Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

PHILHEALTH CIRCULAR
No. 2021 - 0003

TO : **ALL PHILHEALTH ACCREDITED TESTING LABORATORIES (HOSPITAL- AND NON-HOSPITAL BASED), PHILHEALTH MEMBERS AND ALL OTHERS CONCERNED**

SUBJECT : **Benefit Package for SARS-CoV-2 Testing Using Cartridge-based PCR**

I. RATIONALE

On March 11, 2020, the World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) as a pandemic. The need for early isolation and treatment of cases highlighted the necessity for rapid detection and diagnosis of the disease. Therefore, testing capacity should be increased by exploring alternative testing strategies.

The Philippine Food and Drug Administration (FDA) approved (DM No. 2020-0191) to repurpose the GeneXpert machines of the National Tuberculosis Control Program to detect SARS-CoV-2 on March 26, 2020, in order to increase the country's testing capacity for COVID-19. With the increasing demand for testing, the Department of Health (DOH) has considered new diagnostic platforms with a shorter turnaround time to augment the current testing capacity (AO 2020-0014-A). Consequently, the Health Technology Assessment Council (HTAC) gave a positive recommendation on the use of cartridge-based PCR for the detection of SARS-CoV-2 after conducting a rapid review of available evidence.

The guidelines and pathways for COVID-19 are continuously evolving as new information or evidence for the diagnosis and management of cases becomes available. The initial benefit package for SARS-CoV-2 testing only covers the services for the COVID-19 diagnostic test using RT-PCR. It is for these reasons that the PhilHealth Board approved on July 23, 2020 the cased-based benefit packages for SARS-CoV-2 testing using cartridge-based PCR machines (PBR No. 2534 s. 2020).

II. OBJECTIVE

This PhilHealth Circular aims to establish the policy for the implementation of the benefit package for the SARS-CoV-2 test by cartridge-based PCR.

III. SCOPE

This PhilHealth Circular shall apply to all PhilHealth members tested for SARS-CoV-2 using cartridge-based PCR as prescribed by the DOH whose specimens were collected beginning July 23, 2020; and all testing laboratories (hospital- and non-hospital based) that are licensed

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by the DOH and accredited by PhilHealth to conduct cartridge-based PCR test to detect SARS-CoV-2.

Moreover, this PhilHealth Circular does not cover applicable rules on 45-day annual benefit limit and single period of confinement.

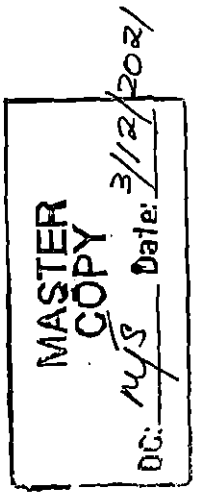
IV. DEFINITION OF TERMS

A. **SARS-CoV-2** - refers to severe acute respiratory syndrome coronavirus 2 that is responsible for coronavirus disease (COVID-19)[1]

B. **Cartridge-based PCR test** – a rapid, automated diagnostic test for the qualitative detection of the SARS-CoV-2 virus that causes COVID-19[2] and is covered by the PhilHealth benefit package for COVID-19 testing.

V. POLICY STATEMENTS

A. ACCREDITATION



1. All currently accredited health facilities with valid DOH license for SARS-CoV-2 testing laboratory shall be allowed to provide the SARS-CoV-2 testing service. PhilHealth shall automatically include SARS-CoV-2 testing in the said service in their accreditation records with validity starting on the date that the DOH granted its license.

2. PhilHealth shall accredit all Regional Tuberculosis (TB) Culture Laboratories and hospital-based GeneXpert sites of the National TB Control Program designated by the DOH as COVID-19 testing facilities using the GeneXpert system (DOH Department Memorandum No. 2020-0191), as well as other testing facilities licensed by the DOH to conduct cartridge-based PCR test for the diagnosis of COVID-19. These laboratories may refer to Annex A: "Guidelines on the Application for Accreditation of SARS-CoV-2 Testing Laboratories"

B. BENEFIT AVAILMENT

1. PhilHealth members entitled to the benefit package for SARS-CoV-2 testing using cartridge-based PCR shall be based on the applicable DOH guidelines (See Annex B: "Sub-groups of at-risk individuals for SARS-CoV-2 testing") or its revisions/amendments in consideration of the evolving clinical management for COVID-19. PhilHealth shall disseminate the necessary update accordingly;

2. Filipinos who are not registered in PhilHealth shall automatically be covered; provided, that they complete member registration upon availing of the benefit

[1] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it

[2] https://www.doh.gov.ph/sites/default/files/health-update/dm2020-0191.pdf

package. During the state of national emergency, the Case Investigation Form (CIF), as required in item C.4.b of this Circular, shall serve as the basis for the assignment of a PhilHealth Identification Number (PIN); Provided, however, that the CIF should include a 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;

3. With the enactment of the Universal Health Care (UHC) law, all Filipinos are eligible of all PhilHealth benefits. Thus, the single period of confinement and 45-day annual benefit limit shall not be applied in the benefit package for SARS-CoV-2 test using cartridge-based PCR;

4. PhilHealth accredited testing laboratories covered by this Circular are required to have an electronic health record of all patients who underwent the SARS-CoV-2 testing by cartridge-based PCR. If this is not available, a manual record of patients who underwent the SARS-CoV-2 testing by cartridge-based PCR shall be accepted during the state of national emergency;

5. The complete services or minimum standards included in this benefit package are the following:

   a. Screening
   b. Specimen collection
   c. Specimen handling
   d. Conduct of cartridge-based PCR test (including the test kit and other supplies)
   e. Analysis and reporting of results

6. PhilHealth members eligible for coverage for SARS-CoV-2 testing based on DOH issuance and their future revisions/amendments shall not be charged co-payment for the minimum services included in this benefit package. Patients may be charged co-payment for amenities, such as online appointment, drive-thru and home services for COVID-19 testing;

7. The case-based payment of the benefit package for SARS-CoV-2 testing by cartridge-based PCR are provided in table 1:

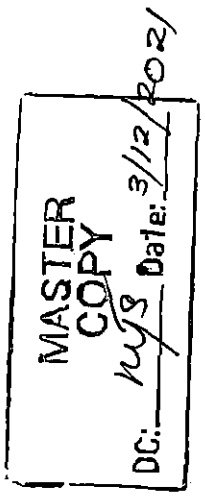
Table 1. Packages for SARS-CoV-2 testing by cartridge-based PCR

Package Code	Condition for payment	Services covered by PhilHealth	Package Amount (Php)
C19X1	All services and supplies for testing are procured and provided by the testing laboratory	Complete services or minimum standards	**2,287**

C19X2	PCR cartridges are donated to the testing laboratory	Screening, specimen collection, and handling, the conduct of cartridge-based PCR testing and analysis of results	**1,099**
C19X3	PCR cartridges are donated to the testing laboratory; the cost of running the cartridge-based PCR test is subsidized by the government	Screening, specimen collection, and handling; facility costs for staff time and PPE	**1,059**

8. PhilHealth shall pay the package amount for services for SARS-CoV-2 test by cartridge-based PCR directly to the PhilHealth accredited testing laboratories;

9. The package amounts for SARS-CoV-2 testing using cartridge-based PCR shall be applied for all specimens collected with dates beginning July 23, 2020, as specified in the prescribed "SARS-CoV-2 claims summary form and instructions for electronic submission" (Annex C). The date of specimen collection must be within the validity of the license of the accredited testing laboratory;



10. The coverage for sub-groups of at-risk individuals shall be based on DOH DM 2020-0258-A;

11. The accredited testing laboratories shall be responsible for the reimbursement of the swabbing centers or referring facilities for the screening, specimen collection and handling;

12. 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.

C. CLAIMS FILING AND REIMBURSEMENT

The following are the rules for claims filing and reimbursement:

1. All accredited testing laboratories shall submit valid and accurate claims applications to PhilHealth;

2. Subject to the requirements for claims filing, all claims shall be filed by the PhilHealth accredited SARS-CoV-2 testing laboratories (hospital- and non-hospital based). Only services rendered within the validity period of the DOH license of the PhilHealth accredited SARS-CoV-2 testing laboratories can be reimbursed;

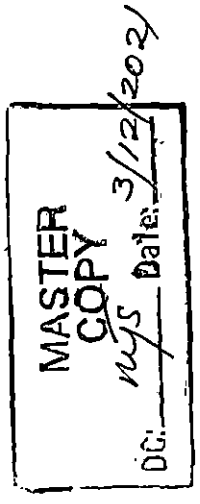
3. All claims for SARS-CoV-2 testing using cartridge-based PCR shall be submitted electronically as described in Annex C;

4. To file a claim for reimbursement, the accredited testing laboratories shall submit the following electronic documents to PhilHealth;
   a. Properly accomplished SARS-CoV-2 Claims Summary Form (preferably in MS Excel format or CSV file);
   b. Scanned copy of the properly accomplished CIF that is prescribed by the DOH (preferably in PDF format);
   c. Itemized billing statement which includes the readers' fees, if any (preferably in MS Excel format or CSV file), for admitted patients only; and
   d. Scanned copy of the "Certificate of classification of at-risk individuals and actual charges for SARS-CoV-2 test" (Annex E) (preferably in PDF format), accomplished at point of specimen collection.

5. The accredited testing laboratory shall validate all electronic documents prior to submission to PhilHealth;

6. While the file transfer protocol is not yet fully accessible by the accredited testing laboratory, these electronic documents can be submitted via electronic media such as compact disk (CD), hard disk or USB/flash drive until December 31, 2020;

7. If the testing laboratory charged the PhilHealth member for the test, direct filing of claims is allowed. The amount to be reimbursed by PhilHealth shall not exceed the corresponding benefit for the SARS-CoV-2 test;



8. For directly filed claims, only the following documents are required:
   a. Original copy of the official receipt; and
   b. Original, photocopy, or printed scanned copy of the "Waiver for directly filed claims for the SARS-CoV-2 testing package" (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 member shall bear the responsibility of keeping the said copy of the waiver for validation purposes during case investigation or domiciliary monitoring.
   c. Original, photocopy, or printed scanned copy of the CIF indicating the subgroup where the patient belongs.

9. 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 and instructions for electronic submission" (Annex C). All claims shall be subject to monitoring and post-audit;

10. If patients incur charges for amenities such as online appointment, drive-thru and home services for COVID-19 testing, the PhilHealth accredited testing laboratory

PhilHealthofficial teamphilhealth actioncenter@philhealth.gov.ph

may charge co-payment for these. Thus, the PhilHealth benefit package for SARS-CoV-2 test should be deducted from the total actual charges;

11. Claims applications for this benefit package for SARS-CoV-2 testing by cartridge-based PCR shall be filed separately from other COVID-19 claims for inpatient, isolation, and RT-PCR test. These include claims for tests done on patients admitted in PhilHealth accredited healthcare providers (HCP) that are licensed as SARS-CoV-2 testing laboratory;

12. All claims for the testing for SARS-CoV-2 by cartridge-based PCR shall be filed within 60 calendar days from the date of specimen collection. 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 the applicable guidelines of PhilHealth;

13. PhilHealth shall reimburse for repeated tests as prescribed in the applicable DOH guidelines;

14. Dates of repeat tests should be indicated in the "SARS-CoV-2 Claims Summary Form and instructions for electronic submission" (Annex C);

15. Rules on late filing shall apply; and

16. Claims applications shall be processed by PhilHealth within the prescribed period for claims processing provided that all requirements are complied with.

D. MONITORING

1. All PhilHealth accredited SARS-CoV-2 testing laboratories (hospital- and non-hospital based) claiming for this benefit package shall be subject to the rules on monitoring set by PhilHealth;

2. Feedback mechanisms on the package implementation shall be established to address implementation issues and concerns;

3. 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.

E. LIST OF ANNEXES

1. Annex A: Guidelines on the Application for Accreditation of SARS-CoV-2 Testing Laboratories

2. Annex B: Sub-groups of at-risk individuals for SARS-CoV-2 testing

3. Annex C: SARS-CoV-2 claims summary form and instructions for electronic submission

4. Annex D: Waiver for directly filed claims for SARS-CoV-2 testing benefit package

5. Annex E: Certificate of classification of at-risk individuals and actual charges for SARS-CoV-2 test

VI. PENALTY CLAUSE

All adverse monitoring findings regarding non-compliance to the relevant provisions of this policy such as, but not limited to co-payment and other related issuance shall be validated and subject to provider performance assessment without prejudice to the filing of appropriate legal action.

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VII. SEPARABILITY CLAUSE

If any provision of this PhilHealth Circular shall be declared invalid, unconstitutional or unenforceable, the validity of the remaining provisions shall not in any way be affected and shall remain enforceable.

VIII. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect upon publication in a newspaper of general circulation with retroactive coverage of the tests done from July 23, 2020. A copy shall thereafter be deposited with the Office of the National Administrative Register, University of the Philippines Law Center.

ATTY. DANTE A. GIERRAN, CPA
President and Chief Executive Officer (PCEO)

Date signed: March 11, 2021

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

1. All currently accredited health facilities with valid 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. Accredited 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

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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

Annex "B"

Sub-groups of at-risk individuals 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:** Individuals with severe/critical symptoms, relevant history of travel and/or contact;

b. **Subgroup B:** Individuals with mild symptoms and relevant history of travel and/or 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;

c. **Subgroup C:** Individuals with mild symptoms, and relevant history of travel and/or contact;

d. **Subgroup D:** Individuals with no symptoms but with relevant history of travel and/or contact or high risk exposure. These include:

   i. Subgroup D1: Contact-traced individuals;

   ii. Sub-group D2: Healthcare workers, who shall be prioritized for regular testing in order to ensure the stability of our healthcare system. The frequency of testing shall be as follows:

      1. Healthcare workers with high COVID-19 exposure and who live or work in Special Concern Areas may be tested up to once a week, as determined by the Infection Prevention and Control Committee of the facility.

      2. Healthcare workers with high COVID-19 exposure and who live or work outside Special Concern Areas may be tested up to once every two weeks, as determined by the Infection Prevention and Control Committee of the facility.

      3. Healthcare workers who do not have high COVID-19 exposure and who live or work in Special Concern Areas may be tested every two to four weeks as determined by the Infection Prevention and Control Committee of the facility.

   In this regard, healthcare workers who are directly working or have direct involvement in COVID-19 care (e.g. nurses, doctors, or any staff working at COVID-19 facilities, hospital wards, emergency rooms, isolation facilities, or quarantine facilities, and laboratory technicians and pathologists at COVID-19 testing facilities) are considered to have high COVID-19 exposure.

   iii. Sub-group D3: Returning Overseas Filipino Workers, who shall immediately be tested at the port of entry;

Source: Department of Health (2020). Department Memorandum No. 2020-0258 – *A: Updated Interim Guideline on Expanded Testing for COVID-19 (Amendment to DM 2020-0258)*

iv. Sub-group D4: Filipino citizens in a specific locality within the Philippines who have expressed intention to return to their place of residence/home origin (Locally Stranded Individuals) may be tested subject to existing protocols of the IATF.

e. **Subgroup E:** Frontliners indirectly involved in health care provision in the response against COVID-19 may be tested as follows:

i. Sub-group E1: Those with high or direct exposure to COVID-19 regardless of location may be tested to once a week. These include the following:

1. Personnel manning the Temporary Treatment and Quarantine Facilities (LGU- and Nationally-managed);

2. Personnel serving at the COVID-19 swabbing center;

3. Contact tracing personnel; and

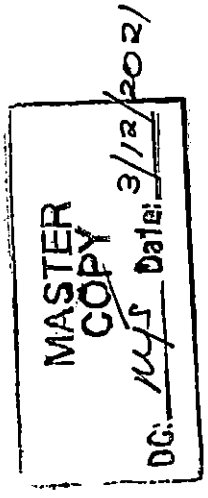
4. Any personnel conducting swabbing for COVID-19 testing.

ii. Sub-group E2: Those who do not have high or direct exposure to COVID-19 but who live or work in Special Concern Areas may be tested to every two to four weeks. These include the following:

1. Personnel manning Quarantine Control Points, including those from Armed Forces of the Philippines, Bureau of Fire Protection, and others;

2. National/Regional/Local Risk Reduction and Management Teams;

3. Officials from any local government/city/municipality health office (CEDSU, CESU, etc.);



4. Barangay Health Emergency Response Teams and barangay officials providing barangay border control and performing COVID-19-related tasks;

5. Personnel of Bureau of Corrections and Bureau of Jail Penology and Management;

6. Personnel manning the One-Stop-Shop in the Management of the Returning Overseas Filipinos;

7. Border control or patrol officers, such as immigration officers and the Philippine Coast Guard; and

8. Social workers providing amelioration and relief assistance to communities and performing COVID-19 related tasks.

f. **Subgroup F:** Other vulnerable patients and those living in confined spaces. These include, but are not limited to:

Source: Department of Health (2020). Department Memorandum No. 2020-0258 – *A: Updated Interim Guideline on Expanded Testing for COVID-19 (Amendment to DM 2020-0258)*

i. Pregnant patients who shall be tested during the peripartum period;

ii. Dialysis patients;

iii. Patients who are immunocompromised, such as those who have HIV/AIDS, inherited diseases that affect the immune system;

iv. Patient undergoing chemotherapy or radiotherapy;

v. Patients who will undergo elective surgical procedures with high risk for transmission;

vi. Any person who have had organ transplants, or have had bone marrow or stem cell transplant in the past 6 months;

vii. Any person who is about to be admitted in enclosed institutions such as jails, penitentiaries, and mental institutions.

Individuals falling under (i) to (vi) above shall be tested at the discretion of the attending physician, following the existing guidelines of their respective professional or medical societies. Meanwhile, testing of individuals classified as (vii) above is mandatory prior to admission into the facility.

g. **Sub-group G**: Residents, occupants or workers in a localized area with an active COVID-19 cluster, as identified and declared by the local chief executive in accordance with existing DOH Guidelines and consistent with the National Task Force Memorandum Circular No. 02 s. 2020 or the Operational Guidelines on the Application of the Zoning Containment Strategy in the Localization of the National Action Plan Against COVID-19 Response. The local chief executive shall conduct the necessary testing in order to protect the broader community and critical economic activities and to avoid a declaration of a wider community quarantine.

h. **Sub-group H**: Frontliners in Tourist Zones:

i. Sub-group H1: All workers and employees in the hospitality and tourism sectors in El Nido, Boracay, Coron, Panglao, Siargao and other tourist zones, as identified and declared by the Department of Tourism. These workers and employees may be tested once every four (4) weeks.

ii. Sub-group H2: All travelers, whether of domestic or foreign origin, may be tested at least once, **at their own expense**, prior to entry into any designated tourist zone, as identified and declared by the Department of Tourism.

i. **Sub-group I**: All workers and employees of manufacturing companies and public service providers registered in economic zones located in Special Concern Areas may be tested regularly.

In order to re-open the economy safely, the covered economic zone employees may be tested every quarter.

Source: Department of Health (2020). Department Memorandum No. 2020-0258 – *A: Updated Interim Guideline on Expanded Testing for COVID-19 (Amendment to DM 2020-0258)*

The Department of Trade and Industry (DTI), in coordination with the Philippine Economic Zone Authority (PEZA) and the freeport and special economic zone administrators, may include other priority sectors or economic zones within their mandate through an appropriate issuance, in consultation with the Department of Health. Likewise, the above government agencies may deprioritize or remove sectors from this list at their discretion.

j. **Sub-group J**: Economy Workers

i. Sub-group J1: Frontline and Economic Priority Workers, defined as those (1) who work in high priority sectors, both public and private, (2) have high interaction with and exposure to the public, and (3) who live or work in Special Concern Areas, may be tested every three months. These workers include, but are not limited to:

1. Transport and Logistics
    a. Drivers of Taxis, Ride Hailing Services (two and four wheels), Buses, Public Transport Vehicles
    b. Conductors
    c. Pilots, Flight Attendants, Flight Engineers
    d. Rail operators, mechanics, servicemen
    e. Delivery staff
    f. Water transport workers — ferries, inter island shipping, ports

2. Food Retail
    a. Waiters, Waitresses, Bar Attendants, Baristas
    b. Chefs and Cooks
    c. Restaurant Managers and Supervisors

3. Education — once face to face classes resume
    a. Teachers at all levels of education
    b. Other school frontliners such as guidance counselors, librarians, cashiers

4. Financial Services
    a. Bank Tellers

5. Non – Food Retail
    a. Cashiers
    b. Stock clerks
    c. Retail salespersons

6. Services
    a. Hairdressers, Barbers, Manicurist, Pedicurist, Massage Therapists
    b. Embalmers, Morticians, Undertakers, Funeral Directors
    c. Parking Lot Attendants

Source: Department of Health (2020). Department Memorandum No. 2020-0258 – *A: Updated Interim Guideline on Expanded Testing for COVID-19 (Amendment to DM 2020-0258)*

d. Security Guards
e. Messengers
f. Ushers, Lobby Attendants, Receptionist
g. Clergy

7. Market Vendors

8. Construction
   a. Carpenters
   b. Stonemasons
   c. Electricians
   d. Painters
   e. Construction workers, including Foremen, Supervisors
   f. Civil Engineers, Structural Engineers, Construction Managers
   g. Crane and Tower operators
   h. Elevator installers and repairers

9. Water Supply, Sewerage, Waste Management
   a. Plumbers
   b. Recycling and Reclamation workers/Garbage Collectors
   c. Water/Wastewater engineers
   d. Janitors and cleaners

10. Public Sector
    a. Judges
    b. Courtroom clerks, staff and security
    c. All national and local government employees rendering frontline services in Special Concern Areas

11. Mass Media
    a. Field reporters, photographers, and cameramen

The DTI and the Department of Labor and Employment, may designate other frontline and economic priority workers within their mandate through an appropriate issuance, in consultation with the Department of Health. Likewise, the relevant government agencies may deprioritize or remove jobs from this list at their discretion.

In order to re-open the economy safely, frontline and economic priority workers may be tested once every quarter.

ii. Sub-group J2: All other employees not covered above are not required to undergo testing but are encouraged to be tested every quarter. Private sector employers are highly encouraged to send their employees for regular testing at the employers' expense in order to avoid lockdowns that may do more damage to their companies.

Source: Department of Health (2020). Department Memorandum No. 2020-0258 – *A: Updated Interim Guideline on Expanded Testing for COVID-19 (Amendment to DM 2020-0258)*

Annex "C"

SARS-CoV-2 CLAIMS SUMMARY FORM

Name of the PhilHealth accredited SARS-CoV-2 testing laboratory: _____ Address: _____

PhilHealth Accreditation Number (PAN): _____

No.	PATIENT INFORMATION					MEMBER INFORMATION					Sub-groups of at-risk individuals (A, B, C, D1, D2 etc.)	Date of specimen collection (mm/dd/yyyy)	Date of running the PCR test (mm/dd/yyyy)	Services covered by PhilHealth (1, 2, 3, 4, 5)	Test result (pos/neg)	Test kit donated (Y/N)	Package code	Total actual charges to patient (Php)	Amount after application of discounts/deductions (senior citizen pesosos with disability, guarantee letter, etc.)	PhilHealth benefit 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	Middle name												
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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:

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

Approved by:

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

I. Indicate the corresponding letter of the subgroups in the item for "Subgroup"

Sub-groups of at-risk individuals for SARS-CoV-2 testing

Refer to the current DOH guidelines on sub-groups of at-risk individuals for SARS-CoV-2 testing

II. Indicate the corresponding number in the column "Services covered by PhilHealth"

Services covered by PhilHealth:
1 Screening
2 Specimen collection
3 Specimen handling
4 Conduct of cartridge-based PCR testing
5 Analysis and reporting of results

III. Indicate the SARS-CoV-2 testing package availed of in the column "Package code"

SARS-CoV-2 testing packages:
C19X1 All services and supplies for the testing are procured and provided by the testing laboratory
C19X2 PCR cartridges are donated to the testing laboratory
C19X3 PCR cartridges are donated to the testing laboratory; the cost of running the cartridge-based PCR test is subsidized by the government

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, informed contained herein shall be entered in the PhilHealth database and may be used for policy research, benefits enhancement and quality improvement.

Instruction in the submission of Itemized Billing Statement for SARS-CoV-2 test for all accredited testing laboratories

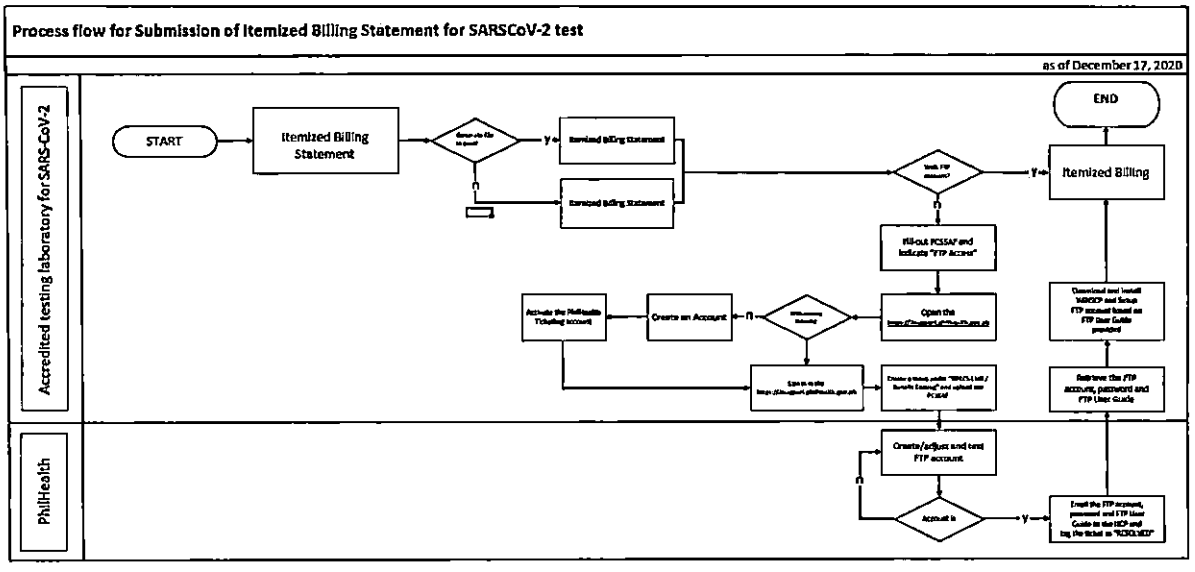
1. PhilHealth shall assign a username and password to each accredited testing laboratory to access the FTP server. Accredited testing laboratories can request FTP accounts by creating a ticket with subject "UPECS-EMR / Benefit Costing" in the PhilHealth Ticketing System that is accessible through the link: **https://itsupport.philhealth.gov.ph/osticket/**

2. The accredited testing laboratory will receive an email from PhilHealth indicating the user account information containing the username and password, storage folder and the FTP guide.

3. Each accredited testing laboratory will be assigned a designated storage folder to upload their claims summary form and itemized billing statement.

4. All Excel or csv files should be submitted using the FTP server. In the event of system downtime, accredited testing laboratories should coordinate with their respective Regional Office - IT.

5. For inquiries and/or clarification related to FTP and account creation, please email **upecsemr@philhealth.gov.ph.**



Annex "D"

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

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

SARS-CoV-2 Test Waiver

This waiver (original, photocopy or printed scanned copy) together with other supporting documents should be filed within sixty (60) calendar days from the date of the test for directly filed claims for SARS-CoV-2 testing package.

_____
(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)

MASTER COPY Date: 3/12/2021 DC: MJS

Conforme:

_____ _____
(Signature over printed name of the patient/member/authorized representative) (Date signed)

Annex "E"

Certificate of classification of at-risk individuals and actual charges for SARS-CoV-2 test

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

This certificate (original, photocopy or scanned copy) together with other supporting documents should be filed within sixty (60) calendar days from the date of specimen collection for all filed claims for SARS-CoV-2 testing package.

_____
Date

To PhilHealth:

This is to certify that based on our records, _____,
Patient's last name, first name, name extension, middle name

who belongs to sub-group _____ based on DOH DM No. 2020-0258-A, was tested for SARS-CoV-2

at _____,
Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP

on _____ and incurred the following charges:
Date/s of specimen collection (mm/dd/yyyy)

Place a (✓) in the appropriate tick box

- ☐ No charge to patient
- ☐ If with actual charges, indicate the following:

Item	Amount (Php)
Total actual charges	
Amount after application of discounts/deductions (senior citizen persons with disability, guarantee letter, etc.)	
PhilHealth benefit package amount	

Official receipt no./s _____

MASTER COPY Date: 3/12/2021 DG: hjs

_____
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 member/patient/ authorized representative Date signed

Relationship of the representative to member/patient	☐ Spouse ☐ Child ☐ Others, specify_____ ☐ Siblings ☐ Parent
Reason for signing on behalf of the member/patient	☐ Patient is incapacitated ☐ Other reasons:_____