



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph



PHILHEALTH CIRCULAR

No. 015, s. 2012

TO : ALL PHILHEALTH MEMBERS, ACCREDITED PROVIDERS, PHILHEALTH REGIONAL OFFICES (PhROs), AND ALL OTHERS CONCERNED

SUBJECT : PhilHealth for Animal Bite Package (Rabies Post-exposure Prophylaxis)

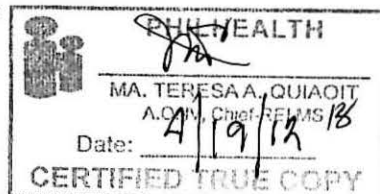
Pursuant to Section 38 of RA 7875 and as amended by RA 9241, the Corporation shall continuously endeavor to improve the benefit package to meet the need of its members. In view of Republic Act 9482, otherwise known as the Anti-Rabies Act of 2007, the Department of Health (DOH), through Administrative Order Nos. 2007-0029 and 2009-0027, provided for the Revised Guidelines on the Management of Animal Bite Patients and its amendment. In order to complement this initiative, PhilHealth, through *Board Resolution No. 1585 s. 2012*, shall provide the **Animal Bite Treatment (ABT)** package for all qualified beneficiaries. This benefit package aims to support the National Rabies Prevention and Control Program by defraying the cost of post-exposure prophylaxis (PEP) treatment to animal bite patients who are PhilHealth beneficiaries.

A. DEFINITION OF TERMS:

1. Post exposure Prophylaxis- anti-rabies treatment administered after an exposure (such as bite, scratch, lick, etc.) to potentially rabid animal
2. Animal Bite Treatment Centers (ABTC) –government facilities certified by DOH as capable of managing victims of animal bites
3. Animal Bite Centers (ABC) –private facilities certified by DOH as capable of managing victims of animal bites
4. Completed treatment – refers to a case of animal bite that has received Day 0, Day 3, and Day 7 of the anti-rabies treatment course

B. GENERAL RULES:

1. For the purpose of availing this package, the existing standards for the management of animal bite patients as prescribed by the DOH shall be used as reference for classification and provision of services (Annex A).
2. The ABT package shall be fixed at Php 3,000 per case.
3. This package shall cover the following:
 - a. The cost of providing Post-exposure Prophylaxis (PEP) services. The following are identified as reimbursable PEP service items:
 - i. Rabies vaccine
 - Purified Vero Cell Rabies Vaccine (PVRV) or
 - Purified Chick Embryo Vaccine (PCECV)
 - ii. Rabies Immune Globulin (RIG)



- Human Rabies Immune Globulin (HRIG) or
- Purified Equine Rabies Immune Globulin (pERIG)
- iii. Local wound care
- iv. Tetanus toxoid and anti-tetanus serum (ATS)
- v. Antibiotics
- vi. Supplies such as, but not limited to, syringes, cotton, alcohol and other antiseptics
- b. Dog bites primarily. However, persons bitten by other domestic animals (cats) and livestock (cows, pigs, horses, goats) as well as wild animals (bats, monkeys) may be covered.
- c. Category III Rabies Exposure
 - i. Transdermal bite (puncture wounds, lacerations, avulsions) or scratches/abrasions with spontaneous bleeding.)
 - ii. Exposure to a rabies patient through bites, contamination of mucous membranes (eyes, oral/nasal mucosa, genital/anal mucous membrane or open skin lesions with body fluids through splattering and mouth-to-mouth resuscitation.
 - iii. Handling of infected carcass or ingestion of raw infected meat
 - iv. Category II rabies exposure involving the head and neck
- d. Patients with repeat exposure
- 4. This package shall NOT cover the following:
 - a. Pre-exposure Prophylaxis
 - b. Inpatient cases of animal bites and rabies, which shall be reimbursed through inpatient benefit.
 - c. Category I rabies exposure and category II exposure NOT involving the head and neck
 - d. Bites by rodents, guinea pigs and rabbits
 - e. Management of adverse reactions
 - f. Other conditions otherwise not mentioned in number 3.

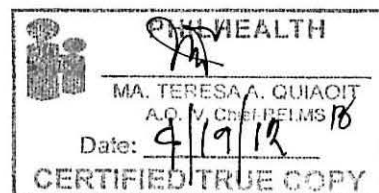
C. PROVIDER ENGAGEMENT

1. Providers for the PhilHealth Outpatient Benefit Package for Animal Bite Patients (government and private) must be recognized by the National Rabies Prevention and Control Program of the Department of Health. DOH shall regularly provide PhilHealth with an updated list of recognized facilities.
2. **Registration:**
Institutional Health Care Providers (IHCPs) shall submit the following to PhilHealth:
 - a. Provider Data Record (PDR)
 - b. Certificate of Recognition as an Animal Bite Treatment Center or Animal Bite Center issued by DOH
 - c. An annual fee of Php 1,000 shall be charged upon renewal of the participation in the program
 - d. Performance Commitment (PC), duly signed by both the owner/LCE and the head of the facility (e.g. MHO, CHO, PHO, medical director, chief of hospital, etc
3. **Activation of Participation:**
In order to receive reimbursements from PhilHealth, the facility shall activate its accreditation with PhilHealth by submitting the Performance Commitment during registration.

The PhilHealth Regional Office shall, in turn, issue a Certificate of Eligibility to Participate (CEP) accordingly.

D. RULES ON REIMBURSEMENT

1. Only benefits availed at accredited ABP provider shall be reimbursed.
2. In general, a reimbursement claim shall be filed within 60 days after completion of day 7 of treatment course.



3. The accredited facilities shall provide the PEP services relevant to a case of animal bite included in this policy.
4. In case the benefit is availed of in two different accredited facilities, the facility wherein day 7 of the treatment course was completed shall receive the full package rate.
5. The ABP reimbursement shall be paid directly to a PhilHealth-accredited ABTC or ABC. The disposition of payment shall be as follows:
 - a. **2,700 pesos** as fund for the purchase of drugs (e.g., vaccine, immunoglobulin, and antibiotics) and supplies required for the delivery of the package.
 - b. **300 pesos** as health staff service fee
6. The No Balance Billing (NBB) policy on sponsored members and dependents, as embodied in PhilHealth Circular No. 011-2011, shall be strictly enforced in all government ABTCs. In no instance must a sponsored member or his dependents be charged for any fees or expenses included under the PEP items. In case certain reimbursable PEP items are not immediately available in the facility, the ABTC shall assume the cost of necessary drugs and supplies.
7. Availment of this benefit shall be charged one (1) day against the annual 45-day benefit limit.

E. CLAIMS FILING

1. Claims for this package shall be assigned a code of **P90375**.
2. The following ICD 10 codes shall be used for this package:
 - a. For bites: T14.1 (Open wound) combined with any of the following:
 - i. W50 – bitten by another person
 - ii. W54 – bitten or struck by dog
 - iii. W55 – bitten by other mammals
 - b. For ingestion of infected meat: T62.8 (Other specified noxious substances eaten as food)
 - c. For exposure to rabies including handling of infected carcass : Z20.3 (Contact with and exposure to rabies)

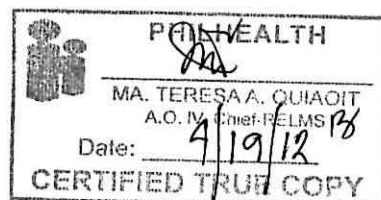
Example: Open wounds legs, thigh due to dog bite (Category III)

ICD code shall be: T14.1, W54

3. The following documents must be submitted:
 - a. PhilHealth Claims Summary Report (CSR) on Animal Bite PEP, duly filled up by the providers (Annex B), in lieu of Claim Form 2 (CF2). Multiple claims may be filed using this CSR format and submitted on a monthly or weekly basis.
 - b. PhilHealth Claim Form 1 (CF1) duly filled up by the member and/or employer, for every patient listed in the CSR.
 - c. Other documents required by PhilHealth as proof of eligibility such as Member Data Record (MDR), proof of premium payment for individually paying program members, overseas workers program members and PhilHealth ID cards for sponsored, lifetime members) and other secondary documents as applicable under PhilHealth Circular 29 s 2010.

F. MONITORING AND EVALUATION

1. Accredited facilities shall be subject to monitoring and evaluation by the Corporation. Facilities shall be monitored based on guidelines provided by the DOH for the treatment and management of animal bites.
2. The facility is required to maintain a minimum set of information on each patient, as reflected in the attached individual PEP Treatment Record (Annex C), that shall be readily available for monitoring and evaluation.
3. A PEP Treatment Card, as prescribed by DOH, which contains the name of the facility and record of immunizations provided, should be issued to the patient.



G. ELIGIBILITY OF MEMBERS AND DEPENDENTS

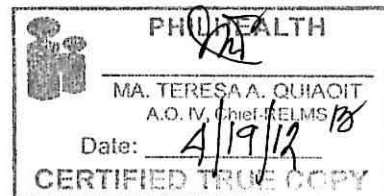
1. Employed and Individually Paying Members including Organized Group members must have at least three (3) months of contribution within the immediate six (6) months prior to the month of availment.
2. Sponsored and Overseas Workers Program members and dependents are entitled to this benefit within the validity period of their membership, as stated in the ID card/MDR. In case the validity of membership starts or ends at any point during the treatment period (Day 0 to Day 7), the full amount shall be reimbursed.
3. Lifetime members shall be entitled to avail of the benefit upon presentation of PhilHealth ID.

This Circular shall take effect on May 3, 2012. This shall include those who had complete treatment as of said date.


DR. EDUARDO P. BANZON

President and CEO

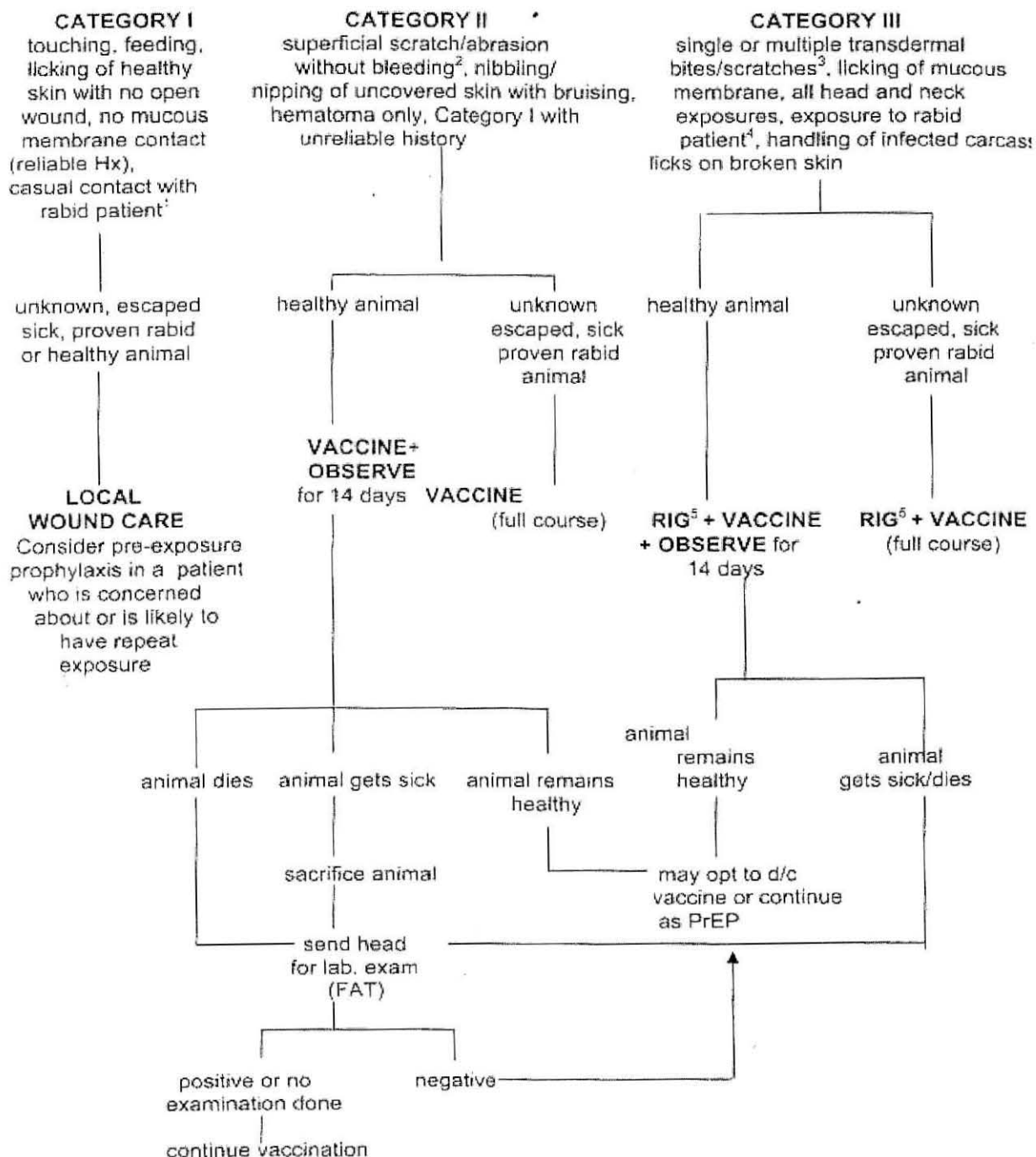
Date signed: 4/17/2012



APPENDIX 5

ALGORITHM FOR RABIES POST-EXPOSURE PROPHYLAXIS ⁽⁹⁾

Assess nature of contact or injury and the biting animal





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CLAIMS SUMMARY REPORT for ANIMAL BITES

Facility: _____

Provider Code: _____

	Patient Name (Last name, First name M.I.)	Members hip	PhilHealth Identification Number (PIN) of Member	Diagnosi s (ICD Code)*	Immunization Schedule (mm/dd/yyyy)			RIG	Member's Signature (or authorized signatory)
					Anti-Rabies Vaccine	Day 0	Day 3		
1		<input type="checkbox"/>							
2		<input type="checkbox"/>							
3		<input type="checkbox"/>							
4		<input type="checkbox"/>							
5		<input type="checkbox"/>							
6		<input type="checkbox"/>							
7		<input type="checkbox"/>							
8		<input type="checkbox"/>							
9		<input type="checkbox"/>							
10		<input type="checkbox"/>							
11		<input type="checkbox"/>							
12		<input type="checkbox"/>							
					Total Reimbursement (No. of Patients) Php3000				

* Based on PhilHealth Circular No. ____ s. 2012.

I certify that services rendered were recorded in the patient's treatment records and that the herein information given are true and correct.

The foregoing items and charges are in compliance with the applicable laws, rules and regulations.

Prepared by: _____

Approved by: _____

PRINT NAME & SIGNATURE (Authorized Signatory)

HEAD OF FACILITY

ANIMAL BITE TREATMENT RECORD

DOH Certificate No: _____

Transaction No: _____

PhilHealth Accreditation No: _____

Date: _____

(MM-DD-YYYY)

PhilHealth Identification Number (PIN): _____ ☐ Member ☐ Dependent

Patient Name: _____ Age: _____

Date Of Birth: _____

(Last Name)

(First Name)

(Middle Name)

(MM-DD-YYYY)

Address: _____

Sex: ☐ Male

☐ Female

Weight: _____

Exposure Category: ☐ I ☐ II ☐ III

Date of Exposure: _____

Date Treatment Started: _____

(MM-DD-YYYY)

(MM-DD-YYYY)

1. Mode of Animal Exposure:

- ☐ Nibbling/licking of uncovered skin
- ☐ Nibbling/licking of wounded/broken skin
- ☐ Scratch/Abrasion
- ☐ Transdermal bite
- ☐ Handling/ingestion of raw infected meat
- ☐ Any combination of the above

2. Body Part Affected/Exposed to Animal:

- ☐ Head and/or neck
- ☐ other parts of the body
- ☐ N/A (if by ingestion mode)

3. Type of Animal: ☐ DOG ☐ OTHERS SPECIFY: _____

4. Past history of animal bite: ☐ Yes ☐ No if Yes, specify date _____

4. Based on item no 3, was the PEP primary immunization schedule completed: ☐ Yes ☐ No

Post-Exposure Vaccination Record					
Period	Adm Route	Date		Given by	Signature
Day 0	<input type="checkbox"/> ID <input type="checkbox"/> IM				
Day 3	<input type="checkbox"/> ID <input type="checkbox"/> IM				
Day 7	<input type="checkbox"/> ID <input type="checkbox"/> IM				
Day 28	<input type="checkbox"/> ID <input type="checkbox"/> IM				
Booster 1	<input type="checkbox"/> ID <input type="checkbox"/> IM				
Booster 2	<input type="checkbox"/> ID <input type="checkbox"/> IM				
ERIG _____ ml.					
HRIG _____ ml.					
Tetanus toxoid					
ATS					

ICD 10 Code
