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PhilHealth Circular No. 2017-0009

Z BENEFITS FOR PREMATURE AND SMALL NEWBORNS

1. What is the current situation/ data on neonatal mortality?

- Philippines fell short of achieving the 2015 target reducing the under five mortality by two-thirds
- Data reveals the slow decline of fewer than five deaths in recent years is tied to the plateauing in reduction of newborn deaths
 - Neonatal deaths contribute to 45% of fewer than five deaths
 - Of these neonatal deaths 32% is caused by prematurity, as such preterm deaths constitute around 14.4% of under 5 deaths.
- The condition of prematurity and low birth weight (LBW) can be catastrophic because the degree of specialized care that is required
- Financial constraints prevent timely administration of cost – effective interventions, these includes services for pregnant women at risk of preterm delivery and those 75% of preventable death in premature & LBW newborns

2. What is the rationale for the development of the Z benefits for premature and small newborn package?

- PhilHealth developed the benefit package of premature and small babies as there is evidence that survival rates can be improved with cost-effective interventions that are available locally. This reduces the impact of maternal high risk conditions in a timely manner and lowers deaths due to prematurity and low birth weight (LBW).
- The benefit package is designed to provide financial risk protection in the access of preventive to catastrophic care for premature or LBW newborns. This complements the following PhilHealth benefit packages for mothers and newborns:
 1. Expanded NSD –PC 39s-2009
 2. Maternity Care Package and
 3. PC 22 s-2014 on Women about to give birth
- This is an improved, rationalized and relevant benefit package for premature and LBW newborns with a perspective of capturing preventive to curative approach to patient care.

3. What are the Guiding Principles of the Z benefits for premature and small newborns

- a. The benefit package is value based such that it addresses the highest disability adjusted life years (DALY). The emphasis shall be to provide quality healthcare services and improve health outcomes.
- b. The benefit package shall contribute to the attainment of UHC and financial risk protection for all members
- c. The benefit package shall encourage a holistic care of the mother-baby dyad with a comprehensive primary to catastrophic approach to patient care in a multidisciplinary setting.
- d. Facilitate team management and strengthen referral systems within a service delivery network (SDN)

4. Who are entitled to avail of the Z Benefit for premature and small newborns?

The benefit package for prevention of preterm delivery may be availed of by pregnant women who are in their 24 to 36 and 6/7 weeks of gestation who are at risk of pre-term delivery.

Meanwhile, the benefits for preterm and small newborns may be availed of by premature newborns who are visually small or very small, 24 weeks to < 37 weeks by fetal aging of 500 g to ≤ 2,499 g fetal weight.

5. What are the codes, description and package rates of the Z benefits for premature and small newborns?

Table 1. Benefit Packages for the prevention of preterm birth

Z Code	Description	Rate (Php)
Z016.1	Prevention of preterm delivery with severe pre-eclampsia/eclampsia	3,000.00
Z016.2	Prevention of preterm delivery, with preterm pre-labor rupture of membrane (pPROM)	1,500.00
Z016.3	Prevention of preterm delivery without pre-eclampsia/eclampsia or rupture of membranes but with labor or vaginal bleeding or multifetal pregnancy	600.00
Z016.4	With coordinated referral and transfer from a lower level of facility	4,000.00

Table 2. Benefit Packages for preterm and small newborns (24 to <32 weeks)

Z Code	Description	Rate (Php)
Z016.5	Essential interventions for 24 to <32 weeks	35,000.00
Z016.6	Essential intervention with minor ventilator support and Kangaroo Care for 24 weeks to <32 weeks	85,000.00
Z016.7	Essential interventions with major ventilatory support and Kangaroo Care for 24 weeks to <32 weeks	135,000.00

Table 3. Benefit Packages for preterm and small newborns (32 to <37 weeks)

Z Code	Description	Rate (Php)
Z016.8	Essential interventions for 32weeks to < 37 weeks	24,000.00
Z016.9	Essential interventions with mechanical ventilation and Kangaroo Care for 32 weeks to <37 weeks	71,000.00

6. What are the lists of Mandatory and Other services to be provided by the health care institutions (HCIs)?

Table 4. Mandatory services and other services for prevention of preterm birth

Code	Mandatory services	Other services, as needed
Z016.1	Antenatal steroid (dexamethasone IM or betamethasone IM) Anticonvulsant for severe pre-eclampsia (magnesium sulphate IM) Assessment of labor and stage using the WHO partograph	Tocolytic agent (ex. nifefipine) ¹ calcium gluconate IV
Z016.2	Antenatal steroid (dexamethasone IM or betamethasone IM) Antibiotic for pPROM (ex. Erythromycin IV or ampicillin IV) Assessment of labor and stage using the WHO partograph	Tocolytic agent (ex. nifefipine)

Z016.3	Antenatal steroid (dexamethasone IM or betamethasone IM) Assessment of labor and stage using the WHO partograph	Tocolytic agent (ex. nifedipine)
Z016.4	Coordinated ambulance transfer	

For women at risk of imminent preterm birth who have an otherwise uncomplicated pregnancy, the acute use of tocolytic drug to prolong pregnancy (up to 48 hours) can be considered to provide a window for administration of antenatal steroids and/or in utero fetal transfer to an appropriate neonatal health care setting (WHO 2015)

Table 5. Mandatory services and other services for preterm birth and small newborns (24 weeks to <32 weeks)

Z016.5	Mandatory services	Other services, as needed
Management	<ul style="list-style-type: none"> ● Essential Intrapartum and Newborn Care (EINC) ● Thermoregulation 	<ul style="list-style-type: none"> ● Newborn resuscitation ● Intensive care ● Surfactant therapy ● Ventilatory support: mechanical ventilation/continuous positive airway pressure (CPAP) ● Oxygen support ● Management of infection: empirical antibiotics / antibiotics for sepsis ● Management of anemia ● Management of apnea ● Management of intraventricular hemorrhage (IVH): screening for IVH ● Management of jaundice ● Breastfeeding/breast milk feeding and counselling ● Kangaroo Care
Diagnostics	<ul style="list-style-type: none"> ● Complete blood count (CBC) ● Blood typing ● Bedside glucose test ● Blood culture 	<ul style="list-style-type: none"> ● Serum sodium, potassium, calcium ● Creatinine ● Chest X-ray (antero-posterior / antero-posterior & lateral) (AP/AP-L) / babygram ● Cranial ultrasound

		<ul style="list-style-type: none"> ● Total serum bilirubin ● Blood gas determination
Procedures	<ul style="list-style-type: none"> ● Peripheral IV insertion 	<ul style="list-style-type: none"> ● Endotracheal intubation ● Surfactant administration ● Phototherapy ● Umbilical venous cannulation ● Umbilical artery cannulation
Medicines	<ul style="list-style-type: none"> ● Erythromycin eye ointment ● Vitamin K ● IV fluid: D₅ Water or D₁₀ Water 	<ul style="list-style-type: none"> ● IV Antibiotics (ampicillin, gentamicin, and others as determined by hospital antibiogram) ● Inotropes (e.g. dopamine IV, dobutamine IV, epinephrine IV) ● Anticoagulant (e.g. heparin) ● Surfactant ● 0.9 NaCl IV fluid

Table 5. Mandatory services and other services for preterm birth and small newborns (24 weeks to <32 weeks)

Z016.6	Mandatory services	Other services, as needed
Management	<ul style="list-style-type: none"> ● EINC ● Thermoregulation ● Breast feeding/breast milk feeding and counselling ● Oxygen support ● Kangaroo Care 	<ul style="list-style-type: none"> ● Newborn resuscitation ● Intensive care ● CPAP ● Management of jaundice ● Management of infection: empirical antibiotics / antibiotics for sepsis ● Management of anemia ● Management of apnea ● Management of IVH: screening for IVH
Diagnostics	<ul style="list-style-type: none"> ● CBC ● Blood typing ● Total serum bilirubin ● Bedside glucose test ● Blood culture 	<ul style="list-style-type: none"> ● Blood gas determination ● Serum sodium, potassium, calcium ● Creatinine ● Chest x-ray (AP/AP-L) / babygram ● Cranial ultrasound
Procedures	<ul style="list-style-type: none"> ● Peripheral IV insertion 	<ul style="list-style-type: none"> ● Phototherapy ● Umbilical venous cannulation
Medicines	<ul style="list-style-type: none"> ● Erythromycin eye ointment ● Vitamin K 	<ul style="list-style-type: none"> ● IV Antibiotics (ampicillin, gentamicin, and others as determined by hospital antibiogram) ● Inotropes (e.g. dopamine IV,

		dobutamine IV, epinephrine (IV) <ul style="list-style-type: none"> ● Anticoagulant (e.g. heparin) ● Vitamins (e.g. multivitamins PO) ● Anti-anemia (ferrous sulfate PO) ● Dibenzoyl peroxide PO ● Parenteral nutrition (e.g. amino acid crystalline solutions) ● IV fluid such as D₅ electrolyte solution, D₅₀
Birth dose vaccines	<ul style="list-style-type: none"> ● Bacillus Calmette-Guerin (BCG) ● hepatitis B 	
Screening	<ul style="list-style-type: none"> ● Newborn hearing screening (oto-acoustic emission, OAE) ● Newborn metabolic screening (basic panel) ● Screening for retinopathy of prematurity (ROP) 	
Others	<ul style="list-style-type: none"> ● Pre-discharge counseling 	

Table 5. Mandatory services and other services for preterm & small newborns (24 to <32 weeks)

Z016.7	Mandatory services	Other services, as needed
Management	<ul style="list-style-type: none"> ● EINC ● Thermoregulation, ● Breast feeding / breast milk feeding and support ● Kangaroo Care ● Mechanical ventilation 	<ul style="list-style-type: none"> ● Newborn resuscitation ● Intensive care ● Surfactant therapy ● Oxygen support ● Management of jaundice ● Management of infection: empirical antibiotics / antibiotics for sepsis ● Management of anemia ● Management of apnea ● Management of IVH: screening for IVH
Diagnostics	<ul style="list-style-type: none"> ● CBC ● Blood typing ● Total serum bilirubin ● Bedside glucose test ● Blood culture ● Blood gas determination 	<ul style="list-style-type: none"> ● Cross-matching of blood type ● Prothrombin time ● Cerebrospinal fluid (CSF) determination for protein, glucose, cell count ● CSF culture

	<ul style="list-style-type: none"> ● Chest x-ray (AP/AP-L) / babygram 	<ul style="list-style-type: none"> ● Serum sodium, potassium, calcium ● Creatinine ● 2-D echocardiography ● Blood culture
Procedures	<ul style="list-style-type: none"> ● Peripheral IV insertion, ● Endotracheal intubation, ● Umbilical venous cannulation 	<ul style="list-style-type: none"> ● Surfactant administration ● Blood transfusion (pRBC) ● Double volume exchange transfusion (whole blood) ● Phototherapy ● Thoracostomy tube insertion ● Thoracentesis (chest needling) ● Insertion of central line
Medicines	<ul style="list-style-type: none"> ● Erythromycin eye ointment ● Vitamin K 	<ul style="list-style-type: none"> ● IV antibiotics (ampicillin, gentamicin, amikacin and others as determined by the hospital antibiogram) ● Inotropes (e.g. dopamine IV, dobutamine IV, epinephrine IV) ● Calcium gluconate IV ● Anticoagulant (e.g. heparin) ● Surfactant ● Bronchodilator (e.g. aminophylline IV) ● Analgesic (e.g. paracetamol PO) ● Anticonvulsant (e.g. IV or PO Phenobarbital) ● Vitamins (e.g. multivitamins PO) ● Anti-anemia (ferrous sulfate drops PO) ● Dibenzozide PO ● Parenteral nutrition (e.g. amino acid crystalline solution)
Birth Dose Vaccines	<ul style="list-style-type: none"> ● BCG ● Hepatitis B 	
Screening	<ul style="list-style-type: none"> ● Newborn hearing screening (OAE) ● Newborn metabolic screening (basic panel) ● Screening for ROP 	
Others	<ul style="list-style-type: none"> ● Pre-discharge counseling 	

**Table 6. Mandatory services and other services for preterm & small newborns
(32 weeks to <37 weeks)**

Z016.8	Mandatory services	Other services, as needed
Management	<ul style="list-style-type: none"> ● EINC ● Thermoregulation 	<ul style="list-style-type: none"> ● Newborn resuscitation ● Intensive care ● Surfactant therapy ● Ventilatory support: mechanical ventilation / CPAP ● Oxygen support ● Management of infection: empirical antibiotics / antibiotics for sepsis ● Management of anemia ● Management of apnea ● Management of IVH; screening for IVH ● Management of jaundice ● Breast feeding / breast milk feeding and support ● Kangaroo Care
Diagnostics	<ul style="list-style-type: none"> ● CBC ● Blood typing ● Bedside glucose test ● Blood culture 	<ul style="list-style-type: none"> ● Blood gas determination ● Serum sodium potassium, calcium ● Creatinine ● Total serum bilirubin ● Chest x-ray (AP/AP-L)/ babygram
Procedures	<ul style="list-style-type: none"> ● Peripheral IV insertion 	<ul style="list-style-type: none"> ● Phototherapy ● Endotracheal intubation ● Surfactant administration ● Umbilical venous cannulation
Medicines	<ul style="list-style-type: none"> ● Erythromycin eye ointment, ● Vitamin K 	<ul style="list-style-type: none"> ● IV Antibiotics (ampicillin, gentamicin, and others as determined by hospital antibiogram) ● Inotropes (e.g. dopamine IV, dobutamine IV, epinephrine IV) ● Vitamins (e.g., multivitamins PO) ● Anti-anemia (Ferrous sulfate drops PO)

		<ul style="list-style-type: none"> ● Dibenzozide PO ● IV fluids D₅ electrolyte solution, D₅₀, D₅ 0.9 NaCl
Birth Dose Vaccine	<ul style="list-style-type: none"> ● BCG ● Hepatitis B 	
Screening	<ul style="list-style-type: none"> ● Newborn hearing screening (OAE) ● Newborn metabolic screening (basic panel) ● Screening for ROP 	
Others	Pre-discharge counseling	

Z016.9	Mandatory services	Other services
Management	<ul style="list-style-type: none"> ● EINC ● Thermoregulation ● Mechanical ventilation ● Breast feeding / breast milk feeding and support ● Kangaroo Care 	<ul style="list-style-type: none"> ● Newborn resuscitation ● Intensive care ● Surfactant therapy ● Ventilation support: CPAP ● Oxygen support ● Management of jaundice ● Management of infection: empirical antibiotics / antibiotics for sepsis ● Management of anemia ● Management of apnea ● Management of IVH; screening for IVH
Diagnostics	<ul style="list-style-type: none"> ● CBC ● Blood typing ● Chest x-ray (AP/AP-L)/ babygram ● Blood gas determination ● Blood culture ● Bedside glucose test ● Total serum bilirubin 	<ul style="list-style-type: none"> ● Serum sodium, potassium, calcium ● Creatinine ● Cross-matching of blood type ● Prothrombin time ● CSF determination for protein, glucose, cell count ● CSF culture ● Cranial ultrasound
Procedures	<ul style="list-style-type: none"> ● Peripheral IV insertion ● Umbilical venous cannulation 	<ul style="list-style-type: none"> ● Endotracheal intubation ● Surfactant administration ● Phototherapy, ● Blood transfusion (pRBC)

Z016.9	Mandatory services	Other services
Medicines	<ul style="list-style-type: none"> ● Erythromycin eye ointment ● Vitamin K ● IV Fluids : D₅ Water/D₁₀ Water 	<ul style="list-style-type: none"> ● IV Antibiotics (ampicillin, gentamicin, amikacin, and others as determined by hospital antibiogram) ● Vitamins (e.g. multivitamins PO) ● Anti-anemia (ferrous sulfate drops PO) ● Dibenzozide PO ● Inotropes (e.g. dopamine IV, dobutamine IV, epinephrine IV) ● Calcium gluconate ● Analgesic (e.g. paracetamol PO) ● Anticonvulsant (e.g. phenobarbital PO) ● IV Fluids: D₅LR, 0.9 NaCl, D₅₀
Birth Dose Vaccines	<ul style="list-style-type: none"> ● BCG ● Hepatitis B 	
Pre-discharge Screening	<ul style="list-style-type: none"> ● Newborn hearing screening (OAE) ● Newborn metabolic screening (basic panel) ● Screening for ROP 	
Others	Pre-discharge counseling	

7. How can HCIs avail of the coordinated referral and transfer package?

Coordinated referral and in utero fetal transfer from a lower level facility to an appropriate neonatal health care setting may be availed of with any of the packages for the prevention of preterm delivery (i.e. Z016.1 or Z016.2 or Z016.3). Reimbursement shall be filed by the contracted HCI where the patient is referred to.

8. What are the schedules of filing claims for reimbursement?

Table 7. Package code and amount per tranche and filing schedule for prevention of preterm birth

Package Code	Tranche	Amount (Php)	Filing Schedule
Z 016.1	1	3,000	Within 30 calendar days upon discharge of the mother
Z 016.2	1	1,500	
Z 016.3	1	600	
Z 016.4	1	4,000	

Table 8. Package code and amount per tranche and filing schedule for preterm and small newborns (24 weeks to <32 weeks)

Package Code	Tranche	Amount (Php)	Filing Schedule
Z 016.5	1	35,000	Within 30 calendar days upon discharge of the baby
Z 016.6	1	85,000	
Z 016.7	1	135,000	

Table 9. Package code and amount per tranche and filing schedule for preterm and small newborns (32 weeks to <37 weeks)

Package Code	Tranche	Amount (Php)	Filing Schedule
Z 016.8	1	24,000	Within 30 calendar days upon discharge of the baby
Z 016.9	1	71,000	

9. What are the general rules in availing the Z Benefits for premature and small newborn package?

- a. All claims shall be filed by the contracted HCI in behalf of the patients. There shall be **no direct filing** by PhilHealth members.
- b. The package code for the Z benefits for premature and small newborns is **Z016**.
- c. Contracted HCIs providing the services for premature and small newborn shall be monitored
- d. **Rules in late filing shall apply**, if the delay of filing of claims due to natural calamities or fortuitous events, the accredited HCI shall accorded an extension of 60 calendar days
- e. **Z Satisfaction Questionnaire** shall be administered prior to discharge from HCI.
- f. **Results of diagnostic and laboratory test are NOT required** as attachments to the claim. However, these should be attached to the patients chart and shall be checked during the monitoring.

10. Will the policy on the Z Benefits for premature and small newborns be updated/reviewed?

A regular **policy review** shall be conducted in collaboration with relevant stakeholders, experts and technical staff representatives from the Corporation.

11. Do HCIs need to submit applications for pre-authorization before patients avail of the Z benefits for premature and small newborns?

Given that the nature of the conditions requires urgent management, the said conditions are considered emergency; thus, HCIs are not required to submit applications for pre-authorization. Instead, HCIs shall submit a Checklist of Eligibility Criteria to their corresponding PhilHealth Regional Office after admission of the patients but prior to filing of claims for the availment of the Z Benefits.

The Z benefits coordinator designated by the HCI shall encode all contents of the Checklist of Eligibility for Criteria and shall send electronic copy to the PRO and the BDRD of PhilHealth.

Once ready, PhilHealth shall create a patient registry for the Z Benefits in collaboration with pertinent stakeholders. The policies and implementing guidelines for this shall be disseminated in a separate issuance.

12. What are the documentary requirements for filing claims for reimbursement?

The requirements for filing of claims for reimbursement are the following:

- PBEF print out or claim form 1
- Properly accomplished Claim Form 2

- Photocopy of the Checklist of Eligibility Criteria
- Checklist of Mandatory and other services
- Photocopy of accomplished Z Satisfaction Questionnaire
- Checklist of Requirements for Reimbursement
- All other requirements as indicated in Annex E

13. Where can patients avail themselves of the Z benefits for premature and small newborns?

PhilHealth shall contract with government and private hospitals capable of providing the provision of services for the Z benefits for premature and small newborns. This list shall be posted in the PhilHealth website once available.

14. How can health care institutions be contracted to provide the Z benefits for premature and small newborns?

Health care institutions interested to become contracted by PhilHealth to provide the services for the Z benefits for premature and small newborns may write a letter of intent to the Regional Vice Presidents of the respective PhilHealth Regional Office covering their institutions.

The specific policies and guidelines for contracting HCIs and the minimum requirements for renewal of contracts are stipulated in PhilHealth Circular No. 14, s. 2015 (Guidelines for Contracting Health Care Institutions as Z Benefit Package Providers).