

# TAMANG SAGOT

## PhilHealth Circular No. 001 - 2015

### PhilHealth Coverage for Confirmed Cases of Middle East Respiratory Syndrome - Coronavirus (MERS-CoV)

---

#### 1. What is the policy of PhilHealth for MERS - CoV cases?

PhilHealth had issued PC 001 – 2015: PhilHealth coverage for confirmed cases of Middle East Respiratory Syndrome – Coronavirus or MERS CoV. “Confirmed” refers to a positive confirmatory MERS – CoV test results by Research Institute for Tropical Medicine (RITM).

#### 2. Who can avail of this benefit?

- a. PhilHealth members and dependents.
- b. Non PhilHealth members who qualify will be enrolled under point of care

All admissions for MERS – CoV starting January 1, 2015 will be covered. The required qualifying contribution and 45 days benefit limit will be waived for availment of this benefit.

#### 3. In what facility will MERS – CoV cases be treated to avail of this benefit?

This benefit may be availed in an accredited HCI that has the capabilities and facilities to manage MERS - CoV as required by the DOH MERS-CoV strategic plans (i.e. for MERS – CoV: negative isolation room, respirators, etc).

#### 4. How much is the MERS - CoV benefit?

The benefits for non-health workers is P50,000 while for health workers is P100,000. A “health worker “ is defined as an employee or institutional worker of an HCI whether located in the Philippines or abroad and that cared for, or had close contact with, a MERS-CoV patient and may have had contracted the infection while performing his or her duty.

Benefit Items	Non-Health Workers Members/Dependents	Health Workers
Room and Board	Php 1,500/day maximum of Php 10,000	Php 1,500/day maximum of Php 10,000
Drugs and Medicines	Php 25,000	Php 60,000
Screening Test for MERS-CoV, Xray, Laboratory and Others (including Supplies, and Personal Protective Equipments; Transfer Services (Ambulance)		
Operating Room Fee (as necessary)		
Professional Fee	Php 1,000/day	Php 1,000/day

	maximum of Php 15,000	maximum of Php 30,000
--	-----------------------	-----------------------

No Balance Billing (NBB) will be applied to MERS – CoV claims.

**5. What are the requirements in filing a claim?**

1. PhilHealth Benefit Eligibility Form (PBEF) and/or Completely and properly filled out and signed PhilHealth Claim Form 1
2. Completely and properly filled out and signed PhilHealth Claim Form 2
3. Completely and properly filled out and signed PhilHealth Claim Form 3
4. For non-members availing of the benefit, PhilHealth Membership Registration Form (PMRF) must be properly accomplished and submitted. Those who qualify shall be enrolled under point of care as provided in PhilHealth Circular No. 32, s-2013.
5. Statement of Account (SOA)
6. Positive confirmatory test result for MERS-CoV by RITM.

**6. Illustration of MERS – CoV in the PhilHealth Claim Form 2 (CF 2)**

Item No. 7 of CF 2 should be filled out as follows.

7. Discharge Diagnosis/es (Use additional CF2 if necessary):							
Diagnosis	ICD-10 Code/s	Related Procedure/s (if there's any)	RVS Code	Date of Procedure	Laterality (check applicable boxes)		
a. MERS - CoV	<b>J12.8, B97.2</b>	i.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		ii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		iii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
b. Benign paroxysmal vertigo	<b>H81.1</b>	i.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		ii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		iii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
c.		i.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		ii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		iii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
d.		i.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		ii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		iii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both

And, Item No. 9 of CF 2

<b>9. PhilHealth Benefits</b>	
ICD 10 or RVS Code: a. First Case Rate <b>J12.8, B97.2</b>	b. Second Case Rate _____