVS Code 59430 (Postpartum care for the Maternity Care Package) shall no longer be used in claims evaluation.
5. A separate claims application for newborn care package must be submitted to PhilHealth. All babies born in accredited facilities are required to undergo routine newborn care including newborn screening test.
6. All claims for the MCP and NSD Package must be filed within sixty (60) days from date of discharge.

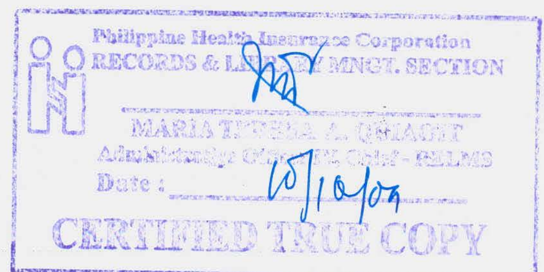
E. CONTRIBUTION REQUIREMENTS

1. It is reiterated that Individually Paying Members (IPM) and their dependents including IPM's under the Group Enrolment Scheme are required nine (9) months of premium payment within the immediate twelve (12) months prior to the month of benefit availment.
2. Employed members and Individually Paying Members (IPM) enrolled by Organized Groups through the KASAPI must have paid at least three (3) months of contribution within the immediate six (6) months prior to the month of availment.
3. Sponsored and Overseas Workers Program members are entitled to the package if the date of availment falls within the validity period of their membership as stated in the ID card/enhanced Member Data Record.
4. Non-paying (retirees and pensioners) members and/or dependents shall be entitled to avail of the package upon presentation of PhilHealth ID.

This Circular shall take effect for all claims with admission dates starting November 1, 2009.

All other provisions of previous Circulars, Office Orders and other related issuances that are not inconsistent with any provisions of this Circular remain in full force and effect.

Dr. REY B. AQUINO
President and CEO
Date signed: 14 Oct 09


Philippine Health Insurance Corporation
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MARIA TERESA A. QUIACOT
Administrative Officer / Chief - RELMS
Date : 10/10/09
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