

TAMANG SAGOT
PhilHealth Circular No. 2016-0033

Expanded Z Benefits for Mobility, Orthosis, Rehabilitation, Prosthesis Help Package (Expanded Z MORPH)

1. What is expanded ZMORPH?

A PhilHealth Z benefit package that expands its scope of assistive technology from below the knee prosthesis to all levels of limb loss or deficiency or spinal deformity with integrated rehabilitation services.

2. What are the bases for the development of benefit package?

The development of the expanded ZMORPH is based on the following:

- Republic Act 7277 or Magna Carta for Disabled Persons
- United Nations Convention on the Rights of Persons with Disabilities
- DOH Administrative Order 2015-005 (Revised National Policy on Strengthening the Health and Wellness Program for PWDs)
- PhilHealth Board Resolution No.2124s.2016, the ZMORPH shall be expanded to include benefits for prostheses, orthoprotheses and orthoses.

3. What are assistive technologies and services covered under the expanded ZMORPH benefit package?

The package covers the following assistive technologies and the entire management from pre-prosthetic/orthotic assessment up to the conduct of the rehabilitation or occupational therapy sessions including professional fees:

- a. Upper and Lower Limb Prostheses
- b. Lower limb orthosis
 - b.1 Ankle foot orthoses
 - b.2 Knee ankle foot orthoses
 - b.3 Hip knee ankle foot orthoses
- c. Spinal orthosis
 - c.1 Thoracolumbosacral custom molded spinal orthosis
 - c.2 Lumbosacral custom molded spinal orthosis
 - c.3 Cervicothoracic custom molded spinal orthosis

4. What is the overall Package Code of the Expanded ZMORPH?

The overall package code for the Z Benefit for **Expanded ZMORPH is Z015.**

5. What are the package codes and rates per laterality?

The following are the package codes and corresponding rates per laterality:

Table 1. Package codes and rates for Expanded ZMORPH- Prostheses/orthoprotheses

Description	Package Code			Package Rate (Php) per laterality
	Right	Left	Both	
I. Prosthesis*				
A. Above knee/ knee disarticulation (AKKD)	Z0151A	Z0151B	Z0151C	75,000.00
B. Hip disarticulation (HD)	Z0152A	Z0152B	Z0152C	135,000.00
C. Below elbow (BE)	Z0153A	Z0153B	Z0153C	50,000.00
D. Above elbow (AE)	Z0154A	Z0154B	Z0144C	70,000.00
E. Van Ness Rotationplasty	Z0155A	Z0155B	Z0155C	85,000.00
II. Ortho/prostheses**				
A. Ankle foot	Z0156A	Z0156B	Z0156C	17,500.00
III. Orthoses**				
A. Knee ankle foot	Z0157A	Z0157B	Z0157C	35,000.00
B. Hip knee ankle foot	Z0158A	Z0158B	Z0158C	80,000.00

Table 2. Package codes and rates for Expanded ZMORPH- Spinal Orthoses

Description	Package Code	Package Rate (Php)
IV. Spinal		
A. Thoracolumbosacral	Z0159	40,000.00
B. Lumbosacral	Z01510	30,000.00
C. Cervicothoracic	Z01511	45,000.00

6. Who are entitled to avail of the expanded ZMORPH?

The expanded ZMORPH may be availed of by all eligible PhilHealth members and qualified dependents who shall comply with the following selections criteria:

- A. **Upper and Lower Limb Prostheses**
 - a. Age \geq 18 years old
 - b. At least three months post-amputation, if acquired

- c. Wheelchair independent, community-ambulator with or without crutches, cane or walker
- d. On physical examination: no fresh or non-healing wound, neuroma or painful residual limb, no motor strength of <4/5 and limitation of motion of upper and/or lower limbs, no incoordination or poor balance

B. Lower limb orthosis

- a. Age \geq 18 years old
- b. At least three months post-onset
- c. Upper limbs \geq 4 with fair trunk control and full range of motion, if bilateral
- d. Unaffected limbs \geq 3 with fair trunk control and full range of motion, if unilateral
- e. Ambulatory with assistive device
- f. No fresh or non-healing wound

1. Ankle foot orthoses

- a. Weakness or absence of dorsiflexors &/or plantarflexors, +/- grade 1-2 spasticity with full range of motion achieved passively
- b. Equinovarus +/- foot rotation and +/- grade 1-2 spasticity with full range of motion achieved passively
- c. Pain & Instability secondary to sensory or structural deficit in a Charcot Arthropathy

2. Knee ankle foot orthoses

Quadriceps MMT of <3 +/- sensory loss , +/- instability (genu recurvatum) with hip/knee flexion contracture <20 degrees

3. Hip knee ankle foot orthoses

Hip, knee, ankle & foot muscles MMT <3 +/- sensory loss, +/- instability, with hip /knee flexion contracture <20 degrees

C. Spinal orthosis

- a. Age \geq 18 years old
- b. Upon diagnosis &/or post-operative clearance
- c. No sensory deficit over body segment of application
- d. Upper and lower limb manual muscle strength of \geq 3

1. Thoracolumbosacral custom molded spinal orthosis

- a. Thoracolumbar (T12-L2) spinal fractures involving posterior elements
- b. Primary or metastatic lesions to the thoracolumbosacral spine

2. Lumbosacral custom molded spinal orthosis

- a. Lumbosacral fractures (L1-L3)
- b. Primary or metastatic lesions to the lumbosacral spine

3. Cervicothoracic custom molded spinal orthosis

- a. Cervical spine fractures (C3-C7) without neurologic deficit
- b. Torticollis
- c. Metastatic lesions without neurologic deficit

7. What are the minimum standards of care?

The Expanded ZMORPH shall reflect the following mandatory and other services:

Table 3. Mandatory and other services for Expanded ZMORPH

Mandatory Services	Other Services
1. Pre-prosthetic /orthotic assessment by a board-certified physician of the Philippine Board of Rehabilitation Medicine	When warranted, pre-prosthetic / orthotic rehabilitation shall be prescribed by a board-certified physician of the Philippine Board of Rehabilitation Medicine and implemented by a PRC-licensed physical therapist or occupational therapist
2. Measurement and casting by International Society of Prosthetics & Orthotics (ISPO)/DOH Category I or II prosthetist/orthotist	
3. Prosthetic /Orthotic fabrication & check-out by ISPO/DOH Category 1 or 2	
4. Post-prosthetic/orthotic fitting prescription for six physical therapy or occupational therapy sessions by board-certified physician of the Philippine Board of Rehabilitation Medicine	
5. Conduct of six physical therapy or occupational therapy sessions by PRC-licensed physical therapist or occupational therapist	
6. Final discharge disposition by a board-certified physician of the Philippine Board of Rehabilitation Medicine	

8. How will the benefit be paid for and when?

The mode of payment for Expanded ZMORPH shall be by tranches with the corresponding amounts and filing schedule with the allowed frequency of availment as follows:

Table 4. Mode of payment and filing schedule for Expanded ZMORPH

Description	Tranche	Amount (Php)	Filing Schedule	Frequency
I. Prosthesis				
A. Above knee/ knee disarticulation	1	65,000	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO/DOH	Every 5 years; maximum of 2 in a

Description	Tranche	Amount (Php)	Filing Schedule	Frequency
	2	10,000	Within 60 calendar days after the last physical therapy or occupational therapy sessions	lifetime
B. Hip disarticulation	1	120,000	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO	Every 5 years; maximum of 2 in a lifetime
	2	15,000	Within 60 calendar days after the last physical therapy or occupational therapy sessions	
C. Below elbow	1	40,000	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO	Every 5 years; maximum of 2 in a lifetime
	2	10,000	Within 60 calendar days after the last physical therapy or occupational therapy sessions	
D. Above elbow	1	60,000	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO	Every 5 years; maximum of 2 in a lifetime
	2	10,000	Within 60 calendar days after the last physical therapy or occupational therapy sessions	
E. Van Ness Rotationplasty	1	71,000	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO	Every 5 years; maximum of 2 in a lifetime
	2	14,000	Within 60 calendar days after the last physical therapy or occupational	

Description	Tranche	Amount (Php)	Filing Schedule	Frequency
			therapy sessions	
II. Ortho/ prostheses				
A. Ankle Foot	1	13,000	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO	Every 5 years; maximum of 2 in a lifetime
	2	4,500	Within 60 calendar days after the last physical therapy or occupational therapy sessions	
III. Orthoses				
A. Knee ankle foot	1	28,000.00	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO	Two in a lifetime
	2	7,000.00	Within 60 calendar days after the last physical therapy or occupational therapy sessions	
B. Hip Knee Ankle Foot	1	70,000	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO	Two in a lifetime
	2	10,000	Within 60 calendar days after the last physical therapy or occupational therapy sessions	
IV. Spinal				
A. Thoracolumbo-sacral	1	32,000.00	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO	Two in a lifetime

Description	Tranche	Amount (Php)	Filing Schedule	Frequency
	2	8,000.00	Within 60 calendar days after the last physical therapy or occupational therapy sessions	
B. Lumbosacral	1	22,000	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO	Once in a lifetime
	2	8,000	Within 60 calendar days after the last physical therapy or occupational therapy sessions	
C. Cervicothoracic	1	32,000	Within 60 calendar days after Prosthetic /Orthotic fabrication & check-out by ISPO	Once in a lifetime
	2	8,000	Within 60 calendar days after the last physical therapy or occupational therapy sessions	

9. What are the rules in availing the Expanded ZMORPH?

- a. The provision of services for Expanded ZMORPH shall be covered under the benefit package and only those cases that strictly fulfil the selections criteria shall be covered.
- b. Contracted HCI should assess all their patients for qualification to the Z benefits and if qualified, they should be enrolled in the Program. Contracted HCIs shall be responsible for developing an efficient process for assessing Z benefit patients that is applicable in their own local setting.
- c. Pre-authorization based on approved selections criteria shall be required prior to provision of services. These pre-authorization checklists and requests (Annex A) shall be completely and properly accomplished by HCIs and shall be submitted by a designated liaison staff of LHIO or to the office Head of the BAS in the region for approval.
- d. The approved Pre-authorization Checklist and Request (Annex A) shall be valid for 180 calendar days from the date of approval by PhilHealth. All contracted HCIs are responsible for tracking the validity of their approved pre-authorizations. A new pre-authorization checklist and request form shall be submitted if services were not provided at the end of the validity period of the prior request.

- e. While submission of pre-authorization request is manual, the pre-authorization checklist and request for the Expanded ZMORPH and the properly accomplished ME Form shall be submitted together. Once the systems are automated, a unique case number shall be generated for every pre-authorization request submitted.
- f. The ME Form shall be accomplished together by the attending health care professional/s in the contracted HCI and the patient to be enrolled in the expanded ZMORPH. The ME Form aims to support patients to be active participants in health care decision making by being educated and informed of the conditions, and all management options. Further the ME Form aims to encourage the attending health care professionals in the contracted HCIs to dedicate adequate time to discuss with patients. The overall goal is to achieve better health outcomes and patient satisfaction.
- g. PhilHealth members and their qualified dependents must be eligible to avail themselves of the PhilHealth benefits at the time of pre-authorization.
- h. The minimum standards of care for Expanded ZMORPH cover the entire management from pre-prosthetic/orthotic assessment up to the conduct of rehabilitation or occupational therapy sessions. These are based on current standards of practice and may be updated as needed, depending on valid medical evidence that is transferrable and applicable to the local setting.
- i. The minimum standards of care for the Expanded ZMORPH are the mandatory services that must be provided to all patients enrolled under the Z benefits in all contracted HCIs that shall be required by PhilHealth.
- j. Coordination and collaboration with Reference HCI and among contracted HCIs for Expanded ZMORPH shall be required for quality improvement and operational purposes.
- k. A maximum of five (5) days shall be deducted from the 45 days annual benefit limit regardless of the actual length of stay in the contracted HCI. Such deductions shall be made on the current year when the pre-authorization is approved. In cases where the remaining annual benefit limit is less than five (5) days but at least one (1) day at the time of pre-authorization, the member shall remain eligible to avail of the Z Benefits, provided that the premiums are updated.
- l. The No Balance Billing (NBB) Policy shall be applicable at all times. Negotiated fixed-co-pay shall be applied for eligible non-sponsored members and their qualified dependents. The fixed co-pay shall be reflected in the individual contracts and shall cover additional services rendered by the contracted HCI in relation to the Expanded ZMORPH.

If the eligible members or their qualified dependents refuse to avail of the NBB policy and agree to pay the negotiated co-pay, they will be allowed to do so provided they indicate in the ME Form that they are willing to opt out from the NBB and pay the corresponding negotiated co-pay.

- m. All claims for the Expanded ZMORPH shall be filed by the contracted HCI according to the schedules set by PhilHealth.
- n. The filing of the claims shall be done by the contracted HCI within 60 calendar days from the last day of the period covered specified in the tranche schedules in Table 4.

- o. All mandatory and other services specific to the Expanded ZMORPH, that ensures the safety and material used, shall be provided to the patient according to the approved standards set by the reference HCI.
- p. Payment for this package shall be made to the contracted HCI in full upon filing of claims for the specialized medical devices within 60 days from the date the claim was filed.
- q. The professional fee for the Expanded ZMORPH is 10% of the package rate. Rules on pooling of professional fees for government facilities shall apply.
- r. All rates are inclusive of government taxes.
- s. In cases when the patient expires anytime during the course of service provision or the patient is lost to follow up, the payment schedule of the corresponding tranche for the specific phase shall be released as long as the patient received the scheduled service. The remaining tranche shall not be paid.
 “Lost to follow up” means the patient has not come back as advised for immediate next rehabilitation treatment visit or within 2 weeks after prosthetic/orthotic prescription has been prescribed. Patient will only be allowed a maximum of one calendar year to avail oneself of the Z Benefits from casting to rehabilitation services.
- t. Contracted HCI shall submit to PhilHealth a Sworn Declaration that a patient is expired or lost to follow up when filing the claim for specific treatment phase.
- u. All patients availing themselves of the ZMORPH shall be monitored for return to productivity or community re-integration as outcomes in the next six (6) months. Reports may be subjected to monitoring and post-audit by PhilHealth.

10. Who designates the Z Benefits Coordinator for Expanded ZMORPH and what are their roles and responsibilities?

Contracted HCIs shall be required to designate at least (1) Z Benefits Coordinator, whose responsibilities may include, but are not limited to the following, as they deem necessary:

1. Provide guidance to Z patients by facilitating timely access to the services required for the Z Benefits - Guiding Z patients enrolled in the program aims to overcome healthcare barriers in the availment of the said benefits in order to ensure patient adherence to agreed treatment plans with the goal of achieving expected good outcomes and ultimate patient satisfaction;
2. Coordinate with PhilHealth relevant matters pertinent to the Z Benefits availment of candidate patients such as filling out of forms and eligibility requirements prior to pre-authorization and providing feedback and other inputs required by PhilHealth;
3. Encode into the ZBITS Module of the HCI Portal the pertinent information (i.e. demographics) of all patients needing prostheses/orthoses, whether or not the patient fulfills the selections criteria for pre-authorization;
4. Enter pertinent data elements of all patients with approved Pre-authorization Checklist and Request (Annex “A”) in the required fields of the ZBITS Module of the HCI Portal. These data elements shall be determined by PhilHealth, experts in prostheses/orthoses, Reference HCI and other stakeholders for purposes of quality

improvement, policy research, and monitoring. Contracted HCIs are encouraged to train their respective Z Benefits coordinator/s;

5. Other duties and responsibilities that may be assigned by the contracted HCI such as ensuring completeness and accuracy of all attachments needed for pre-authorization, claims filing and reimbursement, that shall facilitate the implementation of the Z Benefits.

11. What are the rules when filing claims for expanded ZMORPH?

1. The contracted HCIs shall file claims according to existing policies of PhilHealth.
2. All claims shall be filed by the *contracted* HCIs in behalf of the patients. There shall be no direct filing by members.
3. The contracted HCI shall submit a claim application per completed tranche.
4. For cases involving more than one amputation, the patient is not allowed to claim two prostheses simultaneously with the same laterality in either the upper (i.e. BE, AE) or in the lower (AKKD, HD) limb.

Table 5. Examples of cases involving two levels of amputations

Example	Decision	Explanation
(Left) AKKD and (Left) HD	Deny	Same laterality in the same level of amputation (lower level). This will involve the same prostheses in the lower limb.
(Left) AKKD and (Left) BE	Pay	Same laterality but different levels of amputation (AKKD at the lower level and BE at the upper level). Patient is ambulatory with assistive device.
(Left) AKKD and (Left) AE	Pay	Same laterality but different levels of amputation (AKKD at the lower level and AE at the upper level). Patient is ambulatory with assistive device.
(Left) AKKD and (Right) HD	Pay	Different laterality
(Left) BE and (Left) AE	Deny	Same laterality in the same level of amputation (lower level). This will involve the same prostheses in the upper limb.

5. For the initial claim application (i.e. tranche 1), the following shall be attached:
 - a. Transmittal Form (Annex “H”) of all claims for Expanded ZMORPH for submission to PhilHealth, per claim or per batch of claims;
 - b. Original copy of the approved Pre-authorization Checklist and Request;
 - c. Certified true copy of the properly accomplished ME Form;

- d. PhilHealth Benefit Eligibility Form (PBEF) printout during the pre-authorization application.
 - e. Properly accomplished Claim Form 2
 - f. Discharge Checklist of Services (Annex “C”) for the corresponding tranches
 - g. Photocopy of completely accomplished Z Satisfaction Questionnaire (Annex “D”)
 - h. Tranche Requirements Checklist (Annex “E”)
6. For succeeding claims, the following documents shall be submitted:
 - a. Transmittal Form
 - b. Claim Form 2
 - c. Discharge Checklist Services (Annex “C”)
 - d. Photocopy of Z Satisfaction Questionnaire (Annex “D”)
 - e. Tranche Requirements Checklist for the Z Benefits (Annex “E”)
 7. The Z Satisfaction Questionnaire (Annex “D”) shall be administered to all Z patients prior to final discharge disposition from the contracted HCI. These are validated during field monitoring by PhilHealth and shall be used as basis of the Corporation for benefits enhancement, policy research and quality improvement purposes.
 8. Rules on late filing shall apply.
 9. If the delay in the filing of claims is due to natural calamities or other fortuitous events, the contracted HCI shall be accorded an extension period of 60 calendar days as stipulated in Section 47 of the Implementing Rules and Regulations (IRR) of the National Health Insurance Act of 2013 (Republic Act 7875, as amended by RA 9241 and RA 10606).