

TAMANG SAGOT

PhilHealth Circular 2016-0020

Z Benefit Rates for Selected Orthopedic Implants (Revision 1)

1. What are the orthopedic implants covered by the Z benefits?

- a. Implants for hip arthroplasty
 - i) Total hip prosthesis (cemented)
 - ii) Total hip prosthesis (cementless)

Note: The use of cemented and cementless total hip prostheses depends on the activity level and pre-morbid conditions of the patient.
 - iii) Partial hip prosthesis, bipolar
- b. Implants for hip fixation
 - i) Multiple screw fixation 6.5mm cannulated cancellous screws with washer
- c. Implants for pertrochanteric fracture
 - i) Compression hip screw set (CHS) OR
 - ii) Proximal femoral locked plate (PFLP) OR
 - iii) Proximal Femoral Nail (PFN)
- d. Implants for femoral and Tibial shaft fracture
 - i) Intramedullary nail with interlocking screws – Femur
 - ii) Intramedullary nail with interlocking screws – Tibia
 - iii) Locked compression plate - broad, metaphyseal, proximal and distal femoral
 - iv) Locked compression plate - broad/metaphyseal/proximal and distal tibial

2. What are covered under the orthopaedic implants Z benefit package?

The package covers hospital expenses for the surgeries including the orthopaedic implants and professional fees.

The professional fees for orthopedic surgeries shall follow the rates prescribed in corresponding procedure case rates.

3. How are the package rates determined?

- a. For NBB patients:
 $Z \text{ Package Rate} = \text{Cost of the surgery (based on case rate)} + \text{cost of the medical device}$
- b. For Non-NBB patients:
 $Z \text{ Package Rate} = \text{Cost of the surgery (based on case rate)} + \text{cost of the medical device} + \text{co-payment.}$

4. How much is the co-payment when availing of this benefit?

The negotiated co-payment is based on the complexity of the procedure and should not exceed the equivalent case rate of the procedure done. (Table 1)

Table 1. Maximum allowable co-payment

Package Code	IMPLANTS	Maximum allowable co-pay per side (left or right) (PHP)
Z011-A	Total Hip Prosthesis , cemented*	53,400.00
Z011-B	Total Hip Prosthesis , cementless**	53,400.00
Z011-C	Partial Hip Prosthesis, bipolar	37,180.00
Z011-D	Multiple screw fixation (MSF)* ** 6.5mm cannulated cancellous screws with washer	46,500.00
Z011-E	Compression Hip Screw Set (CHS)	46,500.00
Z011-F	Proximal Femoral Locked Plate (PFLP)	46,500.00
Z011-G	Proximal Femoral Nail (PFN)	31,140.00
Z011-H	Intramedullary Nail with Interlocking Screws – Femur	30,740.00
Z011-I	Intramedullary Nail with Interlocking Screws – Tibia	27,120.00
Z011-J	Locked Compression Plate (LCP) - Broad/Metaphyseal/ Proximal and distal femoral	30,740.00
Z011-K	Locked Compression Plate (LCP) - Broad/Metaphyseal/ Proximal and distal tibial	22,660.00

5. What are the rules in availing of the Z benefits for orthopedic implants?

- a. PhilHealth patients can only avail of these packages in identified contracted hospitals.
- b. The medical devices should be registered with the Food and Drug Administration (FDA) of the Philippines.
- c. Reference Hospital shall provide PhilHealth the list of acceptable suppliers. Orthopaedic implant companies shall be allowed to supply devices/implants for the Z benefits provided they will secure Certificates of Product Registration from FDA **within two years** from inclusion in the list. The said list should be attested true and correct by the Medical Center Chief of the Reference Hospital.
- d. Donated or refurbished medical devices shall not be covered under the benefit package.
- e. Contracted hospitals shall transact only with FDA-licensed medical device establishment, manufacturers or traders or with those identified by the reference hospital and shall execute a Memorandum of Agreement (MOA) specifically for the Z benefits.
- f. The medical devices shall only be implanted to patients by PhilHealth-accredited physicians certified by the Philippine Board of Orthopaedics and practicing in the identified contracted hospitals.
- g. All patients availing of the Z benefit for specialized medical devices shall be monitored for all clinically relevant outcomes.
- h. All patients 50 years and above, who are under the Z benefits are eligible to avail of the pneumococcal vaccination as stipulated in PhilHealth Circular 7 s-2014
- i. Those who will avail of this Z benefit for specialized medical devices shall not be eligible for the same procedure in the same site for the next five (5) years.
- j. Re-admission shall be covered by the benefits on all case rates.

- k. The No Balance Billing (NBB) Policy shall, at all times, be applied to sponsored members, indigent members, kasambahay, senior citizens and lifetime members and members of iGroup gold with existing group policy contracts.
- l. Negotiated co-pay shall be applied to members belonging to the rest of the member categories and their qualified dependents.
- m. All rates are inclusive of government taxes

5. Who are eligible to receive the orthopaedic benefits?

- a. All qualified PhilHealth members and his/her dependents who meet the minimum selections criteria set by the Corporation
- b. Those with approved pre-authorization requests are valid for 60 calendar days from date of approval

Note: All accredited HCIs are responsible for tracking the validity of their approved pre-authorizations. They shall inform PhilHealth if pre-authorization requests are lapsed. A new pre-authorization checklist and request shall be submitted, if needed.

For emergency cases of acute hip fracture requiring multiple screw fixations (MSF), the contracted HCI shall submit the accomplished pre-authorization within 2 working days after surgery.

6. How much are the Packages worth? (see Table 2-5)

Table 2. Implants for hip arthroplasty

Package Code	IMPLANTS	RVS Codes	Z Package Rate (PHP)	Case rate (PHP)	Rates per side (left or right) (PHP)
Z011-A	Total Hip Prosthesis , cemented	27130	103,400.00	53,400	50,000
Z011-B	Total Hip Prosthesis , cementless	27130	169,400.00	53,400	116,000
Z011-C	Partial Hip Prosthesis, bipolar	27125	73,180.00	37,180	36,000

Table 3. Implants for hip fixation

Package Code	IMPLANTS	RVS Codes	Z Package Rate (PHP)	Case rate (PHP)	Rates per side (left or right) (PHP)
Z011-D	Multiple screw fixation (MSF) 6.5mm cannulated cancellous screws with washer	27235	61,500.00	46.500	15,000

Table 4. Implants for pertrochanteric fracture

Package Code	IMPLANTS	RVS Codes	Z Package Rate (PHP)	Case rate (PHP)	Rates per side (left or right) (PHP)
Z011-E	Compression Hip Screw Set (CHS) OR	27244	69,000.00	46,500	22,500
Z011-F	Proximal Femoral Locked Plate (PFLP) OR	27244	71,000.00	46,500	24,500
Z011-G	Proximal Femoral Nail (PFN)	27245	55,640.00	31,140	24,500

Table 5. Implants for Femoral and Tibial Shaft Fracture

Package Code	IMPLANTS	RVS Codes	Z Package Rate (PHP)	Case Rate (PHP)	Rates per side (left or right) (PHP)
Z011-H	Intramedullary Nail with Interlocking Screws - Femur	27506	48,740.00	30,740	18,000
Z011-I	Intramedullary Nail with Interlocking Screws - Tibia	27759	45,120.00	27,120	18,000
Z011-J	Locked Compression Plate (LCP) - Broad/Metaphyseal/ proximal and Distal Femoral	27507	50,740.00	30,740	20,000
Z011-K	Locked Compression Plate (LCP) - Broad/Metaphyseal/ proximal and distal tibial	27758	42,660.00	22,660	20,000

7. How many days will be deducted from the annual benefit limit of a member?

A maximum of five (5) days shall be deducted from the 45 days annual benefit limit of the member.

8. Where can patients avail themselves of the Z Benefits for selected orthopedic implants?

Patients can avail themselves of these benefits from the following health care institutions:

- a. Philippine Orthopedic Center (NCR)
- b. Corazon Locsin Montelibano Memorial Regional Hospital (Region VI)
- c. Vicente Sotto Memorial Medical Center (Region VII)
- d. Zamboanga City Medical Center (Region IX)
- e. Northern Mindanao Medical Center (Region X)
- f. Baguio General Hospital & Medical Center (CAR)

9. How should claims be filed?

- a. All claims filed by the contracted hospitals in behalf of the patient shall be in accordance with the Guiding Principles of the Z Benefits (P.C. 35 S. 2015)
- b. Payment for the packages shall be in single tranche.
- c. Claims for the Z benefit for specialized medical devices and components must bear a code/serial number by which the manufacturers are explicitly identified.
- d. The basis for the reimbursement shall be the pre-authorization diagnosis. In cases when a patient underwent a procedure other than pre-authorized, PhilHealth shall pay the procedure of lower package rate.

Example:

Pre-authorization diagnosis	Actual Procedure done	Reimbursement
Total Hip arthroplasty	Partial hip arthroplasty	Partial hip arthroplasty

- e. In cases when a procedure with a higher package rate compared to the pre-authorized was done, payment shall be based on the procedure indicated in the operative record.

Example:

Pre-authorization diagnosis	Actual Procedure done	Reimbursement
Partial Hip arthroplasty	Total hip arthroplasty	Total hip arthroplasty

- f. Documentary Requirements are as follows:
- i. Pre-authorization Checklist and Request
 - ii. Claim Form 1 and 2
 - iii. Member Empowerment Form
 - iv. Z Satisfaction Questionnaire
 - v. Checklist of Mandatory Services
 - vi. Discharge Checklist
 - vii. Operative Technique (Photocopy)

10. When is the effectivity of PhilHealth Circular 2016-0020?

This Circular shall take effect fifteen (15) calendar days after its publication in a newspaper of general circulation. Claims filed with approved pre-authorizations prior to the date of effectivity of this Circular shall follow the provisions of PhilHealth Circular 012-2014.