

Tamang Sagot
PhilHealth Circular No. 2017-0031
Z Benefits for Children with Mobility Impairment

1. What is Mobility Impairment?

Mobility impairment refers to difficulty in walking, moving around, navigation and changing or maintaining body positions. The difficulty causes a limitation in function and participation in the life of a child.

2. What is Gross Motor Function Classification System?

Gross Motor Function Classification System (GMFCS) is a standard classification used to categorize and describe a child with mobility impairment's ability to function in his/her home, school, or community at different age levels. The system is used to classify which appropriate assistive device can be provided.

3. What are the two (2) most common disorders among pediatric patients that are identified locally to require management for mobility impairment?

The two most common disorders that are identified locally to require management for mobility impairment among pediatric patients are cerebral palsy and clubfoot.

4. How many children are estimated to have mobility impairment in the Philippines?

It is estimated that there are 137,474 children of less than 19 years of age who would need mobility devices. (PFP, 2016 unpublished).

5. What is the rationale for developing the Z benefits for children with mobility impairment?

Addressing mobility impairment through appropriate mobility devices and habilitative/rehabilitative therapy will:

- potentially halt the progression of conditions/complications that limit mobility;
- enable children to navigate access and be more independent and encourage societal participation; and
- prevent catastrophic spending among the marginalized who are enrolled in the program while ensuring the provision of quality health care services.

6. What are the services covered under the Z benefits for children with mobility impairment?

- a. Assessment, prescription of prosthesis and orthosis
- b. Assessment, prescription, follow-up and repair of seating devices and wheelchair with corresponding user training on safety and functional use
- c. Measurement, casting, fabrication, fitting and alignment of prosthesis and orthosis
- d. Rehabilitation program prescription with implementation of therapy

7. Who are entitled to avail of the Z benefits for children with mobility impairment?

Children presenting with the following are entitled to avail themselves of the benefit package:

- a. General criteria
 - i. Age must be equal to 0 to 17 years and 364 days old and;
 - ii. Absence of conditions that will compromise safety and functionality with the use of prosthesis, orthosis, wheelchair or seating device
 - iii. On physical examination: no fresh or non-healing wound on body part of interest
 - iv. At least three months post-surgery, if acquired amputation
- b. With mobility impairment, presenting with any of the following:
 - i. Disorders resulting to mobility impairment:
 - a) Musculoskeletal conditions characterized with any of the following: limb loss (amputation), limb deficiency, limb deformity and spine deformity (Cobb's angle \geq 20 degrees and Risser $<$ 4) classified into:
 - i) GMFCS 1 and 2 for prosthesis and orthoses,
 - ii) GMFCS 3, 4 and 5 for seating device, wheelchair and orthosis (note: For seating device, a child must be 6 months to 6 years & 364 days),
 - iii) Talipes equinovarus (club foot)
 - b) Neuromuscular conditions characterized with any of the following: weakness or paralysis, imbalance, incoordination, sensory deficits classified into:
 - i) GMFCS – 1 and 2 for prosthesis and orthosis, OR
 - ii) GMFCS – 3, 4 and 5 for seating device, wheelchair and orthosis
 - ii. Presence of cardiopulmonary, behavioral or cognitive conditions that impairs a child's mobility;

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

a. Z Codes, Package and Rates

Table 1. Package codes and rates for the Z Benefits for children with mobility impairment requiring assistive devices for upper and lower extremity prosthesis, lower extremity orthosis and spinal bracing or orthosis

Description	Package Code			Package Rate (Php) Per Laterality
	Right	Left	Both	
I. UPPER EXTREMITY PROSTHESIS*				
Shoulder disarticulation	Z1801A	Z1801B	Z1801C	132,300.00
Above elbow (AE)	Z1802A	Z1802B	Z1802C	67,300.00
Below elbow (BE)	Z1803A	Z1803B	Z1803C	47,300.00
Finger glove (for 1 finger)	Z1804A	Z1804B	Z1804C	17,300.00
Hand glove (for more than 1 finger)	Z1805A	Z1805B	Z1805C	23,300.00
II. LOWER EXTREMITY PROSTHESIS**				
Hip disarticulation (HD)	Z1806A	Z1806B	Z1806C	163,540.00

Description	Package Code			Package Rate (Php) Per Laterality
	Right	Left	Both	
Above knee or with knee articulation	Z1807A	Z1807B	Z1807C	61,940.00
Below knee or ankle disarticulation	Z1808A	Z1808B	Z1808C	31,540.00
Partial foot	Z1809A	Z1809B	Z1809C	26,540.00
III. LOWER EXTREMITY ORTHOSIS				
Talipes Equinovarus or Clubfoot	Z1810			17,860.00
Ankle Foot Orthosis (AFO)	Z1811A	Z1811B	Z1811C	13,110.00
Knee Ankle Foot Orthosis (KAFO)	Z1812A	Z1812B	Z1812C	29,210.00
Hip Knee Ankle Foot Orthosis (HKAFO)	Z1813A	Z1813B	Z1813C	50,810.00
IV. SPINAL BRACING or ORTHOSIS***				
Spinal bracing/orthosis	Z1814			32,180.00

* The package rate per laterality shows the rate of the benefits per side, left or right. If both sides are provided with the entire assistive device at the same time, the package rate is multiplied by two. Exemptions to this are the benefits for Talipes Equinovarus or club foot, and spinal bracing or orthosis, where laterality is not applicable.

** For cases involving more than one amputation, the patient is not allowed to claim two prosthesis simultaneously with the same laterality in either the upper (i.e. BE, AE) or in the lower (i.e. AKKD, HD) limb.

Table 2. Package codes and rates for the benefits for children with mobility impairment requiring seating device, basic and intermediate wheelchair

Description	Package Code	Package Rate (Php)
Seating Device, for ages 6 months to less than 7 years old	Z1815	15,470.00
Basic Wheelchair, for ages 7 to less than 18 years old	Z1816	12,730.00
Intermediate wheelchair, for ages 7 to less than 18 years old	Z1817	29,450.00

Table 3. Package codes and rates for yearly services and replacement of seating device, replacement of basic wheelchair and yearly services of immediate wheelchair

Description	Package codes	Package Rate (Php)
Yearly services for Seating Device, for ages 6 months to less than 7 years old (to be given minimum of one year after provision of the seating device until less than 7 years old)	Z1818	1,590.00
Yearly services for Intermediate Wheelchair, for ages 7 to less than 18 years old (to be given minimum of one year after provision of the intermediate wheelchair until less than 18 years old)	Z1819	6,104.00
Seating device replacement for ages 4 to less than 7 years old	Z1820	13,690.00
Basic wheelchair replacement, for ages 7 to less than 18 years old	Z1821	7,170.00

b. Minimum Standards of Care

Table 4. Mandatory and other services for Z Benefits for children with mobility impairment requiring assistive devices for upper and lower extremity prosthesis

Mandatory Services	Other Services
<ul style="list-style-type: none"> a. Assessment & prosthetic prescription b. Measurement, casting, fabrication & fitting of prosthesis until age of 17 years and 364 days c. Rehabilitation service 	Follow-up 2x/year

Table 5. Mandatory and other services for Z Benefits for children with mobility impairment requiring a lower limb orthosis (Talipes Equinovarus or Club Foot)

Mandatory Services	Other Services
<ul style="list-style-type: none"> a. Assessment & orthotic prescription b. Measurement, casting, fabrication & fitting of orthosis until age of 4 years old c. Rehabilitation service 	Follow-up 2x/year

Table 6. Mandatory and other services for Z Benefits for children with mobility impairment requiring a lower limb orthosis

Mandatory Services	Other Services
<ul style="list-style-type: none"> a. Assessment & orthotic prescription b. Measurement, casting, fabrication & fitting of orthosis until age of 17 years and 364 days c. Rehabilitation service 	Follow-up 2x/year

Table 7. Mandatory and other services for Z Benefits for children with mobility impairment requiring a spinal orthosis

Mandatory Services	Other Services
<p>Musculoskeletal conditions:</p> <ul style="list-style-type: none"> a. Measurement of Cobb’s angle and Risser sign b. Assessment & orthotic prescription c. Measurement, casting, fabrication & fitting of orthosis until < Risser 4 (skeletal maturity) d. Rehabilitation service 	<ul style="list-style-type: none"> a. X-ray at least three (3) months prior to assessment & after each replacement b. Follow-up/adjustment of pads with first follow-up 2 weeks from first orthosis
<p>Neuromuscular conditions, after or not needing seating/positioning devices/wheelchair:</p> <ul style="list-style-type: none"> a. Measure of Cobb’s angle b. Assessment & orthotic prescription c. Measurement, casting, fabrication & fitting of orthosis until 17 years and 364 days d. Rehabilitation service 	<ul style="list-style-type: none"> a. X-ray at least three (3) months prior to assessment & after each replacement b. Follow-up/adjustment of pads with first follow-up 2 weeks from first orthosis

Table 8. Mandatory services for Z Benefits for children with mobility impairment requiring a seating device

Mandatory Services
<ul style="list-style-type: none"> a. Assessment & sitting device prescription b. Measurement, & fitting of seating device from 6 months to less than 7 years old c. Training on the safe and functional use of the seating device

Table 9. Mandatory services for Z Benefits for children with mobility impairment requiring a wheelchair

Mandatory Services
<ul style="list-style-type: none"> a. Assessment & wheelchair prescription b. Measurement, & fitting of wheelchair from 7 years to less than 18 years old c. Training on the safe and functional use of the wheelchair d. Rehabilitation service

Table 10. Mandatory services for Z Benefits for children with mobility impairment requiring replacements or yearly services of seating device or wheelchair

Mandatory Services
<ul style="list-style-type: none"> a. Seating device replacements, maximum of one replacement <ul style="list-style-type: none"> i. Assessment & seating device prescription ii. Measurement & fitting of seating device from 6 months to less than 7 years old b. Basic wheelchair replacement, every 3 years <ul style="list-style-type: none"> i. Assessment & wheelchair prescription ii. Measurement & fitting of wheelchair from 7 to less than 18 years old c. Yearly services for seating device, maximum of 6 yearly services d. Yearly services for immediate wheelchair, maximum of 10 yearly services

9. What are the rules in availing the Z Benefits for Children with Mobility Impairment?

- a. The provision of services for the Z benefits for mobility impairment shall only be for those cases that fulfill the selections criteria.
- b. Children with mobility impairment referred to contracted health care institutions (HCIs) shall be assessed for qualification to the Z Benefits and shall be enrolled in the program.
- c. Pre-authorization from PhilHealth shall be required prior to provision of services. The approved pre-authorization shall be valid for one hundred eighty days (180) from the date of approval of PhilHealth.
- d. Contracted HCI shall follow the prescribed process of seeking approval for the pre-authorization as described in PhilHealth Circular 2015-035 Section VII.F.
- e. 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.
- f. 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.
- g. The HCI shall designate at least one Z Benefits Coordinator to perform the tasks specified in PhilHealth Circular 2015 -35 Section V.
- h. 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).
- i. The No Balance Billing policy shall be applied at all times.
- j. There shall be no out-of-pocket expenses for the availing of the Z benefit for mobility impairment for all member categories of PhilHealth, except for upgrades of services. This shall be reflected as co-payment arrangements stipulated in the individual contracts of health care institutions.
- k. Rules on pooling of professional fees for government facilities shall apply.

- l. HCIs 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 mobility impairment and its equipment
- m. The contracted HCI should provide and claim reimbursement only for new and unused components or devices under the Z benefits.
- n. Patients should keep their used or replaced devices and are discouraged from selling or donating them.
- o. **Z Satisfaction Questionnaire** shall be administered prior to discharge from HCI.
- p. **Rules in 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.
- q. Accredited HCIs providing the services for CWD shall be **monitored.**
- r. 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 of the MDT and their corresponding roles:

- a. The Rehabilitation Medicine Specialist certified by the Philippine Board of Rehabilitation Medicine does the assessment, prescription of prosthesis and orthoses, check-out and discharge of the child and prescribes the appropriate rehabilitation program.
- b. The trained wheelchair and seating device professional, and wheelchair technician perform the assessment, prescription, follow-up and repair of seating devices and wheelchair, and conduct corresponding user training on the safe and functional use of the assistive devices.
- c. The prosthetist-orthotist measures, casts, fabricates and aligns the prosthesis and orthosis.
- d. The physical or occupational therapist implements the rehabilitation program prescribed by the Rehabilitation Medicine Specialist.

In the event that the 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 (Section VI of PC 2017-0031).

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

- a. The HCI can only file a claim for reimbursement upon rendering all mandatory services.
- b. The contracted HCI should provide and claim reimbursement only for new and unused components or devices under the Z Benefits.
- c. Patients should keep their used or replaced devices and are discouraged from selling or donating them.

- d. Rules on late filing shall apply.
- e. All claims shall be filed by the providers in behalf of the clients.
- f. If there are natural calamities or other fortuitous events that may cause delay in filing of claims, the contracted HCI shall be accorded an extension period of 60 calendar days.
- g. There shall be **NO DIRECT** filing of claims by PhilHealth members.
- h. Please refer to **Table 11** for the summary of documentary requirements when filing claims for reimbursement.
- i. Claims shall be evaluated according to the process stipulated in PC 2015-035 Section IX.

Table 11. Summary of forms to be utilized in claims filing and reimbursement

Service Provision	Forms Required
I. For Assistive Device Provision, Training and Rehabilitation	
Tranche 1: Assessment, prescription, casting and measurement of the assistive device	<ul style="list-style-type: none"> a. Pre-authorization Checklist and Request b. ME Form c. Claim Form1 or PBEF print out d. PhilHealth Claim Form 2 e. Checklist of Mandatory Services f. Z Satisfaction Questionnaire (Photocopy) g. Checklist of Requirements for reimbursements
Tranche 2: Assistive device fitting, mobility training	<ul style="list-style-type: none"> a. PhilHealth Claim Form 2 b. Checklist of Mandatory Services c. Z Satisfaction Questionnaire(photocopy) d. Checklist of Requirements for Reimbursements e. Certificate of completed training on the safe and functional safe and functional use of devices(photocopy)
Tranche 3: Rehabilitation Service	<ul style="list-style-type: none"> a. PhilHealth Claim Form 2 b. Z Satisfaction Questionnaire (photocopy) c. Checklist of Requirements for Reimbursements d. Certificate of Outcome after rehabilitation sessions
II. For Assistive Device Repair, Replacement or Yearly Service Pre-requisite: patients should have previously availed of the Z Benefits for assistive device, training and rehabilitation service. Repair, replacement and yearly services for assistive device may be availed until the patient is 17 years and 364 days	
Tranche 1 and succeeding tranches for yearly services: Repair, Replacement or Yearly Service	<ul style="list-style-type: none"> a. PhilHealth Eligibility Form (PBEF) or equivalent (e.g. CF1) b. PhilHealth Claim Form 2 c. Checklist of Mandatory Services d. Z Satisfaction Questionnaire(photocopy) e. Checklist of Requirements for Reimbursements

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

Table 12. Description of services, amount per tranche and filing schedule and maximum availment of benefits for prosthesis, orthosis, spinal bracing/orthosis

Description per laterality	Tranche	Amount		Filing Schedule	Maximum Availment
		Device	PF*		
I. UPPER EXTREMITY PROSTHESIS					
A. Shoulder disarticulation	1	117,000	0.00	Within 60 calendar days after measurement	Upon enrolment, may be replaced every three years, maximum of five per limb
	2	0.00	13,000	Within 60 calendar days after the final fitting of the device	
	3	0.00	2,300	Within 60 days after last day of rehabilitation service	
B. Above elbow (AE)	1	58,500	0.00	Within 60 days after measurement	Upon enrolment, then every three years, maximum of five per limb
	2	0.00	6,500	Within 60 after final fitting of the device	
	3	0.00	2,300	Within 60 days after last day of rehabilitation service	
C. Below elbow (BE)	1	40,500	0.00	Within 60 calendar days after measurement	Upon enrolment, then every three years, maximum of five per limb
	2	0.00	4,500	Within 60 calendar days after the final fitting of the device	
	3	0.00	2,300	Within 60 days after last day of rehabilitation service	

* Tranche 2: PF for the device assessment, prescription and training

Tranche 3: PF for rehabilitation service (physical/occupational fee)

Table 12. Description of services, amount per tranche and filing schedule and maximum availment of benefits for prosthesis, orthosis, spinal bracing/orthosis (Cont.)

Description per laterality	Tranche	Amount		Filing Schedule	Maximum Availment
		Device	PF*		
UPPER EXTREMITY PROSTHESIS					
D. One Finger	1	13,500	0.00	Within 60 calendar days after measurement	Upon enrolment, maybe replaced every three years, maximum of five per limb
	2	0.00	1,500	Within 60 calendar days after the final fitting of the device	
	3	0.00	2,300	Within 60 days after last day of rehabilitation service	Five sessions per set, maximum of one set every after fitting
E. Glove	1	18,000	0.00	Within 60 days after measurement	Upon enrolment, then every three years, maximum of five per limb
	2	0.00	2,000	Within 60 days after final fitting of the device	
	3	0.00	2,300	Within 60 days after last day of rehabilitation service	Five sessions per set, maximum of one set every after fitting

* Tranche 2: PF for the device assessment, prescription and training
 Tranche 3: PF for rehabilitation service (physical/occupational fee)

Table 12. Description of services, amount per tranche and filing schedule and maximum availment of benefits for prosthesis, orthosis, spinal bracing/orthosis (Cont.)

Description per laterality	Tranche	Amount		Filing Schedule	Maximum Availment
		Device	PF*		
II.LOWER LIMB PROSTHESIS					
A. Hip disarticulation	1	145,800	0.00	Within 60 calendar days after measurement	Upon enrolment, then every three years, maximum of five per limb
	2	0.00	16,200	Within 60 calendar days after the final fitting of the device	
	3	0.00	1,540	Within 60 days after last day of rehabilitation service	Five sessions per set, maximum of one set every after fitting
B. Above Knee or knee disarticulation (AKKD)	1	54,400	0.00	Within 60 days after measurement	Upon enrolment, then every three years, maximum of five per limb
	2	0.00	6,000	Within 60 days after final fitting of the device	
	3	0.00	1,540	Within 60 days after last day of rehabilitation service	Five sessions per set, maximum of one set every after fitting
C. Below elbow or ankle disarticulation	1	27,000	0.00	Within 60 calendar days after measurement	Upon enrolment, then every three years, maximum of five per limb
	2	0.00	3,000	Within 60 calendar days after the final fitting of the device	
	3	0.00	1,540	Within 60 days after last day of rehabilitation service	Five sessions per set, maximum of one set every after fitting

* Tranche 2: PF for the device assessment, prescription and training
Tranche 3: PF for rehabilitation service (physical/occupational fee)

Table 12. Description of services, amount per tranche and filing schedule and maximum availment of benefits for prosthesis, orthosis, spinal bracing/orthosis (Cont.)

Description per laterality	Tranche	Amount		Filing Schedule	Maximum Availment
		Device	PF*		
D. Partial Foot	1	22,500	0.00	Within 60 calendar days after measurement	Upon enrolment, then every three years, maximum of five per limb
	2	0.00	2,500	Within 60 calendar days after the final fitting of the device	
	3	0.00	1,540	Within 60 days after last day of rehabilitation service	Five sessions per set, maximum of one set every after fitting
III.LOWER EXTREMITY ORTHOSIS					
A. Talipes Equinovarus (Club Foot)	1	15,400	0.00	Within 60 days after measurement	Once per year per limb until four years old with maximum of three replacements per limb
	2	0.00	1,710	Within 60 days after final fitting of the device	
	3	0.00	750	Within 60 days after last day of rehabilitation service	Two sessions per set, maximum of one set every after fitting
B. AFO	1	11,120	0.00	Within 60 calendar days after measurement	Maximum of 17 replacements per limb, until the age of 17 years and 364 days
	2	0.00	1,240	Within 60 calendar days after the final fitting of the device	
	3	0.00	750	Within 60 days after last day of rehabilitation	Two sessions per set, maximum of one set every after fitting

* Tranche 2: PF for the device assessment, prescription and training
Tranche 3: PF for rehabilitation service (physical/occupational fee)

Table 12. Description of services, amount per tranche and filing schedule and maximum availment of benefits for prosthesis, orthosis, spinal bracing/orthosis (Cont.)

Description per laterality	Tranche	Amount		Filing Schedule	Maximum Availment
		Device	PF*		
C. KAFO	1	25,610	0.00	Within 60 calendar days after measurement	Maximum of 17 replacements per limb, until the age of 17 years and 364 days
	2	0.00	2,850	Within 60 calendar days after the final fitting of the device	
	3	0.00	750	Within 60 days after last day of rehabilitation service	Two sessions per set, maximum of one set every after fitting
D. HKAFO	1	45,060	0.00	Within 60 days after measurement	Maximum of 17 replacements per limb, until the age of 17 years and 364 days
	2	0.00	5,000	Within 60 days after final fitting of the device	
	3	0.00	750	Within 60 days after last day of rehabilitation service	Two sessions per set, maximum of one set every after fitting
IV.SPINAL ORTHOSIS					
Spinal Orthosis	1	28,290	0.00	Within 60 calendar days after measurement	Once upon enrolment. For Spinal orthosis (Musculoskeletal): Every year until Risser 4, maximum of four replacements For Spinal Orthosis (Neuromuscular): Every year maximum of nine replacements
	2	0.00	3,140	Within 60 calendar days after the final fitting of the device	
	3	0.00	750	Within 60 days after last day of rehabilitation service	Two sessions per set, maximum of one set every after fitting

* Tranche 2: PF for the device assessment, prescription and training
Tranche 3: PF for rehabilitation service (physical/occupational fee)

Table 12. Description of services, amount per tranche and filing schedule and maximum availment of benefits for prosthesis, orthosis, spinal bracing/orthosis (Cont.)

Description per laterality	Tranche	Amount		Filing Schedule	Maximum Availment
		Device	PF*		
V. SEATING DEVICE					
Seating Device	1	13,690	0.00	Within 60 calendar days after measurement of the seating device	Once upon enrolment for child six months to less than seven years old
	2	0.00	1,780	Within 60 calendar days after the final fitting of the seating device	
VI. WHEELCHAIR					
A. Basic Wheelchair	1	7,170	0.00	Within 60 calendar days after measurement of wheelchair	Once upon enrolment for child seven to < 18 years old.
	2	0.00	1,780	Within 60 calendar days after the final fitting of the device	
	3	0.00	3,780	Within 60 days after last day of rehabilitation service	Ten sessions per set, per year, maximum of one set after fitting
B. Intermediate Wheelchair	1	23,890	0.00	Within 60 calendar days after measurement of wheelchair	Once upon enrolment for child seven to < 18 years old.
	2	0.00	1,780	Within 60 calendar days after the final fitting of the wheelchair	
	3	0.00	3,780	Within 60 days after last day of rehabilitation service	Ten sessions per set, maximum of one set after fitting

* Tranche 2: PF for the device assessment, prescription and training
Tranche 3: PF for rehabilitation service (physical/occupational fee)

Table 12. Description of services, amount per tranche and filing schedule and maximum availment of benefits for yearly services and replacement

Description per laterality	Tranche	Amount		Filing Schedule	Maximum Availment
		Device	PF		
SEATING DEVICE/WHEELCHAIR					
Seating Device yearly service	Six tranches (one tranche per year)	0.00	1,590/ tranche /year	Within 60 calendar days after provision of service	Maximum of six services from six months to less than seven years old
Intermediate Wheelchair yearly service	Ten tranches (one tranche per year)	4,604	1,500	Within 60 calendar days of completion of service	Once per year, maximum of ten services from seven to less than 18 years old
Seating device replacement (single tranche)	1	12,190	1,500	Within 60 calendar days after date of measurement of the seating device	Once from ages 4 to less than seven years old.
Basic Wheelchair replacement	1	5,670	1,500	Within 60 calendar days of replacement	Every three years from 1 st wheelchair, maximum of four replacements from seven to less than 18 years old

- a. 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 with PhilHealth for the payment of services rendered. 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.

“Lost to follow-up” means that the patient has not come back as advised for immediate next rehabilitation visit or within two (2) weeks from the last clinic visit of the patient.

- b. 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. When 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. PhilHealth has yet to contract interested HCIs. The standards for contracting HCIs are attached to the circular as Annex F.