



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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UNIVERSAL HEALTH CARE  
 CALIBREHAN NG TALIMONG PANA SA LAHAT

**PHILHEALTH CIRCULAR**

No. 12010 - 0017

**TO :** ALL PHILHEALTH ACCREDITED SARS-CoV-2 TESTING LABORATORIES, *PHILHEALTH MEMBERS* AND ALL OTHERS CONCERNED

**SUBJECT :** Benefit package for SARS-CoV-2 testing using RT-PCR (Revision 1)

**I. BACKGROUND**

On March 11, 2020, the World Health Organization (WHO) declared a global pandemic of the Coronavirus Disease 2019 (COVID-19). Subsequently Presidential Proclamation No. 929 s. 2020 was issued declaring a State of Calamity throughout the Philippines due to the increasing number of individuals infected with the virus. The entire Luzon was also placed under Enhanced Community Quarantine (ECQ) on March 16, 2020 to prevent virus transmission.

The response of the national government to this global pandemic was the legislation of Republic Act No. 11469 or the Bayanihan to Heal as One Act. This law envisioned a coordinated whole-of-government and whole-of-society approach to eradicate COVID-19. Under the Universal Health Care Act (RA 11223), PhilHealth shall ensure equitable access to quality, affordable and accessible health care services by all Filipinos.

**II. RATIONALE**

PhilHealth continues to review the COVID-19 benefit packages including the cost estimates for the SARS-CoV-2 test benefit package. The review of the packages is based on the Department of Health (DOH) guidelines such as indications for testing and licensing requirements for operating a COVID-19 testing laboratory. PhilHealth also considered the increase in the number of COVID-19 testing laboratories licensed by the DOH and the number of reverse transcriptase - polymerase chain reaction (RT-PCR) based COVID-19 test kits approved by the Food and Drug Administration (FDA). Thus, PhilHealth, through PhilHealth Board Resolution No. 2525 s. 2020, shall implement the revised benefit package for SARS-CoV-2 test by RT-PCR.

**III. OBJECTIVE**

This circular aims to establish the policy for the implementation of the benefit package for the SARS-CoV-2 test by RT-PCR.

**IV. SCOPE**

This circular shall apply to *PhilHealth members* tested for SARS-CoV-2 by RT-PCR as prescribed by the DOH and SARS-CoV-2 testing laboratories that are DOH licensed and accredited by PhilHealth.

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Revised as of June 2020

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**V. MINIMUM STANDARDS FOR ACCREDITATION**

- A. *The guidelines for accrediting SARS-CoV-2 testing laboratories are listed in Annex A;*
- B. *For stand-alone testing laboratories, PhilHealth shall accredit testing facilities that are licensed by the DOH and presumed compliant to DOH guidelines;*
- C. *For currently accredited health facilities that are DOH licensed as SARS-CoV-2 testing laboratories, PhilHealth shall automatically include the said service in their accreditation records with validity based on the DOH license issued to them.*

**VI. BENEFIT AVAILMENT**

- A. *PhilHealth members entitled to the benefit package for SARS-CoV-2 testing by RT-PCR shall be based on applicable DOH guidelines (Annex B) or its revisions/amendments in consideration of the evolving clinical management for COVID-19. PhilHealth shall disseminate updates accordingly;*
- B. *Filipinos who are not registered in PhilHealth shall automatically be covered, provided that they complete member registration upon availment of the benefit package. During the state of national emergency, the Case Investigation Form (CIF), as required in Item VII.F.2 for claims filing and reimbursement, shall serve as the basis for the PhilHealth Identification Number (PIN) assignment, provided however, that the CIF should include the contact number for purposes of validation and verification. The requirement for PhilHealth Member Registration Form (PMRF) for registration and PIN assignment shall resume upon lifting of the state of national emergency;*
- C. *The single period of confinement and 45 days annual benefit limit shall not be applied in this benefit package;*
- D. *PhilHealth accredited testing laboratories are required to have an electronic health record of all patients who underwent the SARS-CoV-2 testing by RT-PCR. If this is not available, a manual record of patients who underwent the SARS-CoV-2 testing by RT-PCR shall be acceptable during the state of national emergency;*
- E. *The complete services or minimum standards included in this benefit package are the following:*
  - 1. Screening/clinical assessment
  - 2. Specimen collection
  - 3. Specimen handling
  - 4. Conduct of RT-PCR testing (including the test kit and other supplies)
  - 5. Analysis and reporting of results
- F. *PhilHealth members eligible for coverage for SARS-CoV-2 testing, based on DOH issuances and their future revisions/amendments, shall not be charged co-payment for these services included in the benefit package;*

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G. The case-based payment of the benefit *package* for testing for SARS-CoV-2 by RT-PCR is indicated *in the table provided*. The accredited PhilHealth testing laboratories may claim the following packages:

**Packages for SARS-CoV-2 testing by RT-PCR**

Package Code	Condition for payment	Services covered by PhilHealth	Package Amount (Php)
C19T1	All services and supplies for the testing are procured and provided by the testing laboratory	Complete services or minimum standards	3,409
C19T2	Test kits are donated to the testing laboratory	Screening/ clinical assessment, specimen collection and handling, conduct of RT-PCR testing and analysis of results	2,077
C19T3	Test kits are donated to the testing laboratory; cost of running the laboratory and the RT-PCR machine for testing are subsidized by the government	Screening/ clinical assessment, specimen collection and handling	901

- H. PhilHealth shall pay the package amount for services for SARS-CoV-2 test by RT-PCR directly to the PhilHealth accredited testing laboratories;
- I. The testing laboratories shall be responsible for the reimbursement of the swabbing centers or referring facilities for the screening, specimen collection and handling;
- J. The benefit package shall be updated as needed to reflect current protocols and standards, and significant changes in market prices of supplies and commodities, among others, in collaboration with relevant institutions, experts, and stakeholders.

**VII. CLAIMS FILING AND REIMBURSEMENT**

The following are the rules for claims filing and reimbursement:

- A. All claims for SARS-CoV-2 testing shall be filed via the electronic system certified by PhilHealth. While the system is not yet fully functional, submission of claims shall be allowed via electronic media, such as compact disk (CD), hard disk or USB/flash drive;
- B. Subject to the requirements for claims filing, all claims shall be filed by the PhilHealth accredited SARS-CoV-2 testing laboratories. From 1 February 2020 to 14 April 2020, only services rendered within the validity period of the DOH license of the PhilHealth accredited SARS-CoV-2 testing laboratories can be reimbursed;

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- C. Members may be reimbursed the amount not exceeding the corresponding benefit for SARS-CoV-2 test if this benefit was not availed of or was not deducted from the actual charges, provided that the requirements in Item No. VII. F. of this circular are complied with;
- D. The basis for the payment of claims shall be the package code for the specific SARS-CoV-2 testing package availed of, which shall be indicated in the SARS-CoV-2 Claims Summary Form (Annex C). All claims shall be subject to monitoring and post audit;
- E. Claims applications for this benefit package for SARS-CoV-2 testing by RT-PCR shall be filed separately from other COVID-19 claims. These include claims for test done on patients admitted in PhilHealth accredited healthcare providers (HCP) with DOH license as SARS-CoV-2 testing laboratory;
- F. The following are the required documents for claims filing:
  1. Properly accomplished SARS-CoV-2 Claims Summary Form (preferably in MS Excel format or CSV file)
  2. Scanned copy of the properly accomplished CIF that is prescribed by the DOH (preferably in PDF format)
  3. Itemized billing statement, which includes the readers' fees (preferably in MS Excel format or CSV file)
  4. For directly filed claims, original copy of the official receipt and waiver (Annex D) issued by the PhilHealth accredited SARS-CoV-2 testing laboratory that the member paid the full amount for the SARS-CoV-2 testing and no PhilHealth deduction was made

The Claims Signature Form (CSF), Claim Form 1 (CF1), CF2, CF3, CF4 and summarized statement of account (SOA) are **not** required;

- G. All claims applications shall have complete attachments as required in Item VII.F of this policy. Claims with incomplete attachments shall be returned to the testing laboratory/HCP following the existing rule on Return to Sender (RTS);
- H. All claims for the testing for SARS-CoV-2 by RT-PCR shall be filed within 60 calendar days from the date of the test. If the delay in the filing of claims is due to natural calamities or other fortuitous events, 120 calendar days shall be accorded as stipulated in Item V, Section G.1 of PhilHealth Circular No. 2020-0007;
- I. PhilHealth shall reimburse for repeated tests as prescribed in the DOH guidelines;
- J. Dates of repeat tests should be indicated in the SARS-CoV-2-Claims Summary Form;
- K. Rules on late filing shall apply;
- L. Claims applications shall be processed by PhilHealth within the prescribed period for claims processing provided that all requirements are complied with.

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## VIII. MONITORING

- A. All *PhilHealth* accredited SARS-CoV-2 testing laboratories claiming for this benefit package shall be subject to the rules on monitoring set by *PhilHealth*. *PhilHealth* shall secure from the DOH and coordinate with the appropriate agencies for the distribution list of all donations and subsidies, among others, relevant to the benefit package;
- B. Feedback mechanisms on the package implementation shall be established to address implementation issues and concerns;
- C. *PhilHealth* shall coordinate with the DOH for data sharing on the list of patients availing of the SARS-CoV-2 testing benefit package. *PhilHealth* shall develop its own claims registry/database of facilities accredited by *PhilHealth* for SARS-CoV-2 testing;
- D. All adverse monitoring findings regarding non-compliance to the provision of this policy and other related issuances shall be validated and subject to provider performance assessment without prejudice to filing of appropriate legal action.

## IX. REPEALING CLAUSE

This policy repeals *PhilHealth* Circular No. 2020-0010 entitled "Benefit package for testing for SARS-CoV-2."

## X. EFFECTIVITY

This Circular shall take effect immediately upon publication in a newspaper of general circulation and shall be deposited with the National Administrative Register, University of the Philippines Law Center.

## XI. LIST OF ANNEXES (Annexes shall be uploaded in the *PhilHealth* website)

- |           |  |
|-----------|--|
| Annex "A" | Guidelines on the Application for Accreditation of SARS-CoV-2 Testing Laboratories |
| Annex "B" | Priority individuals and healthcare workers for SARS-CoV-2 testing                 |
| Annex "C" | SARS-CoV-2 Claims Summary Form   |
| Annex "D" | Waiver for Directly Filed Claims for SARS-CoV-2 testing benefit package            |

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DC: *RR* Date: 6/23/2020

BGEN. RICARDO C. MORALES, AFP (RET) FICDA  
President and Chief Executive Officer

Date: 22 June 2020



Revised as of June 2020

**Guidelines on the Application for Accreditation of SARS-CoV-2 Testing Laboratories**

1. All currently accredited health facilities with DOH license for SARS-CoV-2 testing laboratory do not need to apply for accreditation. PhilHealth shall automatically include the said service in their accreditation records with validity starting on the date that the DOH granted its license. Testing laboratory for SARS-CoV-2 in currently accredited health facility shall submit a fully accomplished Auto Credit Payment System (ACPS) form ONLY IF payment for the laboratory benefit shall be separate from regular claims of the accredited health facility.
2. Requirements for non-hospital based testing laboratory for SARS-CoV-2 or laboratory of a non-accredited health facility:
  - a. Inclusion in the list of DOH certified and licensed SARS-COV-2 testing laboratory
  - b. Accomplished Provider Data Record
  - c. Performance Commitment (signed on each page)
  - d. Fully accomplished Auto Credit Payment System (ACPS) form
3. All requirements for accreditation of testing laboratories mentioned in No. 2 shall be scanned and emailed to the respective PhilHealth Regional Offices. The Provider Data Record, Performance Commitment, and the ACPS forms can be downloaded at <https://www.philhealth.gov.ph/downloads/>.

PRO	Email address	Name
1	accre.pro1@philhealth.gov.ph	PRO1- Accreditation
2	accre.pro2@philhealth.gov.ph	PRO2 - Accreditation
3	accre.pro3@philhealth.gov.ph	PRO3 - Accreditation
4A	accre.pro4a@philhealth.gov.ph	PRO4A - Accreditation
4B	accre.pro4b@philhealth.gov.ph	accre.pro4b
5	accre.pro5@philhealth.gov.ph	PRO5 - Accreditation
6	accre.pro6@philhealth.gov.ph	PRO6 - Accreditation
7	accre.pro7@philhealth.gov.ph	PRO7 - Accreditation
8	accre.pro8@philhealth.gov.ph	PRO8 - Accreditation
9	accre.pro9@philhealth.gov.ph	accre.pro9
10	pro10aqas@gmail.com	Philhealth Accre
11	philhealthdavao.aqas@gmail.com	philhealthdavao.aqas
12	accre.pro12@philhealth.gov.ph	PRO12 - Accreditation
CARAGA	accre.procaraga@philhealth.gov.ph	PROCARAGA - Accreditation
BARMM	accre.proarmm@philhealth.gov.ph	accre.proarmm
CAR	accre.procar@philhealth.gov.ph	PROCAR - Accreditation
NCR	proncr.hcdmd@yahoo.com	PRO NCR HCDMD

4. The accreditation shall be valid from the date that the DOH license was granted to the testing laboratory and shall end on December 31, 2020. A Certificate of Accreditation shall be issued to the accredited testing laboratory by the PRO via email.

Source: PhilHealth Accreditation Department as of June 8, 2020

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Priority individuals and healthcare workers for SARS-CoV-2 testing

The following reflects the sub-groups of at-risk individuals arranged in order of greatest to lowest need for testing:

- a. **Subgroup A:** Patients or healthcare workers with severe/critical symptoms, relevant history of travel/contact;
- b. **Subgroup B:** Patients or healthcare workers with mild symptoms, relevant history of travel/contact, and considered vulnerable. Vulnerable populations include those elderly and with preexisting medical conditions that predispose them to severe presentation and complications of COVID-19. These also include:
  - i. Pregnant patients who shall be tested during the peripartum period;
  - ii. Dialysis patients and patients on immunosuppressed states, such as those in chemotherapy or radiotherapy, who shall be tested at the discretion of the attending physician, following the existing guidelines of Philippine Society for Microbiology and Infectious Diseases;
- c. **Subgroup C:** Patients or healthcare workers with mild symptoms, relevant history of travel/contact;
- d. **Subgroup D:** Patients or healthcare workers with no symptoms but relevant history of travel/contact, with special attention to those living in confined spaces such as persons deprived of liberty or institutionalized persons;
- e. **Subgroup E:** Frontliners indirectly involved in health care provision in the response against COVID-19 which includes, but not limited to the following:
  - i. Personnel manning the Temporary Treatment and Quarantine Facilities (LGU- and Nationally-managed);
  - ii. Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection, and others;
  - iii. National/Regional/Local Risk Reduction and Management Teams;
  - iv. Barangay Health Emergency Response teams and barangay officials providing border control and performing COVID-19 related tasks;
  - v. Personnel of Bureau of Corrections and Bureau of Jail Penology and Management;
  - vi. Personnel manning the One-Stop-Shop in the Management of the Returning Overseas Filipinos;
  - vii. Personnel serving at the COVID-19 swabbing center;
  - viii. Social workers providing amelioration and relief assistance to communities and performing COVID-19 related tasks; and
  - ix. All personnel (national and local) directly involved in the response against COVID-19;
- f. **Subgroup F:** Other vulnerable patients such as those with comorbidities like, those who will undergo high-risk elective surgical procedures, those who are pregnant, elderly, immunocompromised, and others.



SARS-CoV-2 CLAIMS SUMMARY FORM

Name of the PhilHealth accredited SARS-CoV-2 testing laboratory: \_\_\_\_\_  
 PhilHealth Accreditation Number (PAN): \_\_\_\_\_

Address: \_\_\_\_\_

No	PATIENT INFORMATION					MEMBER INFORMATION				Priority Subgroup (A, B, C etc)	Date of testing (mm/dd/yyyy)	Services covered by PhilHealth (1, 2, 3, 4, 5)	Test kit donated (Y/N)	Package code	Package amount	Claims Investigation Form (Attachment URL)	Itemized billing statement (Attachment URL)
	Last name	First name	Name extension	Middle name	Date of birth (mm/dd/yyyy)	PIN	Last name	First name	Name extension								
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
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I certify that services rendered were recorded in the patients' health records and health care provider records and that herein information given, as well as the items and package amounts indicated, are true and correct.

Prepared by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature over printed name of the authorized signatory of the PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

Date signed: \_\_\_\_\_

Signature over printed name of the Head of the PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

Date signed: \_\_\_\_\_

<p>I. Indicate the corresponding letter of the subgroups in the item for "Subgroup"</p> <p>Subgroups of Individuals and healthcare workers:</p> <p>A Patients or healthcare workers with severe/critical symptoms, relevant history of travel/contact</p> <p>B Patients or healthcare workers with mild symptoms, relevant history of travel/contact, and considered vulnerable</p> <p>C Patients or healthcare workers with mild symptoms, relevant history of travel/contact</p> <p>D Patients or healthcare workers with no symptoms but relevant history of travel/contact, with special attention to those living in confined spaces</p> <p>E Frontliners indirectly involved in health care provision in the response against COVID-19</p> <p>F Other vulnerable patients</p>	<p>II. Indicate the corresponding number in the column "Services covered by PhilHealth"</p> <p>Services covered by PhilHealth:</p> <p>1 Screening/clinical assessment</p> <p>2 Specimen collection</p> <p>3 Specimen handling</p> <p>4 Conduct of RT-PCR testing</p> <p>5 Analysis and reporting of results</p>	<p>III. Indicate the SARS-CoV-2 testing package availed of in the column "Package code"</p> <p>SARS-CoV-2 testing packages:</p> <p>C19T1 All services and supplies for the testing are procured and provided by the testing laboratory</p> <p>C19T2 Test kits are donated to the testing laboratory</p> <p>C19T3 Test kits are donated to the testing laboratory; cost of running the laboratory and the RT-PCR machine for testing are subsidized by the government</p>
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The information contained in the SARS-CoV-2 claims summary form shall be used for the purpose of verifying the veracity of the claims to effect efficient processing of benefit payment. Further, contained herein shall be entered in the PhilHealth database and may be used for policy research, benefits enhancement and quality improvement.

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**Waiver for Directly Filed Claims for SARS-CoV-2 Testing Package**

[PHILHEALTH ACCREDITED SARS-CoV-2 TESTING LABORATORY/HCP LOGO]

(Date)

To PhilHealth:

This is to certify that based on our records, \_\_\_\_\_  
(Patient's last name, first name, name extension, middle name)

who was tested for SARS-CoV-2 at \_\_\_\_\_  
(Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP)

on \_\_\_\_\_  
(Date/s of test/s mm/dd/yyyy)

had no PhilHealth deductions for the laboratory charges and reader's fees upon the conduct of the test procedure/s. All charges to the amount of \_\_\_\_\_  
(Amount in words)

(Php \_\_\_\_\_) were fully paid by the patient/member under Official Receipt No/s.

PhilHealth benefits for SARS-CoV-2 testing were not availed of or was not deducted from the actual charges for the following reason/s:

(Reason/s)

This waiver is being issued upon the request of \_\_\_\_\_  
(Patient's/member's last name, first name, name extension, middle name)

for whatever legal purpose it may serve.

\_\_\_\_\_  
(Signature over printed name of the authorized testing laboratory/HCP representative)

\_\_\_\_\_  
(Designation of the authorized testing laboratory/HCP representative)

\_\_\_\_\_  
(Date signed)

Conforme:

\_\_\_\_\_  
(Signature over printed name of the patient/member/authorized representative)

\_\_\_\_\_  
(Date signed)

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PhilHealth  
SARS-CoV-2 TESTING LABORATORY

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