

# TAMANG SAGOT

## PhilHealth Circular No. 2018-0010

### Z Benefits for Children with Visual Disabilities

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#### 1. What is the rationale for developing the Z Benefits for children with visual disabilities?

- Early vision assessment among children with proper intervention provided increase the chances of children with visual impairment the devastating effect of visual loss, regards vision preservation as a poverty alleviation strategy and gain functionality in school and community activities.
- Evidence shows that timely provision of electronic and non-electronic optical devices can improve reading performance
- Likelihood for the children to gain functional independence towards meaningful activities that can help them escape poverty.

#### 2. How many children are estimated to have visual impairment in the Philippines?

There are 75,000 cases estimated among children of less than 19 years of age have visual impairment (PFP, 2016 unpublished).

#### 3. What are the services covered under the Z Benefits for children with visual disabilities?

- a. Low vision assessment with treatment plan
- b. Assistive health technology device (optical and electronic devices)
- c. Assistive device prescription, as indicated
- d. Training on activities of daily living, as part of rehabilitation
- e. Visual skills training
- f. Environmental adaptation, as part of rehabilitation
- g. Follow up consultations
- h. Ocular prosthesis

#### 4. Who are entitled to avail of the Z Benefits for children with visual disabilities?

Children presenting with the following are entitled to avail themselves of the Z Benefits for visual disabilities:

- a. Chronological age must be equal to 0 to 17 years and 364 days old;

AND any of the following:

- b. The child must have undergone a visual disabilities assessment from an ophthalmologist where the child was categorized into Category 1, 2, 3, 4, or 5 visual

disability and determined to need assistive devices with prescribed appropriate rehabilitation plan

- c. Children needing an ocular prosthesis should fulfill the following criteria:
  - i. The child has enucleated eye
  - ii. Other clinical indications determined by ophthalmologists

## 5. What is the definition of the categories of visual impairment?

**Table 1. Definition of visual impairment**

Category of Visual Disabilities	Best-corrected Visual Acuity*		Equivalent- For non-verbal
	Worse than	Equal to or better than	
			A normal child can center, steady and maintain Center-eye captures the stimuli Steady – eye focuses to the target Maintain-eye can track the target (the eye can do the following when it is presented with a stimuli)
Category 1 (Moderate)	20/70	20/200	Can center and steady Center-eye captures the stimuli Steady-eye focuses to the target Does not maintain
Category 2 (Severe)	20/200	20/400	Can only center Does not maintain, not steady
Category 3 (Profound vision loss)	Counting fingers at 3 meters or 20/400	Counting fingers at 1 meter or 20/1200	Cannot center, maintain not steady
	Or visual field of 10 degrees or less		
Category 4 (Near total vision loss)	Counting fingers at 1 meter of 20/1200	Light perception	Cannot center, Maintain, not steady
Category 5 (Total vision loss)	No light perception		Total blindness

\*Best-corrected Visual Acuity is taken in the better eye and defined as visual acuity taken

subsequent to refraction and correction with spectacles.

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

### A. Z Benefit codes, Package and Rate

**Table 2. Package code and rates for initial assessment and intervention for the Z benefits for children with visual impairment**

Z Code	Description of services	Rate (Php)
Z019.1	Initial assessment and intervention (i.e. rehabilitation and training) for Category 1 Visual impairment	25,920.00
Z019.2	Initial assessment and intervention (i.e. electronic assistive device, rehabilitation and training) for Categories 2, 3, and 4 Visual impairment	31,920.00
Z019.3	Initial assessment and intervention (i.e. electronic assistive device, rehabilitation and training) for Category 5 Visual impairment	9,070.00

**Table 3. Description for add-on\* devices for children with visual disabilities**

Z Code	Description of services	Rate (Php)
Z019.41	Optical Aid 1: Low Power Distance, Categories 1, 2, 3 and 4 visual impairment eyeglasses + low power optical device	7,350.00
OR Z019.42	Optical Aid 2: High power Distance, Categories 1, 2, 3 and 4 visual impairment progressive eyeglasses + high optical device	13,820.00
WITH or WITHOUT Z019.43	Optical Aid 3: Colored Filter, Categories 1, 2, 3 and 4 visual impairment	2,940.00
Z019.44	White cane, Category 5 visual impairment	1,000.00

**\*These add-on assistive devices are availed of on top of the benefits for initial assessment and intervention for the Z Benefits for visual disabilities.**

**Table 4. Description for yearly diagnostics, after the first year of enrolment of children with visual disabilities**

Z Code	Description of services	Rate (Php)
Z019.5	Yearly Diagnostics for Categories 1, 2, 3 and 4	3,220.00
Z019.6	Yearly follow up consultation for Category 5	780.00

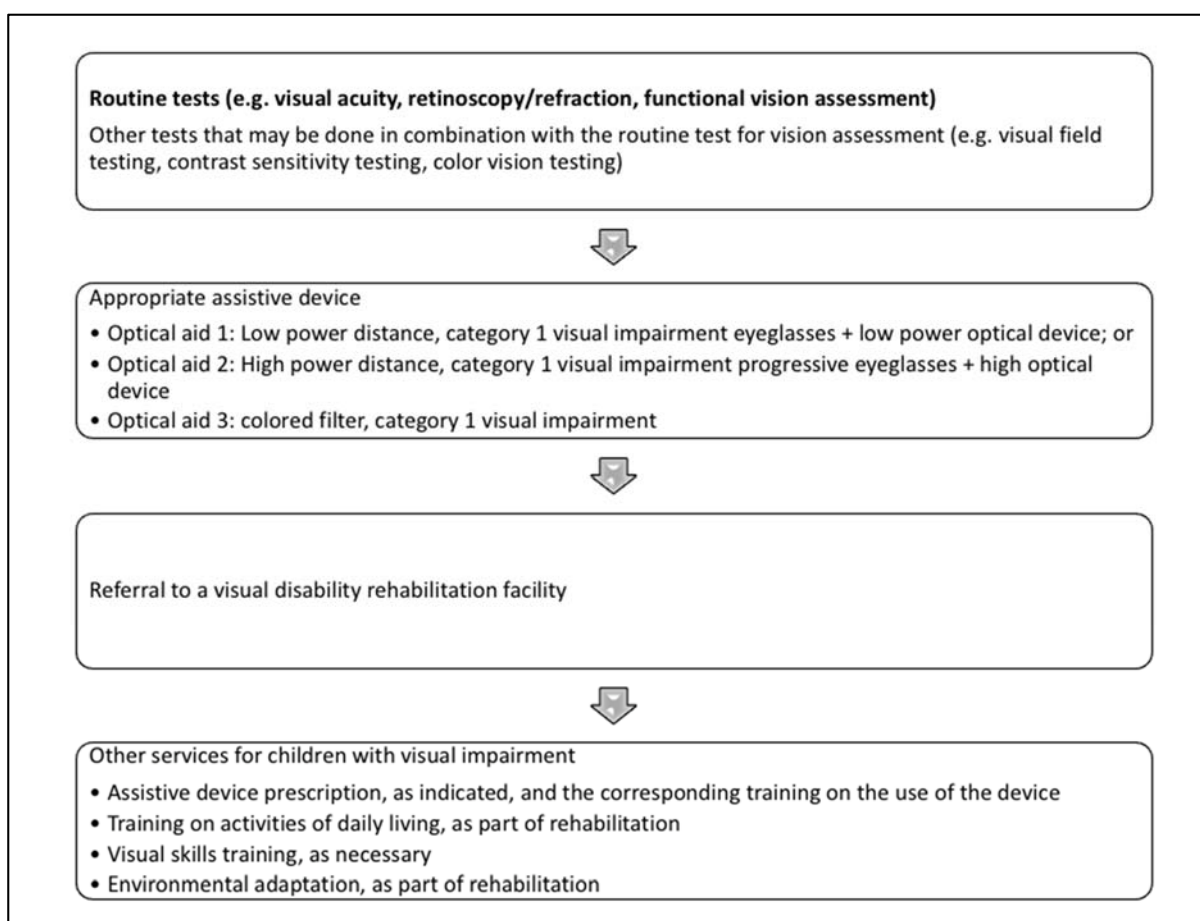
**Table 5. Description for other benefits for children with visual disabilities (i.e. electronic assistive device replacement and ocular prosthesis)**

Z Code	Description of services	Rate (Php)
Z019.7	Electronic Aid Replacement done every 5 years	6,000.00
Z019.8	Ocular Prosthesis, per eye	20,250.00

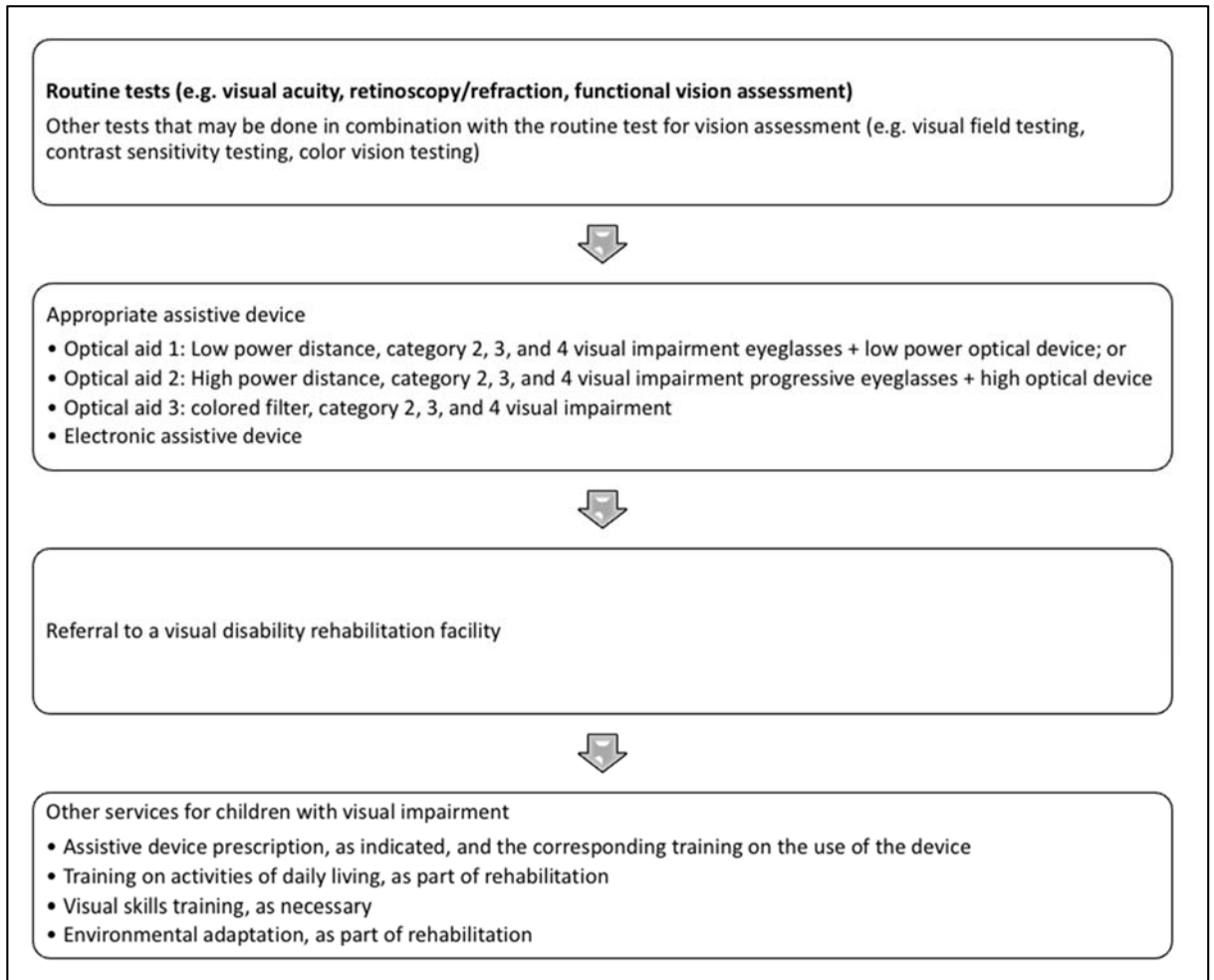
\*\*Ocular prosthesis may be availed of exclusively or with any of the benefits for visual disabilities if the child fulfills the inclusion criteria.

## B. Minimum Standards of Care

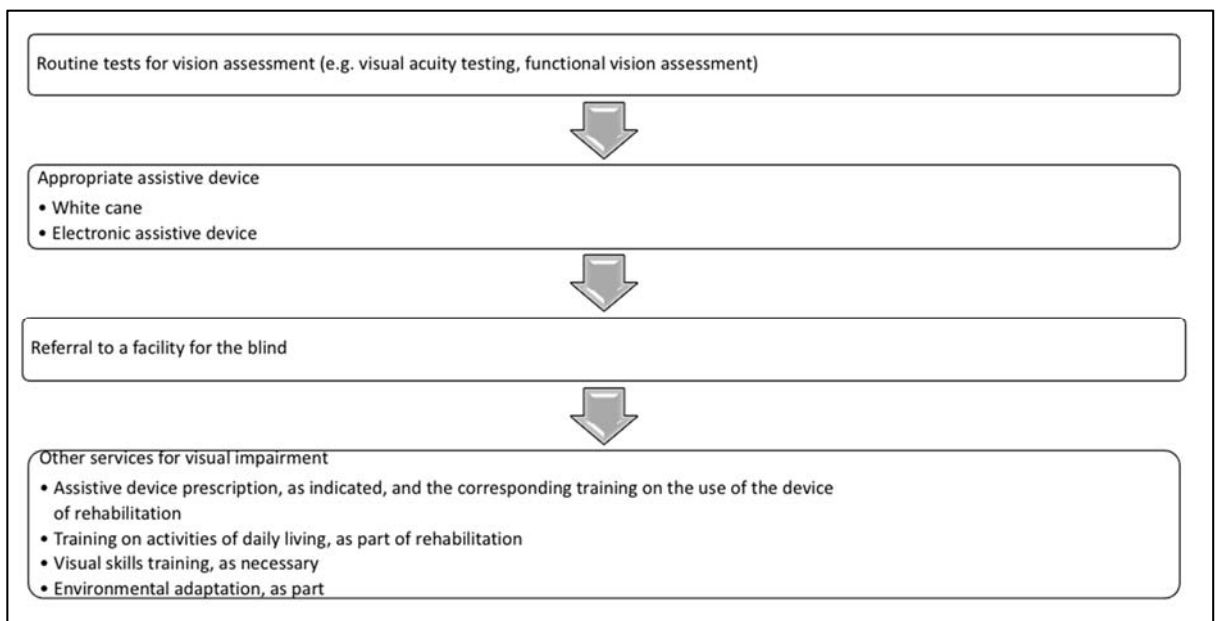
Figures 1 to 5 and table 6 summarize the mandatory and other services that are rendered to patients availing of the Z Benefits for children with visual disabilities.



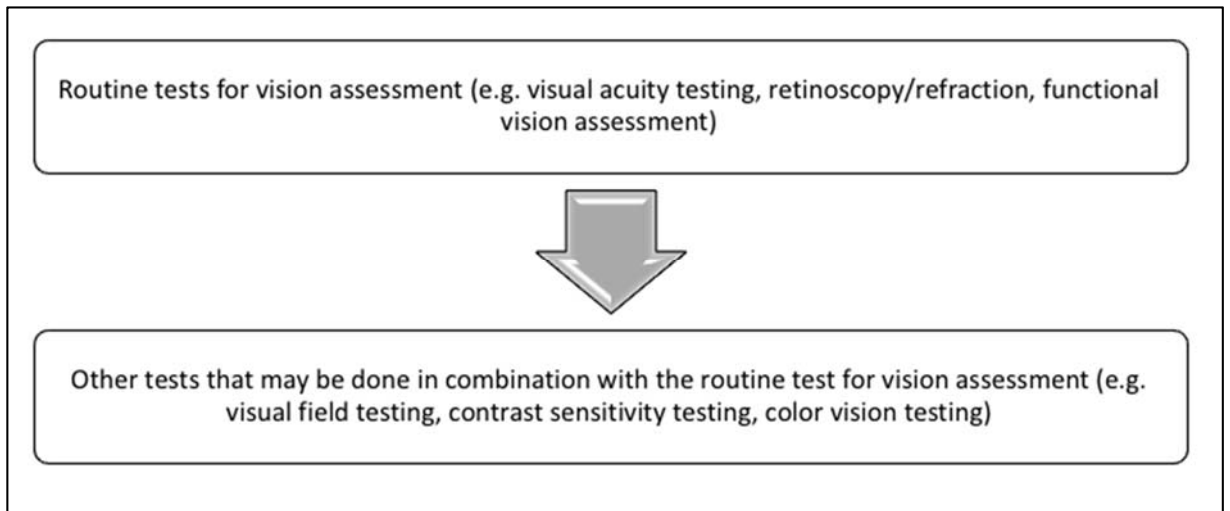
**Figure 1. Mandatory and other services for the initial assessment and intervention for the Z Benefits for children with Category 1 visual disabilities**



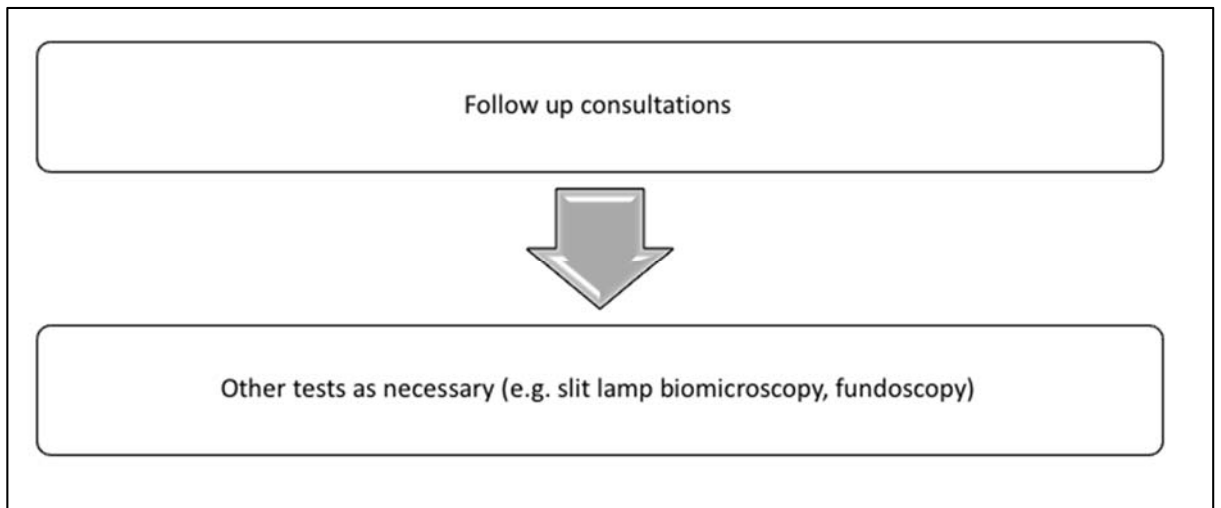
**Figure 2. Mandatory and other services for the initial assessment and intervention for the Z Benefits for children with Categories 2, 3, and 4 visual disabilities**



**Figure 3. Mandatory and other services for the initial assessment and intervention for the Z Benefits for children with Category 5 visual disabilities**



**Figure 4. Mandatory and other services for the yearly diagnostics for Categories 1, 2, 3 and 4 visual disabilities after first year of enrolment**



**Figure 5. Mandatory and other services for the yearly diagnostics for Category 5 visual disabilities after first year of enrolment**

**Table 6. Mandatory services for the electronic device replacement and for provision of ocular prosthesis**

Mandatory services
Electronic assistive device replacement every 5 years
Ocular prosthesis

**7. What are the examples of assistive devices that may be given to beneficiaries of the Z Benefits for children with visual disabilities?**

**A. OPTICAL DEVICES**

1. Optical Aid 1: Low Power Distance, Categories 1, 2, 3 and 4 visual impairment eyeglasses + low power optical device
2. Optical Aid 2: High power Distance, Categories 1, 2, 3 and 4 visual impairment progressive eyeglasses + high optical device
3. Optical Aid 3: Colored Filter, Categories 1, 2, 3 and 4 visual impairment

**B. ELECTRONIC DEVICES**

4. Electronic tablet
5. Talking wristwatch/ alarm clocks

**C. OCULAR PROSTHESIS**

**D. WHITE CANE FOR CATEGORY 5**

**8. What are the rules in availing the Z Benefits for Children with Visual Disabilities?**

- a. The provision of services for the Z Benefits for visual disabilities shall only be for those cases that fulfil the selections criteria.
- b. Children with low vision or those who are blind, who are referred to contracted health care institutions (HCIs), shall be assessed for qualification to the Z Benefits and shall be enrolled in the program.
- c. The approved pre-authorization shall be valid for one hundred eighty calendar days (180) from the date of approval by PhilHealth.
- d. Contracted HCIs shall follow the prescribed process of seeking approval for the pre-authorization as described in PhilHealth Circular No. 2015-035 Section VII. F.
- e. A deduction of five (5) days from the 45-day 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 to respective PhilHealth Regional Offices. The ME Form shall be discussed by the attending health professional/s and accomplished together with the patient.
- g. Each HCI shall designate at least one Z Benefits Coordinator to perform the tasks specified in PhilHealth Circular 2015 -35 Section V.
- h. The package rates are inclusive of applicable government taxes. Discounts for PWDs will be governed by specific terms espoused in RA 10754 “An act Expanding the Benefits and Privileges of PWDs (amending RA 7277).”
- i. The No Balance Billing policy shall be applied at all times
- j. In cases where sedation is required to facilitate assessments, tests and other services done prior to the pre-authorization of the patient, all medicines, supplies and professional fees related to sedation are inclusive in the benefit package.
- k. There shall be no out of pocket expenses for the availment of the Z Benefits for visual disabilities 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.

- 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 develop the visual disabilities facility.
- m. Rules on pooling of professional fees for government facilities shall apply.
- n. After receipt of the approved Pre-authorization Checklist and Request by the contracted HCI, the contracted HCI can only file a claim for reimbursement upon rendering all mandatory services, within the context of a multi- and interdisciplinary approach to patient care.
- o. Rules on late filing shall apply.
- p. If the delay of filing of claims due to natural calamities or other fortuitous events, the contracted HCI shall be accorded an extension period 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.

**9. What are the rules in filing claims for reimbursement ?**

- a. The accredited 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. Claims shall be evaluated according to the process stipulated in PC 2015-035 Section IX.
- d. The documentary claim attachments are listed below:

**Table 7. Summary of forms to be utilized in claims filing and reimbursement for Cat. 1**

Benefit Package	Forms Required
I. Initial assessment and intervention (Category 1)	
Tranche 1: Initial assessment for Category 1:	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursement</li> <li>• Photocopy of Pre-authorization Checklist &amp; Request</li> <li>• Photocopy of ME Form</li> <li>• PBEF print out or equivalent (e.g. PhilHealth CF1)</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Photocopy of Z Satisfaction Questionnaire</li> <li>• Photocopy of Authenticity Card</li> </ul>
Tranche 2: Appropriate assistive device (add-on)	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursement</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Proof of device use</li> <li>• Photocopy of Z Satisfaction Questionnaire</li> </ul>
Tranche 3: Other services including training and rehabilitation	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursement</li> <li>• PhilHealth CF2</li> <li>• Certificate of Completed Training and Rehabilitation</li> </ul>



	<p>Sessions, as applicable</p> <ul style="list-style-type: none"> <li>• Photocopy of Z Satisfaction Questionnaire</li> </ul>
II. Yearly diagnostics and follow up consultations	
Yearly diagnostics	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursement</li> <li>• PBEF print out or equivalent (e.g. PhilHealth CF1)</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Photocopy of Z Satisfaction Questionnaire</li> </ul>

**Table 8. Summary of forms to be utilized in claims filing and reimbursement for Categories 2, 3 and 4**

Benefit Package	Forms Required
I. Initial assessment and intervention (Categories 2, 3 and 4)	
Tranche 1: Initial assessment	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursement</li> <li>• Photocopy of Pre-authorization Checklist &amp; Request</li> <li>• Photocopy of ME Form</li> <li>• PBEF print out or equivalent (e.g. PhilHealth CF1)</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Photocopy of Z Satisfaction Questionnaire</li> <li>• Photocopy of Authenticity Card</li> </ul>
Tranche 2: Appropriate assistive device (add-on)	<ul style="list-style-type: none"> <li>• Checklist of Requirement for Reimbursement</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Proof of device use</li> <li>• Photocopy of Z Satisfaction Questionnaire</li> </ul>
Tranche 3: Other services including training and rehabilitation	<ul style="list-style-type: none"> <li>• Checklist of Requirement for Reimbursement</li> <li>• PhilHealth CF2</li> <li>• Certificate of Completed Training and Rehabilitation Sessions, as applicable</li> <li>• Photocopy of Z Satisfaction Questionnaire</li> </ul>
III. Yearly diagnostics and follow up consultations	
Yearly diagnostics	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursements</li> <li>• PBEF print out or equivalent (e.g. PhilHealth CF1)</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Z Satisfaction Questionnaire</li> </ul>
IV. Electronic assistive device replacement	
Replacement of Electronic assistive device	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursements</li> <li>• PBEF print out or equivalent (e.g. PhilHealth CF1)</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Z Satisfaction Questionnaire</li> </ul>

**Table 9. Summary of forms to be utilized in claims filing and reimbursement for Category 5**

Benefit Package	Forms Required
<b>I. Initial assessment and intervention (Category 5)</b>	
Tranche 1: Initial assessment	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursements</li> <li>• Pre-authorization Checklist and Request (photocopy)</li> <li>• ME Form (photocopy)</li> <li>• PBEF print out or equivalent (e.g. PhilHealth CF1)</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Photocopy of Z Satisfaction Questionnaire</li> <li>• Photocopy of Authenticity card</li> </ul>
Tranche 2: Appropriate assistive device (add-on)	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursements</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Proof of device use</li> <li>• Photocopy of Z Satisfaction Questionnaire</li> </ul>
Tranche 3: Other services including training and rehabilitation	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursements</li> <li>• PhilHealth CF2</li> <li>• Certificate of Completed Training and Rehabilitation Sessions, as applicable</li> <li>• Z Satisfaction Questionnaire (photocopy)</li> </ul>
<b>II. Yearly diagnostics and follow up consultations</b>	
Yearly diagnostics	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursements</li> <li>• PBEF print out or equivalent (e.g. PhilHealth CF1)</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Z Satisfaction Questionnaire</li> </ul>
<b>III. Electronic assistive device replacement</b>	
Replacement of Electronic assistive device	<ul style="list-style-type: none"> <li>• Checklist of Requirements for Reimbursements</li> <li>• PBEF print out or equivalent (e.g. PhilHealth CF1)</li> <li>• PhilHealth CF2</li> <li>• Checklist of Mandatory Services</li> <li>• Photocopy of Z Satisfaction Questionnaire</li> </ul>

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

**Table 10. Description of services, amount per tranche and filing schedule and maximum availment for the Z Benefits for children with visual impairment**

Description	Tranche	Amount (PhP)	Filing Schedule	Maximum Availment
Initial assessment, appropriate assistive	1	3,570.00	Within sixty (60) calendar days after initial	Once upon enrolment

Description	Tranche	Amount (PhP)	Filing Schedule	Maximum Availment
device and referral to a visual rehabilitation facility (Category 1)			assessment	
	2	Will be based on the rate of assistive device provided (reference table 2)	Within sixty (60) calendar days after provision of the device	Once upon enrolment
	Four Tranches (as needed)	P 745.00 x no. of sessions	Within 60 days after the last session completed every three months	Maximum of 30 sessions within one year after enrolment
Initial assessment, appropriate assistive device including electronic device and referral to a visual rehabilitation facility (Category 2, 3 and 4)	1	9,570.00	Within sixty (60) calendar after initial assessment	Once upon enrolment
	2	Will be based on the rate of assistive device provided (reference table 2)	Within sixty (60) calendar days after provision of the device	Once upon enrolment
	Four tranches (as needed)	P745.00 x number of sessions per quarter	Within 60 days after the last session completed every three months	Maximum of 30 sessions within the first year of enrolment
Initial assessment, appropriate assistive device and referral to a visual rehabilitation facility (Category 5)	1	8,070.00	Within sixty (60) calendar days after initial assessment	Once upon enrolment
	2	1,000.00 (reference table 2)	Within sixty (60) calendar days after provision of the device	Once upon enrolment
	3	1,000.00 (computed as 500.00 x two consultations)	Within 60 days after the last consultation	Once within one year after enrolment

**Table 11. Yearly diagnostics, amount per tranche and filing schedule and maximum availment for the Z Benefits for children with visual impairment**

Description	Tranche	Amount (PhP)	Filing Schedule	Maximum Availment
For Categories 1, 2, 3 and 4	Four tranches (as needed)	805.00/ set x number of sets completed every three months	Within thirty (30) days of provision of service	Maximum of four sets in a year
For Category 5 Includes: Visual Acuity	Two tranches (as needed)	386.50 x number of tests	Within thirty (30) days of provision	Maximum of two sets a year

Testing		completed for the year	of service	
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**Table 12. Description of visual disabilities assistive device, tranche amount, filing schedule and maximum availment for the Z Benefits for children with visual disabilities (Categories 1, 2, 3, & 4)**

Description	Amount (PhP)	Filing Schedule	Maximum availment
<u>Only for Categories 1, 2, 3 and 4</u> Optical aid: Low Power OR Optical aid: High Power	7,350.00	Within thirty (30) days of provision of service	Replacement every two years as necessary
WITH or WITHOUT Optical aid: Filter	13,820.00	Within thirty (30) days of provision of service	Replacement every two years as necessary
Optical aid: Filter	2,940.00	Within thirty (30) days of provision of service	Once
<u>Only for Category 5</u> White cane	1,000.00	Within thirty (30) days of provision of service	Every issuance at 5 years old, and next issuance at least 5 years after, up to 2 issuances

**Table 13. Description of service, tranche amount, filing schedule and maximum availment for the replacement of electronic assistive device**

Description	Amount (PhP)	Filing Schedule	Maximum availment
<u>Only for Categories 2, 3, 4 and 5</u> Electronic assistive device replacement	6,000.00	Within thirty (30) days of provision of service	Replacement every 3 years from enrolment

**Table 14. Description of service, amount per tranche and filing schedule and maximum availment for the Z Benefits for children needing ocular prosthesis**

Description	Amount (PhP)	Filing Schedule	Maximum Availment
Ocular prosthesis	20, 250.00 per eye	Within thirty (30) days of provision of service	One time availment per eye

- a. In the event that the patient expires or 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 for those who expired.
- b. **“LOST TO FOLLOW UP”** means the patient has not come back as advised for immediate next rehabilitation visit or within four (4) weeks from last patient attended clinic visit.

- c. In instances that these patients who were declared “Lost to follow-up” by the contracted HCI were provided rehabilitation services in other HCIs, claims for the succeeding rehabilitation services for this particular Z benefit package shall be **DENIED**.

#### **11. Where can patient avail 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 is yet to contract interested HCIs. The standards for contracting HCIs are attached to the circular as Annex F.