

TAMANG SAGOT

PhilHealth Circular No. 2017-0029

Z Benefits for Children with Developmental Disabilities

1. What is developmental disability?

Developmental disability refers to activity limitation and/or participation restriction secondary to a delay, regression or loss in the developmental milestone of a child. It can be neurological or non-neurological in origin.

2. What are the developmental domains affected by the disability?

Developmental disability may affect the following domains:

- Cognitive and adaptive
- Speech and language (communication)
- Social and emotional (behavioral)
- Motor (gross and fine)

3. What are the leading developmental disabilities in the country?

The four leading developmental disabilities in the country are:

- Autism Spectrum Disorders (ASD)
- Attention Deficit-Hyperactivity Disorder (ADHD)
- Cerebral Palsy
- Global Developmental Delay

(Sources: PGH & PCMC, 2015)

4. How many cases of developmental disability are estimated in the Philippines?

There are 1.6M cases of developmental disability estimated among children of less than 19 years of age (PFP, 2016 [unpublished]).

5. What is the rationale of developing the Z benefits for children with developmental disabilities?

- When early detection, proper diagnosis, with individual plan for therapy services is crafted and with rehabilitation therapies, children can attain their highest level of development, optimize their capacities and increase participation in education and in the community.

- The benefit package is designed to prevent catastrophic spending among the marginalized that are enrolled in the program while ensuring the provision of quality healthcare services.

6. What are the services covered under the Z Benefits for Children with Developmental Disabilities?

- Assessment and plan by a medical specialist/s
- Assessment and plan by an allied health professional/s
- Rehabilitation therapy sessions
- Discharge assessment and plan by a medical specialist/s
- Discharge assessment and plan by an allied health professional/s

7. Who are entitled to avail of the Z benefits for children with developmental disabilities?

The following are entitled to avail of the benefit package:

- Children with chronological age equal to 0 to 17 years and 364 days old and
- Children presenting with functional problems secondary to delays, regressions or deviations in any of the following developmental domains: cognitive-adaptive, sensorimotor, communication, social, emotional or behavioural.

8. What are the Minimum Standards of Care & Package Rates?

A. Z codes, Package and Rates

Table 1. Package rates for assessment of children with developmental disability

Z Code	Description of services	Rate (Php)
Z017.1	Developmental and functional assessment by medical specialist only	3,626
Z017.2	Developmental and functional assessment by medical specialist and one allied health professional or rehabilitation therapists	4,176
Z017.3	Developmental and functional assessment by medical specialist and two allied health professional or rehabilitation therapist	4,726
Z017.4	Developmental and functional assessment by medical specialist and three allied health professional or rehabilitation therapist	5,276

Table 2. Package rates for rehabilitation therapy sessions for children with developmental disability

Z Code	Package	Rate (Php)
Z017.5	Rehabilitation therapy	5,000.00 per set

Eligible children with developmental disability can only avail of a maximum of nine sets of therapies. Each set of therapies has a maximum of ten (10) sessions.

Table 3. Rates for discharge assessment of children with developmental disability

Z Code	Description of services	Rate (Php)
Z017.6	Developmental and functional discharge assessment by medical specialist only	3,626
Z017.7	Developmental and functional discharge assessment by medical specialist and one allied health professional or rehabilitation therapists	4,176
Z017.8	Developmental and functional discharge assessment by medical specialist and two allied health professional or rehabilitation therapist	4,726
Z017.9	Developmental and functional assessment and re-assessment by medical specialist and three allied health professional or rehabilitation therapists	5,276

B. Minimum Standards of Care

Table 4. Mandatory services for children with developmental disability

Mandatory Services
<p>1. Assessment and plan by medical specialist using <u>any</u> of the following standardized tests:</p> <p><i>Developmental Assessments</i></p> <ul style="list-style-type: none"> • Griffith’s Mental Developmental Scale • Battelle Developmental Inventory • Brigance Inventory of Early Development • Vineland Adaptive Behavior Scales <p><i>Functional Tests</i></p>

- Functional Independence Measure (FIM & WEE-FIM)
- Pediatric Quality of Life Inventory
- WHO-Quality of Life Assessment

2. Assessment and plan by an allied health professional/s using any of the following standardized tests:

Occupational therapist

- Beery-Buktenica Developmental Test of Visual-Motor Integration
- Test of Visual Perceptual Skills

Physical therapist

- Gross Motor Function Measure
- Peabody Developmental Motor Scale
- Erhardt Developmental Prehension Assessment

Speech therapist

- Preschool Language Scale
- Clinical Evaluation of Language Fundamentals
- Picture Articulation Test

3. Rehabilitation therapy done

4. Discharge assessment and plan by medical specialist/s using any of the above standard

tests for developmental assessment and function tests

5. Discharge assessment and plan by allied health professional/s using any of the above standardized tests by an occupational therapist, physical therapist, and speech therapist

The following SERVICES are NOT INCLUDED:

- a. Psychometric tests and other recommended developmental and functional tests that are not included in the mandatory services listed above.
- b. Laboratory tests and diagnostic procedures (e.g. brain scans, x-rays, blood tests)
- c. Medications prescribed by the medical specialists/s

9. What are the rules in availing the Z Benefits for Children with Developmental Disabilities package?

- a. The provision of services for the Z benefits for developmental disability shall only be for those cases that fulfill the selections criteria.
- b. In order to qualify for the Z Benefits, children shall be assessed by appropriate health care providers at the contracted health care institutions (HCI). If qualified, these children shall be enrolled in the program.
- c. Contracted HCIs shall be responsible for developing an efficient process for assessing Z Benefits patients that is applicable to their local setting.
- d. Pre-authorization from PhilHealth shall be required prior to provision of services. The approved pre-authorization shall be valid for one (1) year from the date of approval of PhilHealth.

- e. Contracted HCI shall follow the prescribed process of seeking approval for the pre-authorization described in PhilHealth Circular 2015-035 Section VII.F
- f. The member or the dependent should have at least one day remaining from the 45-day annual limit. A deduction of five (5) days from the 45 days annual benefit limit of the primary member shall be made upon approval of the application for pre-authorization.
- g. Properly accomplished and an approved Pre-authorization Checklist and Request together with the Member Empowerment Form (ME) shall be submitted together. The ME Form shall be discussed by the attending health professional/s and accomplished together with the patient.
- h. The HCI shall designate at least one Z Benefits Coordinator to perform the tasks specified in PhilHealth Circular 2015 -35 Section V.
- i. Rates are inclusive of government taxes. Discounts for Persons with Disability (PWD) shall be governed by specific terms espoused in RA 10754 (amending RA 7277).
- j. The No Balance Billing policy shall be applied at all times.
- k. Rules on pooling of professional fees for government facilities shall apply.
- l. HCI shall have their own guidelines on the administration of reimbursement of funds including how professional fees will be dispensed. Monies in excess of the amount needed to deliver the services shall be utilized to improve the facility for **use** of children with developmental disabilities and its equipment.
- m. There shall be no out-of-pocket expense for the avilment of the Z Benefits for children with developmental disabilities for all sponsored and indigent members of PhilHealth and their qualified dependents. A negotiated co-pay for all other member-categories of PhilHealth shall be reflected in the individual contracts of the contracted HCIs.
- n. **Z Satisfaction Questionnaire** shall be administered prior to discharge from HCI.
- o. **Rules on late filing shall apply.** If the delay of filing of claims **is** due to natural calamities or fortuitous events, the accredited HCI shall **be** accorded an extension of 60 calendar days.
- p. Accredited HCIs providing the services for CWD shall be **monitored**.
- q. A **Policy review** shall be conducted in collaboration with relevant stakeholders, experts and technical staff representatives from the Corporation.

10. Who are the members of the multi-disciplinary team (MDT) for this benefit package?

The following are the members and roles of the MDT:

- a. The psychiatric assessment is done by a psychiatrist (Rehabilitation Medicine Specialist) certified by the Philippine Board of Rehabilitation Medicine;
- b. The developmental assessment is done by a neuro developmental pediatrician or a developmental behavioral pediatrician certified by the Philippine Society for Developmental and Behavioral Pediatrics;
- c. The Occupational Therapy and Physical Therapy assessments and treatments are carried out by Professional Regulation Commission (PRC) licensed physiotherapists and occupational therapists;

- d. The speech and language assessments and treatments are carried out by graduates of the BS Speech Pathology/BS Speech Language Pathology Program of an academic institution recognized and accredited by the Commission on Higher Education and a member of the Philippine Association of Speech Pathologists (PASP).

In the event that HCI does not have any of the above specialists among its staff, the HCI may contract with private specialists to provide the needed services as long as they comply with the minimum qualifications set under the Standards of Care.

11. What are the rules in filing claims for reimbursement?

- a. The contracted HCI shall file claims according to existing policies of PhilHealth
- b. All claims shall be filed by the providers in behalf of the clients. There shall be **NO DIRECT** filing by PhilHealth members.
- c. The package code is Z017.
- d. Please refer to Table 5 for the documentary attachments and Table 6 to 8 for the schedule in filing of claims
- e. Claims shall be evaluated according to the process stipulated in PC 2015-035 Section IX

Table 5. Summary of forms to be utilized in claims filing and reimbursement

First Payment (Assessment)	Rehabilitation Tranches (up to 9 claims)	Final Payment (Re-assessment/Discharge)
<ul style="list-style-type: none"> • Pre-authorization Checklist and Request • ME Form • Claim Form1 or PBEF print out • PhilHealth Claim Form2 • Checklist of Mandatory Services • Z Satisfaction Questionnaire • Checklist of Requirements for Reimbursements • Certificate of assessment and recommendations 	<ul style="list-style-type: none"> • PhilHealth Claim Form2 • Checklist of Mandatory Services • Z Satisfaction Questionnaire • Checklist of Requirements for Reimbursements 	<ul style="list-style-type: none"> • PhilHealth Claim Form2 • Checklist of Mandatory Services • Z Satisfaction Questionnaire • Checklist of Requirements for Reimbursements

12. When are claims filed and how much will be reimbursed per tranche?

Table 6 shows the description of services, amount per tranche and filing schedule per one cycle year and maximum availment for initial assessment

Description	Tranche	Amount (PhP)	Filing Schedule	Maximum Availment
Initial assessment by a medical specialist	First	3,626	Within thirty (30) calendar days after assessment by	1 per cycle year for a maximum of three

			the medical specialist	cycles
Initial assessment by a medical specialist and one rehabilitation therapist or allied health professional	First	3,626	Within 30 calendar days after assessment by the medical specialist	1 per cycle year for a maximum of three cycles
	Second	550	Within 30 calendar days after submission of rehabilitation plan of care by the rehabilitation therapist or allied health professional	
Initial assessment by a medical specialist and two rehabilitation therapists or allied health professionals	First	3,626	Within 30 calendar days after assessment by the medical specialist	1 per cycle year for a maximum of three cycles
	Second	1,100	Within 30 calendar days after submission of rehabilitation plan of care by the rehabilitation therapist or allied health professional	
Initial assessment by a medical specialist and three rehabilitation therapists or allied health professionals	First	3,626	Within 30 calendar days after assessment by the medical specialist	1 per cycle year for a maximum of three cycles
	Second	1,650	Within 30 calendar days after submission of rehabilitation plan of care by the rehabilitation therapist or allied health professional	

***One cycle care can be availed of for a second or third time during the duration of eligibility as specified in the recommendations of the Discharge Assessment.**

Table 7. Description of services, amount per tranche and filing schedule per one cycle year of rehabilitation therapy

Description	Tranche	Amount (PhP)	Filing Schedule	Maximum Availment
Rehabilitation Therapy**	Nine tranches (as needed)	5,000 per tranche	Within 30 days after the last session for one set of therapies completed	Nine set of therapies per one year cycle starting from the first day of initial team assessment

***One cycle care can be availed of for a second or third time during the duration of eligibility as specified in the recommendations of the Discharge Assessment.**

**** Eligible children with developmental disability can only avail of a maximum of nine sets of therapies. Each set of therapies has a maximum of 10 sessions.**

Table 8. Description of services, amount per tranche and filing schedule per one cycle year and maximum availment for discharge assessment

Description	Tranche	Amount (PhP)	Filing Schedule	Maximum Availment
Discharge assessment by a medical specialist	1	3,626	Within 30 calendar days after submission of discharge assessment and plan	1 per cycle year for a maximum of three cycles
Discharge assessment by one rehabilitation therapist or allied health professional and a medical specialist	1	550	Within 30 calendar days after submission of discharge assessment and plan	1 per cycle year for a maximum of three cycles
	2	3,626		
Discharge assessment by two rehabilitation therapists or allied health professionals and a medical specialist	1	1,100	Within 30 calendar days after submission of discharge assessment and plan	1 per cycle year for a maximum of three cycles
	2	3,626		
Discharge assessment by a medical specialist and three rehabilitation therapists or allied health professionals	1	1,650	Within 30 calendar days after submission of discharge assessment and plan	1 per cycle year for a maximum of three cycles
	2	3,626		

***One cycle can be availed of for a second or third time during the duration of eligibility as specified in the recommendations of the Discharge Assessment.**

- g. One cycle of package availment consists of initial assessment, the recommended nature and number of rehabilitation therapy sessions and a re-assessment. One cycle should be completed within a year. All services within a given cycle are considered expended and cannot be carried over to the next cycle.
- h. A re-evaluation of the child by the attending physiatrist, developmental paediatrician and allied health professional is required before one cycle of care can be availed of for a second or third (final) time.
- i. A written recommendation from the attending physiatrist or developmental pediatrician to continue rehabilitation therapy must be presented to PhilHealth when filing to avail for second and third cycles.
- j. Children needing assistive technologies to improve mobility, function and communication will be advised to avail of the other Z packages for children with disabilities.
- k. In the event that the patient expires or is declared “lost to follow-up” in the course of rehabilitation therapy, the HCI may still file claims for the payment of services rendered to PhilHealth. For rehabilitation therapy sessions, at least one of the recommended sessions should have been completed for the treatment to be eligible for claims. The contracted HCI should submit a notarized sworn declaration for all lost-to-follow-up patients and present a copy of death certificate for those who expired.
- l. In instances when these patients who were declared “lost-to-follow-up” by the contracted HCI were provided with rehabilitation services in other HCIs, claims for the

succeeding rehabilitation services for this particular Z benefit package shall be **DENIED**.

13. Where can patients avail themselves of this benefit package?

PhilHealth shall engage with identified tertiary government HCIs for the provision of specialized multi-and interdisciplinary health care delivery for this Z benefit. To date, PhilHealth is yet to contract interested HCIs. The standards for contracting HCIs are attached to the circular as Annex F.