

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

NO. 038 - 2015

TO : PHILHEALTH ACCREDITED HEALTH CARE INSTITUTIONS (HCI) AND PROFESSIONALS, PHILHEALTH MEMBERS, PHILHEALTH REGIONAL OFFICES and BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND CENTRAL OFFICE AND ALL OTHERS CONCERNED

SUBJECT : PHILHEALTH SUBDERMAL CONTRACEPTIVE IMPLANT PACKAGE

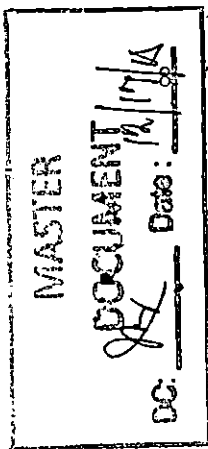
To increase access to long acting reversible family planning methods, PhilHealth shall have a benefit package for subdermal implant use for contraception.

I. GENERAL RULES

1. The PhilHealth Subdermal Contraceptive Implant Package shall be paid at Php 3,000 per case.
2. The standards and procedures of care shall be according to The Philippine Clinical Standards Manual on Family Planning 2014 Edition.
3. The package shall cover the following:
 - a. Consultation and counseling prior to the procedure
 - b. Performance of the procedure including professional fee and use of the facility
 - c. Medicine and supplies including the contraceptive implant
 - d. Follow-up and counseling after the procedure
4. The Package may be availed of as an out-patient or in-patient service in hospitals and non-hospital facilities with the same case rate.
5. Only subdermal contraceptive implants that are included in the Philippine National Formulary shall be used for this Package.
6. Health care providers shall have competence in subdermal contraceptive implant techniques and training from Department of Health's (DOH) recognized trainers.
7. Hence, accredited health care providers who want to provide this Package will be required only to submit a Certificate of Training on Subdermal Implant Insertion and Removal signed by DOHs Regional Director of his/her representative.

This package can be provided by the following accredited providers :

- a. Accredited health care institutions:
 - i. Hospitals
 - ii. Primary Care Facility (Infirmery/Dispensary)
 - iii. Ambulatory surgical clinics
 - iv. Birthing homes/lying-in clinics
- b. Accredited health care professionals
 - i. Physicians
 - ii. Midwives



9. The Package shall be paid to the facility.

II. BENEFIT AVAILMENT AND CLAIMS FILING

1. The package code FP 001 shall be assigned to PhilHealth Subdermal Contraceptive Implant Package with the following description and allocation:

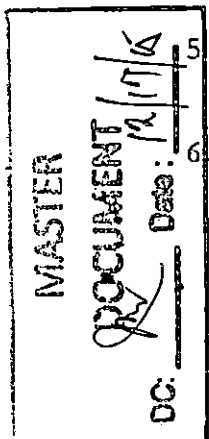
Package Code	Description	Case Rate	Professional Fee	Health Care Institution Fee
FP 001	Insertion of implantable subdermal contraceptive including counseling and follow-up	Php 3,000.00	Php 1,200.00 (40% of Case Rate)	Php 1,800.00 (60% of Case Rate)

2. Only benefits availed from accredited and trained providers shall be reimbursed.
3. The Package may only be availed of once every 730 days. Claims made less than the said time interval shall be denied.
4. PhilHealth members and their dependents are eligible to avail of this Package according to the status and validity of their membership.
 - a. Members under the Indigent Program, Sponsored Program, Overseas Filipino Program, and iGroup Program are entitled to avail of the Package within their membership validity period.
 - b. The benefit entitlement of the following members shall be subject to the three months within six months (3/6) qualifying contributions as provided under PhilHealth Circular No. 32, s. 2014:
 - i. Members in the Formal Economy, except Kasambahays
 - ii. Members in the Informal Economy, specifically Informal Sector Members and Self Earning Individuals; and
 - iii. iGroup Members whose validity period have already expired
 - c. In accordance with PhilHealth Circular 016-2015, the benefit entitlement of Kasambahays and their dependents starts from the time of enrollment and payment of premium contributions and will remain valid as long as premium contributions are regularly paid.

5. Upon availment of this Package, one (1) day shall be charged to 45 days per year allowance of the member/dependents.

6. For filing of claims, the following documents shall be submitted :

- a. PhilHealth Benefit Eligibility Form (PBEF) OR any of the following as proof of eligibility:
 - Member Data Record (MDR);
 - Proof of premium payment (for individually paying and overseas workers members);
 - PhilHealth ID cards (for indigent, sponsored and lifetime members);



- Other secondary documents as enumerated in PBEF and Circulars 50, s-2012 and PC 01, s-2013 in cases when PBEF is not available.

- b. PhilHealth Claim Form 1 (CF1) duly filled out by the member and/or employer in case PBEF fails to confirm patient eligibility. It shall no longer be required if PBEF confirmed (answered "Yes") the eligibility of patient.
 - c. PhilHealth Claim Form 2 (CF2) duly filled out by health care provider. Instructions were provided in Annex 1 of this Circular.
7. The reimbursement claim shall be filed within 60 days after the procedure (or date of discharge for in-patient). Claims filed afterwards shall be denied.
 8. Claims with incomplete documents or entries and those performed by providers who have not yet submitted their certificates of training shall be denied. Claims with discrepancies in the claim forms shall be returned to facility.
 9. No Balance Billing Policy shall apply to the following PhilHealth members and their dependents who availed of the Package in birthing homes and ambulatory surgical clinics:
 - a. Indigent Members
 - b. Sponsored Members including Senior Citizens
 - c. Kasambahays
 - d. Lifetime Members

III. MONITORING AND EVALUATION

To ensure provision of quality health services to PhilHealth members and their dependents, monitoring of utilization of benefits and performance of providers shall be anchored on the Health Care Provider Performance Assessment System of the Corporation.

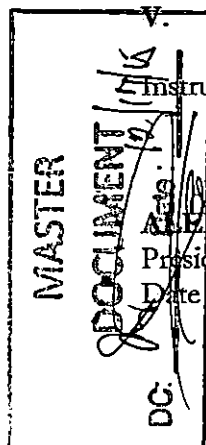
Health care institutions shall maintain copies of patient's records with complete documentation of history, physical examination, services provided, drugs and medicines given and procedures performed; and operative technique/record. These documents shall be made available for PhilHealth monitoring all times.

IV. EFFECTIVITY

This Circular shall take effect on January 1, 2016. All other existing issuances and provisions of previous issuances inconsistent with this circular are hereby repealed and/or amended.

ANNEX

Instructions in Accomplishing Claim Form 2



ALEXANDER A. PADILLA
 President and CEO
 Date signed: 12/21/15

ANNEX 1 – INSTRUCTIONS ON HOW TO ACCOMPLISH CLAIM FORM 2

Note: 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 Pa part/ Item	Description	Instructions
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	Tick appropriate box IF yes, write the name and address of referring institution
Part II, item 3	Confinement period	
	Date Admitted	WRITE the date of admission For out-patient, write the date of consultation
	Time Admitted	Write the time of admission
	Date Discharged	WRITE the date of discharge For out-patient, write the same date of admission
	Time Discharged	WRITE the time of discharge For out-patient, write the time when the consultation/procedure was finished
Part II, item 4	Patient Disposition	TICK the appropriate box
Part II, item 4f	Transferred/referred	
Part II, item 5	Type of Accommodation	TICK appropriate box Leave blank if out-patient
Part II, item 6	Admission Diagnosis/es	WRITE the admitting diagnosis If out-patient write the initial diagnosis during consultation Example of diagnosis: for insertion of implantable subdermal contraceptive
	Discharge Diagnosis	WRITE the diagnosis on discharge If out-patient write the final diagnosis after consultation
	ICD 10 Code/s	WRITE the appropriate ICD 10 Code/s

MASTER DOCUMENT
 Date: 12/11/15
 DC: [Signature]

CF 2 Pa part/ Item	Description	Instructions
	Related Procedures	Write insertion of subdermal implant for contraception
	RVS Code	Write FP 001
	Date of procedures	Write the date when the procedure was done
Part II, item 8	Special consideration	Leave blank
Part II, item 9	PhilHealth Benefits	Write the Package Code FP 001 in the space for 1 st case rate, leave the second case rate blank
Part II, item 10	Professional Fees	WRITE the accreditation number and the name of professional provider on the spaces provided AFFIX the signature of the professional provider over his/her name then write the date of the space provided
Part III Section A	Certification of Consumption of Benefits	TICK first box (PhilHealth benefit is enough to cover HCI and PF charges) if the patient did not have any out of pocket expense
		TICK second box the benefit was consumed but there is additional cost to the patient then accomplish tables a and/or b
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 was 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. This person must review and verify all the entries before affixing his/her signature.

