

# TAMANG SAGOT

## PhilHealth Circular No. 024 - 2015

### New PhilHealth Dialysis Package (Revision 1)

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**1. What prompted PhilHealth to implement this new policy?**

To make the benefit more responsive to the needs of the dialysis patients.

**2. What is the new PhilHealth dialysis package?**

A. New package rate for hemodialysis (HD) and peritoneal dialysis (PD)

<b>New First or Second Case Rate</b>	<b>HCI Fee</b>	<b>Professional Fee</b>
Php 2,600	Php 2,250	Php 350

To reiterate, the new case rate applies to both first and second rate starting September 15, 2015. For dialysis sessions before September 15, 2015, proceed to question # 5.

**3. How many days shall be deducted from the 90 sessions/days per calendar year for dialysis procedure?**

<b>Dialysis Procedure</b>	<b>Particulars</b>	<b>No. of days to be deducted from 90 sessions/days per calendar year</b>
Hemodialysis	one (1) session	one (1) day
Peritoneal Dialysis	four (4) days of PD regardless of the number of exchanges per day	one (1) day

**4. Is this new dialysis package more beneficial to members considering the decrease in case rate?**

- Yes, it is more beneficial to members. The maximum benefit amount per year increased from Php 180,000 to Php 234,000. That is an additional annual benefit of Php 54,000.
- With this new dialysis package, the maximum coverage for hemodialysis sessions went from 45 days to 90 days a year. For peritoneal dialysis, it has gone from 270 days to 360 days a year.

**5. Are there any new criteria for members undergoing dialysis to be covered?**

Members and dependents with Chronic Kidney Disease (CKD) stage V (previously known as End Stage Renal Diseases or ERS) undergoing HD or PD are covered by this policy.

They shall request for a certification of the benefit limit utilization for CY 2015 from the nearest PhilHealth Local Health Insurance Office (LHIO) or PhilHealth Regional Office (PRO). This serves as a guide to the member and /or dependent on the remaining number of days of benefit. It shall also be the basis and requirement of the healthcare institutions in assessing eligibility of the patient to avail of more dialysis services.

Dialysis sessions filed by principal members and/or qualified dependents who have yet to exhaust the regular 45 days benefit before September 15, 2015, shall still be paid the case rate of Php 4,000.

Outpatient dialysis sessions after the exhaustion of the regular 45 days benefit starting July 28, 2015 shall be paid at Php 2,600 per session provided there are unused days from the 45 day benefit limit for the dependents (if the patient is the principal member) and for the principal member (if the patient is the dependent) or the automatic additional 45 dialysis sessions may apply (Section III.B of this Circular).

The same procedure applies for newly diagnosed cases of CKD stage V who need renal replacement therapy (HD or PD).

Additional requirements shall be released in the future for the registration of members undergoing renal replacement therapy.

**6. How do the members know how many days they still have for their dialysis?**

The additional outpatient dialysis sessions after the exhaustion of the regular 45 days benefit limit shall be derived from the unused benefit allotted for the principal member (if the patient is a dependent) or the allotted 45 days to be shared by all the dependents (if the patient is the principal member) within the calendar year.

To illustrate:

<b>Patient Undergoing Dialysis</b>	<b>No. of days availed for CY 2015</b>	<b>No. of days remaining from the allotted 45 days benefit per principal member and 45 days for dependents for CY 2015</b>	<b>No of days that can still be availed for CY 2015</b>
Principal Member	Principal: 45 days as of August 1, 2015 Dependent: 10 days as of August 1, 2015	Principal and Dependents: 35 days	35 days (to be shared by the Dependents for hospital confinement and Principal member - for dialysis sessions only, this cannot be used by the Principal member for his own hospital confinement)
Dependent	Principal: 45 days as of August 1, 2015 Dependent: 30 days as of August 1, 2015	Principal Member and Dependents: 15 days	15 days (to be shared by the Principal member – for dialysis sessions only and Dependent – for hospital confinement, this cannot be used by the Principal member for his own hospital confinement)
Principal member and Dependent	Principal: 45 days as of August 1, 2015 Dependent: 45 days as of August 1, 2015	Principal Member and Dependents: 0 days	0 days (Principal and Dependent have exhausted 45 days benefit limit)

**7. Why is epoetin alfa or beta not listed in the package inclusion?**

Epoetin alfa or beta is not included in the new dialysis package.

**8. Where can the additional number of days benefit be used?**

The additional dialysis sessions shall be used exclusively for outpatient hemodialysis and peritoneal dialysis. Inpatient confinements with or without dialysis shall not be covered by the additional dialysis sessions after exhaustion of the regular benefit limit of 45 days per calendar year.

To illustrate:

<b>Patient undergoing dialysis</b>	<b>Number of regular 45 days benefit exhausted from the benefit limit for CY 2015</b>	<b>Remarks</b>
Patient A is the principal member who got admitted for 5 days in a level 1 hospital for the management of pneumonia, moderate risk	Patient A already exhausted the regular 45 day benefit prior to the admission/confinement.  Dependent of Patient A has	For this confinement, Patient A can no longer avail of the PhilHealth benefit even though there are still 40 days remaining from the regular 45 days benefit allotted for qualified

<b>Patient undergoing dialysis</b>	<b>Number of regular 45 days benefit exhausted from the benefit limit for CY 2015</b>	<b>Remarks</b>
and underwent 2 sessions of hemodialysis	exhausted 5 days	dependents.
Patient A (same patient as above) has been discharged from the hospital and underwent hemodialysis in a freestanding dialysis clinic	Regular 45 day benefit already exhausted but there's still 40 days remaining from the regular 45 days benefit allotted for qualified dependents	Patient A can avail of the hemodialysis package on an outpatient basis up to a maximum of 40 sessions for CY 2015.

**9. If I shifted from dependent to principal member, how many days benefit will I then have?**

The tracking of the maximum availment of 90 days per calendar year shall be based on the patient who availed of the benefit per calendar year regardless of the change from being a dependent to a principal member, principal member to a dependent and change to any membership category.

To illustrate:

<b>Dialysis patient</b>	<b>Membership category</b>	<b>Shifted to</b>	<b>Used 45 days benefit as of August 1, 2015 based on the original membership category</b>	<b>No. of days that can be availed for the additional, outpatient dialysis sessions</b>
Patient A	Principal member	Dependent	Principal (Patient A): 45 days Dependent: 10 days	Patient A as a dependent shall only be able to avail of the unused days allotted for all the qualified dependents.
Patient B	Principal member with dependent	Dependent of spouse; The spouse is Principal member with dependent	Principal: (Patient B) 45 days Dependent: 5 days	Patient B as a dependent shall only be able to avail of the unused days allotted for all the qualified dependents of spouse.
Patient C	Dependent	Principal Member	Dependent (Patient C): 45 days	Patient C as a principal member shall only be able to avail maximum of 45 days.  If Patient C as a principal member has dependent/s, Patients C can avail of the allotted 45 days for dependents.
Patient D	Principal Member (OFW)	Principal Member (IPP)	Patient D used up 45 days as principal member (OFW)	Patient D as a principal member (IPP) shall only be able to avail the maximum of 45 days allotted for the dependents.

**10. Can a patient claim if an emergency dialysis was done?**

Yes, provided that the conditions in above illustrations are met.

**11. What is the difference between low flux and high flux dialyzer?**

Current guidelines for adequacy of dialysis are all based on the removal of urea and the recommended dose can be achieved with both low and high flux dialyzers.

<b>High Flux</b>	<b>Low Flux</b>
Allows middle-sized molecules to pass through but prevents accidental removal of protein from blood.	Filters small molecules/toxins such as urea and creatinine but cannot remove larger molecules that can be removed by normal kidneys
An example of middle sized molecule is beta 2 microglobulin which causes amyloidosis when it accumulates in large amounts in the body. Amyloidosis frequently affects the heart, kidneys, liver, spleen, nervous system and digestive tract.	
Allows faster removal of fluids	

**12. Can we use the HCI portal for eligibility check of members who are on dialysis?**

The HCI Portal is temporarily not available for this purpose pending enhancement of the system.

**13. When is the effectivity of the new dialysis package (revision 1)?**

The new rate of Php 2,600 shall apply to all dialysis procedures starting September 15, 2015 regardless of whether the regular 45 days have been exhausted or not.