

## 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. <u>09</u>, s - 2010

Huy TO

ALL ACCREDITED HEALTH CARE PROVIDERS, EMBERS OF PHILHEALTH, PHILHEALTH

PERSONNEL AND ALL OTHERS CONCERNED

Coverage Rules for Psychiatric Conditions Requiring

SUBJECT : Admission

In order to facilitate reimbursement of claims on confinements for psychiatric conditions, the following rules are hereby issued:

- 1. Claims for mental and behavioral disorder shall be compensable only for patients with acute attacks or episodes admitted for any of the following reasons:
  - a. When aggressive or assaultive behavior presents danger to self or others;
  - b. When the patient is suicidal;
  - c. When the patient becomes manic or depressed and there is gross impairment in judgment and reality testing;
  - d. When medication side effects became disabling or potentially life threatening (e.g., severe parkinsonism, severe tardive dyskinesia, neuroleptic malignant syndrome);
  - e. For special medical procedures such as electroconvulsive therapy
- 2. Hospitals are also required to submit PhilHealth Claim Form 3 and properly accomplished Mental Status Examination (MSE) Form (see sample MSE Form in annex A) if the main diagnosis or primary condition is classified as mental and behavioral disorder.
- 3. In cases wherein the main condition is non-psychiatric illness, management of mental and behavioral disorder may also be reimbursed provided that such condition is indicated in the admitting and/or final diagnosis with appropriate codes. In such cases, Claim Form 3 and Mental Status Examination shall not be required.
- 4. The rule on 45-day allowance per year applies to this benefit.
- 5. Claims for cases not requiring admissions remains non-reimbursable.

This Circular shall take effect for all claims with admission dates starting April 1, 2010.

All other provisions of previous issuances remain in full force and effect.

Please be guided accordingly.

DR. REY H. AQUINO

President an CEO

Date signed: / 21 Blo

PhilHealth

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MA. TENESAV, CUIAOIT
AO.IV, CLAS

Date: 7 (0)

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## ANNEX A

## MENTAL STATUS EXAMINATION FORM.

NAME:			AGE:	GENDER: [M] [F]
1. General Description :			7. Concentration and Attention	
			a. Reading and	——————————————————————————————————————
				red
2. Mood and Affectivity :			b. Visual spatial ability:	
			intact, impair	red
			c. Abstract thou	
<ol><li>Speech Characteris</li></ol>	tics :			red
<del></del>			d. Serial 7's :	
			intact, impair	red
4. Perception:				
	Hallucinations : no yes		8. Impulsivility	
b. Illusions	:	no yes	a. Impulse contr	rol
5. Thought Content and Mental Trends			9. Judgement and insight	
<ul> <li>a. Flight of ideas</li> </ul>	:	no yes	a. Judgement: good, poor	
b. Looseness of ass	ociations	no yes	b. Insight : den	ial, aware, intellectual insight,
c. Circumstantiality : no yes		no yes	true emotional insight	
d. Tangentiality	:	no yes		
e. Delusion	:	no yes	10. Reliability	
f. Preoccupations	:	no yes	a. Reliability :	good, fair, poor
g. Suicidal	:	no yes		
		•	WORKING IMPRES	
6. Sensorium and Cognition			Axis I : Clinical S	Syndromes
a. Consciousness : a	alert, fugue,	cloudy,		
somnolence, stupor, coma			Axis II: Personality, MR,	
b. Oriented to time				e Mechanisms
c. Oriented to pers	on:	no yes	Axis III: Medical	
d. Oriented to place	e :	no yes	Axis IV : Psychos	
e. Remote memory	' :			mental problems
intact, impaired			•	social level of functioning,
f. Recent past men	nory :		Psychol	ogical, social and occupational
intact, impaired				
g. Recent memory			TREATMENT PLAN	V:
			<del></del>	
h. Immediate reter				
-	-			
i. Confabulation	:	no yes		