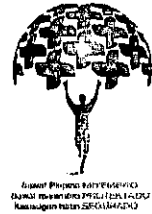




*Republic of the Philippines*  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 Citystate Centre Building, 709 Shaw Boulevard, Pasig City  
 Healthline 441-7444 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



**PHILHEALTH CIRCULAR**

NO. 014, s2014

TO PHI : ACCREDITED HEALTH CARE INSTITUTIONS AND PROFESSIONALS, TB – DOTS CLINICS, PHILHEALTH MEMBERS, PHILHEALTH LOCAL HEALTH INSURANCE OFFICES, REGIONAL OFFICES, CENTRAL OFFICE AND ALL OTHER CONCERNED

SUBJECT : REVISED GUIDELINES FOR THE PHILHEALTH OUTPATIENT ANTI-TUBERCULOSIS DIRECTLY OBSERVED TREATMENT SHORT-COURSE (DOTS) BENEFIT PACKAGE

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**I. BACKGROUND**

PhilHealth constantly develops its benefit packages to effectively respond to the needs of its members. Mindful of PhilHealth members afflicted with Tuberculosis (TB), the PhilHealth Board approved Resolution Nos. 485 and 490 of 2002 which established the case rate benefit for out-patient TB-DOTS package amounting to 4,000 pesos for “consultation, anti-tuberculosis medicines and necessary diagnostic services”.

Subsequently, PhilHealth issued Circular No. 17 s-2003 which provided the guidelines for the accreditation of Directly Observed Therapy Short Course (DOTS) facilities as well as Circular No. 19, s-2003 that implemented the TB-DOTS Package to include new cases, pediatric and extra-pulmonary TB. Although treated under DOTS and on out-patient basis, retreatment cases are not yet covered in the said Package.

The Philippine Plan Against Tuberculosis 2010-2016 was crafted to fine tune strategic directions with a view to sustain the gains of the TB control program and achieve Millennium Development Goals (MDG) for TB. The goal is to reduce TB prevalence and mortality rates by half compared to 1990 figures. Targets were marked at 85% case detection rate and at least 90% treatment success rate.

To achieve these targets, the NTP addressed some problems that hamper access to diagnosis and treatment of TB in the DOTS facilities. Criteria for management of sputum negative TB were modified in cases when there are no TB Diagnostic Committee (TBDC) (DOH Memorandum No. 2011-0218, dated July 19, 2011). The TBDC recommendation should not be a cause of delay in initiating treatment. In the said memorandum, DOH emphasized that ALL forms of TB should be given treatment. Also, to improve case finding, diagnosis by Direct Sputum Smear Microscopy

(DSSM) shall only require submission of 2 samples, as stated in DOH Memorandum No. 2013-0021, dated January 9, 2013. The NTP Manual of Procedures was likewise revised to ensure that the processes in DOTS implementation support the objectives and strategies in the Philippine Plan of Action to Control Tuberculosis (PhilPACT). In light of the said modifications, the guidelines to PhilHealth TB-DOTS benefit package should be likewise updated to reflect the overall national objectives and standards of TB control.

Furthermore, the National Health Insurance Act of 2013 strengthens the role of PhilHealth in providing means for the members to have financial access to health care and for the healthcare providers to improve their health services. The law prohibits charging additional fees to indigent patients. It also prescribes that PhilHealth reimbursements to public health facilities be retained by the individual facility and be spent on operating expenses of the facility as well as improvement of its services, while professional fees shall be pooled and distributed among the facility's health personnel. Such measures are reflected in this revised TB DOTS package, such that public and private facilities have means to sustain the delivery of TB DOTS services, leading to better TB control.

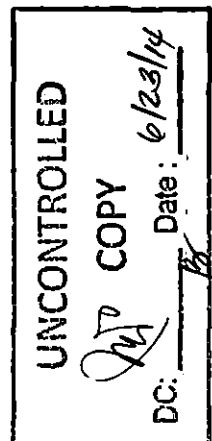
## II. OBJECTIVES

This circular is issued with the following objectives:

1. To expand the benefit to cover other TB cases that are sensitive to first line anti-TB drugs.
2. To align the PhilHealth TB DOTS Package with the current policies and guidelines for TB control
3. To strengthen the financial mechanism as leverage for better performance of providers leading to desired health outcomes and sustained TB control.

## III. GENERAL GUIDELINES

1. To avail of this package, accredited TB DOTS facilities shall comply with the prescribed guidelines of the NTP on diagnosis, treatment and reporting for TB.
2. PhilHealth TB DOTS Package shall cover TB cases that are susceptible to 1<sup>st</sup> line anti-TB drugs.
3. It shall cover for diagnostic exams, consultation services, drugs, health education and counseling during TB DOTS treatment.
4. PhilHealth TB DOTS Package shall cover both children and adults, with the following **registration groups** (whether bacteriologically confirmed or clinically diagnosed, pulmonary or extra-pulmonary):
  - a. New



b. Retreatment

- 1) Relapse
- 2) Treatment After Failure
- 3) Treatment After Lost to Follow-up (Return After Default)
- 4) Previous Treatment Outcome Unknown

5. The following cases are excluded:

- a. In-patient admissions
- b. Drug resistant TB
- c. Latent TB Infection

6. HIV patients that are under treatment for 1st line drug sensitive TB and on anti-retro viral drugs may avail of TB DOTS Package in accredited TB DOTS Centers and Out-patient HIV/AIDS Treatment (OHAT) Package in accredited HIV treatment hubs at the same time. Claims shall be filed separately.

7. The TB DOTS package shall be a fixed case rate of four thousand pesos (Php 4,000.00) and to be given to health care institution in two separate payments.

- a. The first payment of two thousand five hundred pesos (Php 2,500.00) shall be given after the intensive phase (Package Code 89221).
- b. The second payment of one thousand five hundred pesos (Php 1,500.00) shall be given after the continuation (maintenance) phase (Package Code 89222).

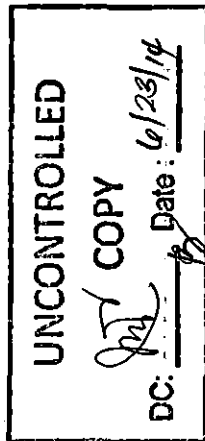
8. Payment for referring physicians and other expenses for some services done outside the facility (e.g. chest x-ray) shall be settled by the facility.

#### IV. PROVIDER ACCREDITATION

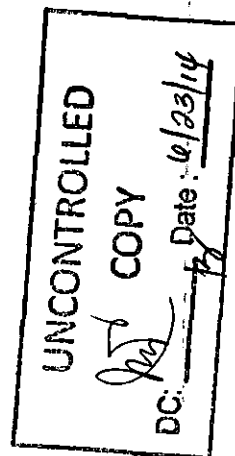
1. Accreditation of TB-DOTS providers shall be in accordance with the policy on Provider Engagement through Accreditation and Contracting of Health Services as stated in PhilHealth Circular (PC) 54 s-2012 and subsequent issuances.

2. The Health Care Institution shall submit the following requirements upon its application for initial accreditation:

- a. Performance Commitment, duly signed by both the owner or local chief executive and the head of the facility (e.g. MHO, CHO, PHO, medical director, chief of hospital, etc.);
- b. Properly accomplished provider data record;



- c. Proof of payment of accreditation fee (Php 1,000.00);
  - d. Electronic copies of photos (in jpg format) of the internal and external areas of the facilities;
  - e. Statement of intent for those applying in the last quarter of the current year as attached in PhilHealth Circular 11, s-2013;
  - f. Updated DOH-PhilCAT Certificate;
  - g. Location map;
3. As provided in Section VI.C of PhilHealth Circular 54, s-2012, accredited TB DOTS Package Providers may continuously participate in the National Health Insurance Program (NHIP) until such participation is withdrawn or terminated. To ensure this, TB DOTS Facilities shall submit annually (on or before January 31<sup>st</sup>) the following:
- a. Signed performance commitment;
  - b. Updated DOH-PhilCAT TB DOTS Certificate (if not submitted, the facility shall be subjected to pre-accreditation survey);
  - c. Latest Financial Statement/Report for private facilities;
  - d. Proof of payment of accreditation fee (Php 1,000.00).
4. In line with All Case Rates Policy stated in PhilHealth Circular 31, s-2013 Section VI.B that professional services must be provided by accredited health care professionals, PhilHealth shall accredit TB DOTS physicians who provide consultation services in the TB DOTS facility.
- a. PhilHealth shall require that TB DOTS physician/s be accredited with PhilHealth for TB DOTS facilities applying for initial and re-accreditation in 2014.
  - b. Currently accredited TB DOTS facilities shall have their physicians accredited by July 31, 2014.
  - c. It shall be a requirement for all continuous, initial and re-accreditation in 2015.
5. Accreditation of TB DOTS physician/s shall be according to the provisions of PhilHealth Circular 10, s-2014. They shall submit to the nearest PhilHealth Local Health Insurance Office or Regional Office the following requirements for initial application:
- a. Properly accomplished Provider Data Record for professionals;
  - b. Signed Performance Commitment;
  - c. Updated PRC License or its equivalent;
  - d. Two (2) pieces of 1x1 photo;



- e. Proof of payment of premium contribution; and
- f. Certificate of completed residency training or specialty board certificate if applicable.

**V. BENEFIT DELIVERY AND CLAIMS FILING**

1. The payment shall be payable to the accredited TB DOTS facility.
2. Claims with the following treatment outcomes shall be paid:
  - a. Cured
  - b. Treatment completed
  - c. Died
  - d. Treatment failed
3. Claims with the following treatment outcomes shall be denied:
  - a. Lost to follow-up
  - b. Not evaluated
4. Claims of TB cases that were initially treated with 1<sup>st</sup> line anti-TB drugs but were diagnosed to have Drug Resistant TB anytime during treatment even before being declared as treatment failed in the 5<sup>th</sup> month shall be paid.
5. TB DOTS Facilities must comply with the referral mechanisms prescribed by NTP. In cases when the patient is referred to another facility, the referring facility shall file the claim. Claims from receiving facility shall be denied.
6. Availing of this package shall have no corresponding deduction in the 45-days benefit limit per calendar year.
7. No Balance Billing policy as prescribed in PhilHealth Circular 03, s-2014 shall apply.
8. The following package codes shall be used for each treatment phase:

Treatment Phase	Package Code	Description
Intensive Phase	89221	Directly observed treatment short course; intensive phase
Continuation Phase	89222	Directly observed treatment short course; continuation (maintenance) phase

9. The ICD 10 Codes listed in Annex 2 shall be used for this Package.

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10. For easier verification of eligibility status, all TB DOTS Facilities must have a PhilHealth Enhanced HCI Portal. Policies and guidelines of which are stated in PhilHealth Circular 02, s-2014.

11. Since there will be separate claims for each treatment phase, the following shall be considered dates of admission and discharge:

Admission Date	Discharge Date	Anti-TB Treatment Phase being claimed	Package Code
First day of intensive phase (treatment start date)	Last day of intensive phase	Intensive Phase	89221
First day of continuation (maintenance) phase	Last day of continuation (maintenance) phase	Continuation (maintenance) Phase	89222

12. PhilHealth members and their dependents are eligible to avail of the package if premium contributions are paid for at least three months within the six months prior to admission dates of each treatment phase.

13. For claims filing, the following documents must be submitted to PhilHealth within 60 calendar days after the last day of each treatment phase:

a. PhilHealth Benefit Eligibility Form (PBEF) OR

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 enumerated in the PBEF or listed in PhilHealth Circulars 50, s-2012 and PC 1, s-2013 in cases when PBEF is not available.

b. PhilHealth Claim Form 1 (CF1) duly filled up by the member and/or employer

It shall no longer be required if PBEF affirmed the eligibility of patient to avail of PhilHealth benefits upon the start of treatment date.

c. PhilHealth Claim Form 2 (CF2) - instructions and sample form of which are attached as Annex 3 and Annex 4 respectively.

d. Copy of patient's completed NTP treatment card

14. Submission of the NTP Treatment Card prior to starting the treatment is no longer required. Also, the TBDC Recommendation Form is not a requirement anymore for sputum negative/clinically diagnosed patients.

15. Claims with incomplete requirements and/or discrepancy/ies in the entries shall be returned to the facility or sender (RTS) for compliance within 60 days from the receipt of notice. Failure to

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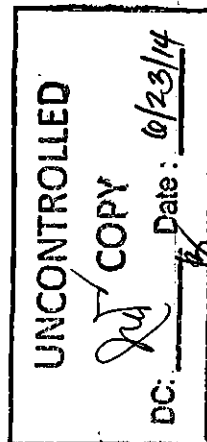
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comply shall cause denial of claim. However, as stated in PhiHealth Circular 09, s-2014, it shall only be allowed for claims with admission dates on or before June 30, 2014. Afterwards, PhiHealth shall no longer return these claims to the facility but would already deny the claims. The facility must ensure that all requirements are attached, all forms are properly accomplished and there are no discrepancies in the entries before submitting the claims.

16. TB DOTS facilities and physicians shall ensure that their PhiHealth accreditation is updated. Both must be accredited at the start of the treatment. If there is a gap in their accreditation during the course of patient's treatment, claims may still be paid provided that they are accredited on start of treatment. Claims with treatment start date when either of them are not accredited shall be denied starting August 31, 2014.

## VI. ALLOCATION OF TB DOTS PACKAGE PAYMENT

1. Public TB DOTS facilities shall maintain a trust fund for reimbursements received from PhiHealth. This trust account shall be created through appropriate administrative issuances such as ordinances or resolutions from Sangguniang Panlungsod/Bayan/Lalawigan for LGU-owned facilities and executive committee resolutions or administrative memoranda for TB DOTS facilities in the government hospitals/infirmaries/other institutions. In cases when there is one trust fund for several PhiHealth benefits, a separate ledger shall be kept for TB DOTS package payment.
2. All TB DOTS facilities shall allocate reimbursement for TB DOTS Package based on their existing policies and procedures.
3. Should the TB DOTS facilities not have any policy on allocation of TB DOTS payment prior to the effectivity of this circular, they shall follow the following guidelines prescribed by DOH in the latest NTP Manual of Procedures:
  - a. Forty percent (40%) for the facility fee.
  - b. Twenty five percent (25%) for the referring physicians to cover for consultation services during the course of treatment. Should there be no referring physician, this portion shall also be allotted as facility fee.
  - c. Thirty five percent (35%) for the services of the staff of the TB DOTS facility.
4. The facility fee shall be used for operational costs and for contingency to augment the supply of anti TB drugs and reagents; acquire equipment such as microscope, IT equipment and software; and support for TB Diagnostic Committee, advocacy activities and training of staff. This may also be used for referral fees of warranted diagnostic services that are not available in the facility and quality assurance of sputum microscopy.
5. The fee for services of the health facility staff shall be pooled and distributed among health personnel who were involved in the delivery of health services for TB including the DOTS physicians, nurses, midwives, medical technologist or sputum microscopist, barangay health workers and treatment partners.



6. Guidelines on the distribution of TB-DOTS payment for the services of the facility staff shall be set by each facility after thorough consultation among its governing body and the health staff. The guidelines shall be approved by the head of the organization (i.e. local chief executive in LGU owned TB DOTS clinic). The allocation should take into consideration the expertise, skills and time that each health care worker allotted in ensuring that the patient received quality care leading to cure or completion of TB treatment.

**VII. MONITORING AND EVALUATION**

1. Monitoring and evaluation (M and E) of the delivery and utilization of the benefit package shall be based on the M and E framework of PhilHealth.
2. Public DOTS facilities shall furnish PhilHealth copies of their issuances creating the trust fund and guidelines on allocation within a year after their initial accreditation through their respective PhilHealth Regional Offices.
3. The facility is required to maintain a minimum set of information on each patient such as NTP treatment card and TB registry that shall be readily available to PhilHealth during monitoring and evaluation.

**VIII. EFFECTIVITY**

This Circular shall take effect 15 days after its publication in a newspaper of general circulation. New and retreatment cases with intensive treatment starting that date should follow the guidelines of this circular.

**IX. REPEALING CLAUSE**

All other existing issuances and provisions of previous issuances inconsistent with this circular are hereby repealed and/or amended.

**X. ANNEXES**

1. Annex 1 – Definition of Terms
2. Annex 2 – ICD-10 Codes for TB
3. Annex 3 – Instructions How to Accomplish Claim Form 2 for TB DOTS Package
4. Annex 4 – Sample Claim Form 2

ALEXANDER A. PADILLA  
President and CEO

Date signed: 6/13/14

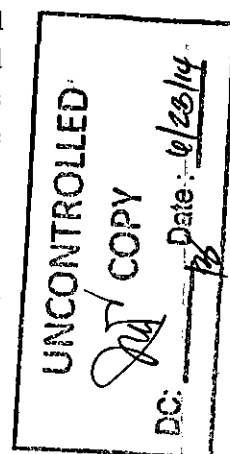
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## ANNEX 1 - DEFINITION OF TERMS

1. **Presumptive TB case** – any person whether adult or child, with signs and/or symptoms suggestive of TB (pulmonary or extra-pulmonary, or those with chest x-ray findings suggestive of active TB).
2. **TB infection or latent TB infection (LTBI)** – a condition in which an individual has no signs and symptoms presumptive of TB or radiologic or laboratory evidence, but has a positive Tuberculin skin test (TST) reaction.
3. **TB disease** – a presumptive TB who after clinical and diagnostic evaluation, is confirmed to have TB.
4. **Classification of TB Disease** – Classification based on the 5<sup>th</sup> Edition of Manual of Procedures for the National TB Control Program
  - A. **Classification based on bacteriological status:**
    - i. **Bacteriologically confirmed** - A TB patient from whom a biological specimen is positive by smear microscopy, culture or rapid diagnostic tests (such as Xpert MTB/RIF).
    - ii. **Clinically diagnosed** – A TB patient who does not fulfill the criteria for bacteriological confirmation but has been diagnosed with active TB by a clinician or other medical practitioner who has decided to give the patient a full course of TB treatment. This definition includes cases diagnosed on the basis of x-ray abnormalities or suggestive histology, and extrapulmonary cases without laboratory confirmation.
  - B. **Classification of TB Disease based on anatomical site:**
    - i. **Pulmonary TB (PTB)** - refers to a case of tuberculosis involving the lung parenchyma. A patient with both pulmonary and extrapulmonary TB should be classified as a case of pulmonary TB.
    - ii. **Extrapulmonary TB (EPTB)** - refers to a case of tuberculosis involving organs other than the lungs (e.g. larynx, pleura, lymph nodes, abdomen, genitourinary tract, skin, joints and bones, meninges).
  - C. **Classification of TB disease based on history of previous TB treatment**
    - i. **New case** – a patient who has never had treatment for TB or who has taken anti-TB drugs for less than one (<1) month. Isoniazid preventive therapy or other preventive regimens are not considered as previous TB treatment.
    - ii. **Retreatment case** – a patient who has been previously treated with anti-TB drugs for at least 1 month in the past.
5. **TB Disease Registration Group** – classification of TB cases based on history of previous treatment in addition to anatomical site and bacteriologic confirmation. It is necessary in order to determine the correct treatment regimen.



Registration Group	Definition of Terms
New	A patient who has never had treatment for TB or who has taken anti-TB drugs for less than one (<1) month.

Registration Group		Definition of Terms
Retreatment	Relapse	A patient previously treated for TB, who has been declared cured or treatment completed in their most recent treatment episode, and is presently diagnosed with bacteriologically-confirmed or clinically-diagnosed TB.
	Treatment After Failure	A patient who has been previously treated for TB and whose treatment failed at the end of their most recent course This includes: A patient whose sputum smear or culture positive at 5 months or later during treatment A clinically diagnosed patient for whom sputum examination cannot be done and who does not show clinical improvement anytime during treatment
	Treatment After Lost to Follow-up (TALF)	A patient who was previously treated for TB but was lost to follow-up for two months or more in their most recent course of treatment and is currently diagnosed with either bacteriologically-confirmed or clinically-diagnosed TB.
	Previous Treatment Outcome unknown (PTOU)	Patients who have been previously treated for TB but whose outcome after their most recent course of treatment is unknown or undocumented.
Transfer-in	A patient who has been registered in a DOTS facility adopting NTP policies and is transferred to another DOTS facility with proper referral slip to continue the current treatment regimen.	
Other	Patients that do not fit into any of the registration group listed above.	

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6. **Treatment Outcome** – result of treatment based on completion of treatment regimen, results of follow-up sputum smear microscopy and clinical improvement.

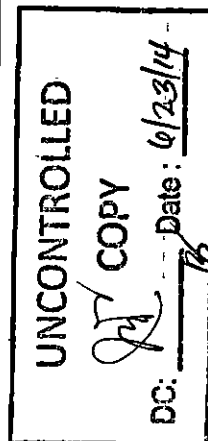
The following are the identified outcomes for drug susceptible TB cases.

Outcome	Definition
Cured	A patient with bacteriologically- confirmed TB at the beginning of treatment and who was smear – or culture – negative in the last month of treatment and on at least one previous occasion in the continuation (maintenance) phase.

Outcome	Definition
Treatment completed	<p>A patient who completes treatment without evidence of failure but with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because tests were not done or because results are unavailable.</p> <p>This group includes:</p> <ul style="list-style-type: none"> <li>• A bacteriologically confirmed patient who has completed treatment but without direct sputum smear microscopy (DSSM) follow-up in the last month of treatment and on at least one previous occasion</li> <li>• A clinically diagnosed patient who has completed treatment</li> </ul>
Treatment failed	<p>A patient whose sputum smear or culture is positive at 5 months or later during treatment.</p> <p>A clinically diagnosed patient (child or EPTB) for whom sputum examination cannot be done and who does not show clinical improvement anytime during treatment</p>
Died	A patient who dies for any reason during the course of treatment.
Lost follow-up to	A patient whose treatment was interrupted for 2 consecutive months or more.
Not Evaluated	A patient for who no treatment outcome is assigned. This includes cases transferred to another DOTS facility and who treatment outcome is unknown.

*Note: According to NTP Manual of Procedures, a patient who is diagnosed to have Drug Resistant TB anytime during treatment (i.e. before being declared treatment failed in the 5<sup>th</sup> month) shall be excluded from the cohort and is not assigned an outcome if they started on second line drug regimen. However, if treatment with a second-line drug regimen is not possible, the patient is kept in the main TB cohort and assigned an outcome from among those listed above.*

7. **Referring physicians** – private practicing physicians who are not staff of the TB DOTS providing facility but participate in the delivery of TB DOTS services by referring their patients to TB DOTS facilities for treatment and still conducting regular check-ups to these referred patients until they are able to finish treatment. They are trained and certified by DOH and/or Philippine Coalition Against Tuberculosis (PhilCAT) as TB DOTS referring physicians.



ANNEX 2 - ICD 10 CODES for TB Cases

Anatomical Site	Diagnostic Criteria	Definition of Terms		ICD 10 Code/s
Pulmonary (PTB)	Bacteriologically confirmed	Smear-positive	A patient with at least one (1) sputum specimen positive for AFB, with or without radiographic abnormalities consistent with active TB	A 15.0
		Culture-positive	A patient with positive sputum culture for MTB complex, with or without radiographic abnormalities consistent with active TB	A 15.1 <i>Note: if confirmed by both culture and smear, the code should be A15.0</i>
		Rapid Diagnostic test-positive	A patient with sputum positive for MTB complex using rapid diagnostic modalities such as Xpert MTB/RIF, with or without radiographic abnormalities consistent with active TB	A 15.0
	Clinically diagnosed	A patient with two (2) sputum specimens negative for AFB or MTB or with smear not done due to specified conditions but with radiographic abnormalities consistent with active TB; <b>and</b> there has been no response to a course of empiric antibiotics and/or symptomatic medications; <b>and</b> who has been decided (either by the TBDC and/or physician) to have TB disease activity requiring a full course of anti-TB chemotherapy		A16.0 ( <i>if smear or MTB culture was done but negative</i> )  A16.1 ( <i>if smear or culture was not done</i> )
		<b>OR</b> A child (less than 15 years old) with two (2) sputum specimens negative for AFB or with smear not done, who fulfills three (3) of the five (5) criteria for disease activity namely: signs and symptoms suggestive of TB; exposure to an active TB case; positive tuberculin test; abnormal chest radiograph suggestive of TB; and other laboratory findings suggestive of tuberculosis <b>and</b> who has been decided (either by the physician and/or TBDC) to have Tb disease requiring a full course of anti-TB chemotherapy		For cases of clinically diagnosed PTB resulting from HIV, the following codes shall be used:  B20.0, A16.0 ( <i>if smear or culture negative</i> ) B20.0, A16.1 ( <i>if smear or culture</i> )
		<b>OR</b> A patient with laboratory or strong clinical evidence for HIV/AIDS with two (2)		

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Anatomical Site	Diagnostic Criteria	Definition of Terms	ICD 10 Code/s
		sputum specimens negative for AFB or MTB or with smear not done due to specified conditions but who, regardless of radiographic results, has been decided (either by physician and/or TBDC) to have TB disease activity requiring a full course of anti-TB chemotherapy.	<i>was not done</i> B20.0, A16.2 ( <i>without mention of smear or culture confirmation</i> )
Extra-pulmonary (EPTB)	Bacteriologically confirmed	A patient with a smear/culture/new diagnostic test from a biological specimen in an extra-pulmonary site (i.e., organs other than the lungs) positive for AFB or MTB complex	A15.4 – A15.6, A15.8 <i>Note: 4<sup>th</sup> character of ICD 10 Code depends on the site</i>
	Clinically diagnosed	A patient with histological and/or clinical or radiologic evidence consistent with active extra-pulmonary TB and there is a decision by a physician to treat the patient with anti-TB drugs	A16.3 – A16.6, A16.8, A17 – A19

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**ANNEX 3 – INSTRUCTIONS HOW TO ACCOMPLISH CLAIM FORM 2 (CF2) FOR TB DOTS PACKAGE**

Claim Form 2 shall be accomplished using capital letters and by checking the appropriate boxes. All items should be marked legibly by using ballpen only.

All dates should be filled out in MM-DD-YYY format.

CF 2 Part/Item	Description	Instruction
Part I	PhilHealth Accredited Number  Name of Health Care Institution  Address	Write the PhilHealth Accreditation Number, name of HCI and the address on the space provided
Part II, item 1	Name of Patient	Write the complete name of the patient in this format:  Last Name, First Name, Name Extension (if any), Middle Name
Part II, item 2	Referred by another HCI	Write "not applicable"  <i>The referring facility will file the claim.</i>
Part II, item 3	Confinement period	
	Date Admitted	for intensive phase (89221) write the start date of intensive phase  for continuation phase (89222) write the start date of continuation phase
	Date Discharged	for intensive phase (89221) write the date of the last day of intensive phase  for continuation phase (89222) write the date of the last day of continuation phase
Part II, item 4	Patient Disposition	For intensive phase (89221) WRITE N/A.  For continuation phase (89222) WRITE the treatment outcome e.g. Cured, Failed, Died on the space below "Patient Disposition"  WRITE DRTB if the patient was diagnosed to have DRTB during the course of treatment prior to being declared as treatment failed.
Part II, item 5	Type of Accommodation	Leave it blank
Part II, item 6	Admission Diagnosis/es	Write the diagnosis upon start of treatment including the classification based on bacteriological status, anatomical site the history of previous treatment, registration group of patient and whether sputum negative or

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CF 2 Part/Item	Description	Instruction
		positive e.g. Pulmonary TB, new, bacteriologically confirmed (sputum positive)
Part II, item 7	Discharge Diagnosis	Write the diagnosis after complete of treatment including the classification based on bacteriological status, anatomical site the history of previous treatment, registration group of patient AND the treatment outcome  e.g. Pulmonary TB, new, bacteriologically confirmed (sputum positive), cured
	ICD-10 Code/s	Write the appropriate ICD-10 Code/s (see Annex 2 for the list of ICD-10 Code/s)
	Related Procedures	Write the applicable treatment phase  Intensive phase  Continuation phase
	RVS Code	Write corresponding package code  For intensive phase - 89221  For continuation phase - 89222
	Date of procedures	Write the dates when the treatment phase were started
Part II, item 8 d	Special consideration TB DOTS Package	Tick the appropriate box  Intensive phase OR  Maintenance phase (Continuation phase)  AND  WRITE the patient's Registration Group e.g. New, Relapse etc on the space beside the "Maintenance Phase"  AND  WRITE the Category of Treatment e.g. Category I, Ia, etc. on the space beside the "Maintenance Phase"
Part II, item 9	PhilHealth Benefits	Write the appropriate package codes  89221 for intensive phase  89222 for continuation phase
Part II, item 10	Professional Fees	Write the accreditation number and the name of TB DOTS Physician on the spaces provided

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CF 2 Part/Item	Description	Instruction
		Affix the signature of the TB DOTS Physician over his/her name  Write the date of the space provided
	Details	IF patient has NO co-pay or out-of pocket expense for professional fee/s:  Tick No co-pay on top of PhilHealth Benefit
		IF patient HAS co-pay or out-of pocket expense for professional fee/s:  Tick With co-pay on top of PhilHealth Benefit and write the amount of co-payment
Part III Section A	Certification of Consumption of Benefits	IF patient did not have any co-payment/out of pocket expenses related to TB treatment such as payment for medicines, laboratory, professional fee:  Tick first box (PhilHealth benefit is enough to cover HCI and PF charges)  Accomplish the table: <ul style="list-style-type: none"> <li>• No entries for total health care institution fees and total professional fees</li> <li>• Write Php 4,000 on the Total Actual Charges</li> </ul>
		IF there is co-payment from the patient:  Tick second box(with co-pay on top of PhilHealth Benefit) then accomplish Tables a and b  Table a: <ul style="list-style-type: none"> <li>• Put amount of actual charges for HCI fee and professional fees</li> <li>• Put amount after deduction of discount if there is any, if none leave blank</li> <li>• Put amount of PhilHealth Benefits <ul style="list-style-type: none"> <li>▪ Total professional fees (PF) includes professional fee of facility staff and professional fee of referring physician (if applicable)</li> <li>▪ Total HCI fees is the remaining amount (from Php 4,000) after total PF have been deduction</li> </ul> </li> <li>• Amount after PhilHealth Deduction shall be: <p><i>If no discount:</i> Total actual charges – PhilHealth benefit</p> <p><i>If with discount:</i> Amount after application of discount –PhilHealth benefit</p> <p>Accomplish this both for HCI fee and PF</p> </li> <li>• Tick the applicable box/es on the payer/s of remaining balance (may have several payers)</li> </ul> Table b: <ul style="list-style-type: none"> <li>• <i>If patient did not purchase medicine and/or paid for laboratory exams outside the facility, tick None</i></li> <li>• <i>If patient paid for medicine and/or paid for laboratory exams outside the</i></li> </ul>

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CF 2 Part/Item	Description	Instruction
		<i>facility</i> , tick the boxes and write the amount.
Part III Section B	Consent to Access Patient Record/s	Print the name of the patient and affix his/her signature over the name  Write the date when this was signed  Should the patient is unable to sign, tick the appropriate boxes
Part IV	Certification of Health Care Institution	Print the name of the authorized person to fill-up the claim and his/her designation. Affix his/her signature above the name.  Write the date when he/she signed the form.  This person must review and verify all the entries before affixing his/her signature.

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**CF2**  
(Claim Form 2)  
revised November 2013

**IMPORTANT REMINDERS:**  
PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.  
This form together with other supporting documents should be filed within sixty (60) calendar days from date of discharge.  
All information, facts and tick boxes required in this form are necessary. Claims forms with incomplete information shall not be processed.  
**FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.**

**PART I - HEALTH CARE INSTITUTION (HCI) INFORMATION**

1. PhilHealth Accreditation Number (PAN) of Health Care Institution: 111011391019  
 2. Name of Health Care Institution: SANTA BARBARA TB DOTS CENTER  
 3. Address: 1ST STREET ROMBLON ROMBLON  
Building Number and Street Name City/Municipality Province

**PART II - PATIENT CONFINEMENT INFORMATION**

1. Name of Patient: DELA CRUZ, JUAN JR SANTOS  
Last Name First Name Middle Initial (MI) Surname (example: DELA CRUZ JUAN JR SANTOS)  
 2. Was patient referred by another Health Care Institution (HCI)?  
 NO  YES  
 3. Confinement Period: a. Date Admitted: 7-07-2014 b. Time Admitted: 10:00 AM  
month day year hour min AM/PM  
 c. Date Discharge: 7-09-2014 d. Time Discharge: 10:00 AM  
month day year hour min AM/PM  
 4. Patient Dispositions (select only 1)  
 a. Improved  e. Expired, Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
 b. Recovered  f. Transferred/Referred  
 c. Home/Discharged Against Medical Advice Name of Referral Health Care Institution  
 d. Abandoned Building Number and Street Name City/Municipality Province Zip Code  
 5. Type of Accommodations:  Private  Non-Private (Charity/Service)  
 6. Admission Diagnosis/es:  
PULMONARY TUBERCULOSIS, BACTERIOLOGICALLY CONFIRMED, (SPUTUM POSITIVE) NEW  
 7. Discharge Diagnosis/es (Use additional CF2 if necessary):

Diagnosis	ICD-10 Code/s	Rated Procedure/s (if there's any)	RYS Code	Date of Procedure	Laterality (check applicable boxes)
a. PTE, BACTERIOLOGICALLY CONFIRMED, SPUTUM POSITIVE, NEW CASE	A18.0	I. INTENSIVE PHASE	89221	07-07-2014	Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
b.					Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
c.					Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
d.					Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>

8. Special Considerations:  
 a. For the following repetitive procedures, check box that applies and enumerate the procedure/session dates (mm-dd-yyyy). For chemotherapy, see guidelines.  
 Hemodialysis  Blood Transfusion  
 Peritoneal Dialysis  Brachytherapy  
 Radiotherapy (LINAC)  Chemotherapy  
 Radiotherapy (COBALT)  Simple Debridement  
 b. For Z-Benefit Package: Z-Benefit Package Codes \_\_\_\_\_  
 c. For HCP Package (enumerate your dates (mm-dd-yyyy) of pre-natal check-ups)  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 d. For TB DOTS Package:  Intensive Phase  Maintenance Phase NEW CATEGORY I  
 e. For Antist-B2c Package (write the dates (mm-dd-yyyy) when the patient's level of viral load was below 100 IU/mL for HIV-1 RNA, HIV-1 RNA, HIV-1 RNA, HIV-1 RNA)  
 Day 0 ARV \_\_\_\_\_ Day 3 ARV \_\_\_\_\_ Day 7 ARV \_\_\_\_\_ RIG \_\_\_\_\_ Others (Specify) \_\_\_\_\_  
 f. For Newborn Care Package:  Essential Newborn Care  Newborn Hearing Screening Test  Newborn Screening Test  For Newborn Screening, please attach NBS Filter Sticky Note  
 Immediate drying of newborn  Timely cord clamping  Weighing of the newborn  BCG vaccination  Hepatitis B vaccination  
 Early skin-to-skin contact  Eye prophylaxis  Vitamin K administration  Non-separation of mother/baby for early breastfeeding initiation  
 g. For Outpatient HIV/AIDS Treatment Package: Laboratory Number: \_\_\_\_\_

9. PhilHealth Benefits  
 ICD 10 or IRVS Code: 89221 First Care Rate \_\_\_\_\_ b. Second Care Rate \_\_\_\_\_

Write the start date of the treatment phase

Write the date of the last day of treatment phase

Write NA if still intensive phase

Write the treatment outcome if in continuation phase

Write DRTB if diagnosed to have DRTB during the course of treatment before 5<sup>th</sup> month of treatment

Write the Registration Group in Part II, item 8d

Write the Category of Treatment in Part II, item 8d

Write the appropriate package code 89221 for intensive phase 89222 for continuation phase

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10. Professional Fees / Charges (Use additional CF2 if necessary):

Accreditation Number / Name of Accredited Institution (City, State, Country) (Last Name)	Details
Accreditation No.: <u>F 0 1 7 8 5 6 5 5 5 8</u> <u>Jessica Gregorio</u> <u>JESSICA GREGORIO, MD</u> Signature Over Printed Name Date Signed: <u>10</u> / <u>17</u> / <u>11</u> month / day / year	<input checked="" type="checkbox"/> No co-pay on top of PhilHealth Benefit <input type="checkbox"/> With co-pay on top of PhilHealth Benefit P. _____
Accreditation No.: _____ Signature Over Printed Name Date Signed: _____ month / day / year	<input type="checkbox"/> No co-pay on top of PhilHealth Benefit <input type="checkbox"/> With co-pay on top of PhilHealth Benefit P. _____
Accreditation No.: _____ Signature Over Printed Name Date Signed: _____ month / day / year	<input type="checkbox"/> No co-pay on top of PhilHealth Benefit <input type="checkbox"/> With co-pay on top of PhilHealth Benefit P. _____

Write Accreditation number of TB DOTS Physician

Printed name and signature of TB DOTS Physician

Write the amount of TB DOTS Package if 1<sup>st</sup> box is ticked (PhilHealth benefit is enough to cover HCI and PF charges)

PART III - CERTIFICATION OF CONSUMPTION OF BENEFITS AND CONSENT TO ACCESS PATIENT RECORD/S  
NOTE: Member/Patient should sign only after the applicable charges have been filled-out

A. CERTIFICATION OF CONSUMPTION OF BENEFITS

PhilHealth benefit is enough to cover HCI and PF charges. No purchases of drugs/medicines, supplies, diagnostics, and co-pay for professional fees by the member/patient.

	Total Actual Charges*
Total Health Care Institution Fees	
Total Professional Fees	
Grand Total	<u>4 000.00</u>

The benefit of the member/patient was completely consumed prior to co-pay OR the benefit of the member/patient is not completely consumed BUT with purchases/expenses for drugs/medicines, supplies, diagnostics and others.

a.) The total co-pay for the following are:

	Total Actual Charges*	Amount after Application of Discount (i.e., personal discount, Senior Citizen/PWD)	PhilHealth Benefit	Amount after PhilHealth Deduction
Total Health Care Institution Fees				Amount P. _____ Paid by (Check all that apply): <input type="checkbox"/> Member/Patient <input type="checkbox"/> HMO <input type="checkbox"/> Others (i.e., PCSO, (Promissory note, etc.)
Total Professional Fees (for accredited and non-accredited professionals)				Amount P. _____ Paid by (Check all that apply): <input type="checkbox"/> Member/Patient <input type="checkbox"/> HMO <input type="checkbox"/> Others (i.e., PCSO, (Promissory note, etc.)

b.) Purchases/Expenses NOT included in the Health Care Institution Charges

Total cost of purchases for drugs/medicines and/or medical supplies bought by the patient/member within/outside the HCI during confinement	<input type="checkbox"/> None <input type="checkbox"/> Total Amount P. _____
Total cost of diagnostic/laboratory examinations paid for by the patient/member done within/outside the HCI during confinement	<input type="checkbox"/> None <input type="checkbox"/> Total Amount P. _____

\*NOTE: Total Actual Charges should be based on Statement of Account (SOA)

B. CONSENT TO ACCESS PATIENT RECORD/S

I hereby consent to the examination by PhilHealth of the patient's medical records for the purpose of verifying the veracity of this claim. I hereby hold PhilHealth and its employees and/or representatives free from any and all liabilities relative to the herein-mentioned consent which I have voluntarily and without coercion in connection with this claim. I understand the management before PhilHealth.

Jhelalvarez  
Signature Over Printed Name of Member/Patient/Authorized Representative  
Date Signed: \_\_\_\_\_  
month / day / year

Relationship of the representative to the member/patient:  
 Spouse  Child  Patient  
 Sibling  Others, Specify \_\_\_\_\_  
 Patient is incapacitated  
 Other Reasons \_\_\_\_\_

If patient/member/patient is unable to write, but if not in a legal state, Patient/representative should be assisted by an HCI representative. Check the appropriate box:  
 Patient  Representative

Printed name and signature of patient or authorized representative

Printed name and signature of the authorized person who attests that the entries to the claim form are true and correct

PART IV - CERTIFICATION OF HEALTH CARE INSTITUTION

I certify that the information provided were recorded in the patient's chart and health care institution records and that the herein information given are true and correct.

Helen Sanchez  
HELEN SANCHEZ  
Signature Over Printed Name of Accredited Institution Representative  
TB DOTS STAFF NUMBER/INRSF IV  
Date Signed: 10 / 17 / 11  
month / day / year

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Date: 10/18/11  
DC: \_\_\_\_\_