Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 8441-7442 Trunkline (02) 8441-7444
www.philhealth.gov.ph

UNIVERSAL HEALTH CARE

PHILHEALTH CIRCULAR
No. 2021 - 0008

TO : PHILHEALTH ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES, BRANCHES, LOCAL HEALTH INSURANCE OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : Clarification on the Coverage for COVID-19 Inpatient Benefit Package

I. RATIONALE

In compliance with PhilHealth Board Resolution (PBR) No. 2516 s.2020 that approved a set of benefit packages for the spectrum of care for coronavirus disease (COVID-19), PhilHealth issued PhilHealth Circular No. 2020-009 which provides for the Benefit Packages for Inpatient Care of Probable and Confirmed COVID-19 Developing Severe Illness/Outcomes. The said packages were developed based on the existing scientific knowledge, guidelines, and issuances including the case definitions, diagnosis (through reverse transcription polymerase chain reaction), and management that continuously evolve over time.

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However, the implementation of the COVID-19 inpatient packages is also dependent upon issues beyond the purview of medical science. As such, the divergent interpretations by the health care providers and other stakeholders prompted PhilHealth to re-examine the coverage of said packages. Further, the RT-PCR testing has been made more accessible nationwide and recently, adjunct test for the diagnosis of COVID-19 had also been approved for use. Thus, PhilHealth Board Resolution (PBR) No. 2565 s. 2020 dated November 26, 2020, qualified that only confirmed cases of COVID-19 by reverse transcription polymerase chain reaction (RT-PCR) shall be covered by the packages. But in consideration of the patients who were initially managed as probable COVID-19 case but have negative RT-PCR tests, the PhilHealth Board approved PBR No. 2585 s.2021 dated February 10, 2021, to have an "Intermediate Package" for these cases. Likewise, PhilHealth Board on April 28, 2021, approved the use of antibody test as adjunct test for diagnosing COVID-19 per PBR No. 2610 s.2021.

II. OBJECTIVES

This PhilHealth Circular is issued for the following objectives:

A. To clarify that starting with November 26, 2020 admissions, the coverage of COVID-19 inpatient packages provided in PhilHealth Circular No. 2020-009 is for confirmed COVID-19 cases only;

B. To provide guidelines on availing of an Intermediate Package for patients who were initially assessed and managed as COVID-19 but eventually had negative RT-PCR test results.

III. SCOPE

This PhilHealth Circular shall apply to all Filipinos who were admitted in accredited hospitals starting November 26, 2020 and being assessed and/or managed as COVID-19 case.

IV. DEFINITION OF TERMS

A. Antibody tests for COVID-19 – serologic tests used to detect the presence or absence of antibodies against SARS-CoV-2 in patient's serum. Per guidelines, they are not to be used as stand-alone confirmatory or diagnostic test but as adjunct to diagnose COVID-19. They are to be used on patients who have symptoms for at least 15 days that are highly suggestive of COVID-19 but whose RT-PCR tests results have turned out to be negative.

B. Intermediate Package – a benefit package covering patients who were initially assessed and managed as probable COVID-19 but eventually had negative RT-PCR test results.

V. POLICY STATEMENTS

A. Only confirmed COVID-19 cases by RT-PCR test who have developed severe illness or are with clinical and diagnostic manifestations of COVID-19 that require hospital admissions starting November 26, 2020 shall be eligible to claim for COVID-19 inpatient packages with package codes C19IP1, C19IP2, C19IP3, and C19IP4. Claims shall be processed and paid based on the applicable guidelines set in PhilHealth Circular No. 2020-0009.

B. To properly evaluate the claims, either Claim Form 4 (CF4) or clinical chart will now be required for inpatient COVID-19 claims. For facilities that have submitted CF4, PhilHealth Regional Offices and Branches may require submission of copies of clinical charts to further evaluate the claims.

C. PhilHealth shall accept results of antibody tests done in hospitals or DOH-licensed laboratories as adjunct tests for diagnosing COVID-19 if all the following criteria[1] are met:
   1. Patients have symptoms for at least 15 days;
   2. Two RT-PCR tests were negative; and
   3. With clinical and diagnostic manifestations of COVID-19.

   Hence, claims for COVID-19 inpatient packages that fulfilled these criteria shall be paid. In these cases, copies of the two RT-PCR tests results and the antibody test result shall be attached to the claims.

[1] Health Technology Assessment Council, July 2020. Guidance Document on the Technical Requirements for SARS-CoV-2 Rapid Antibody Test Kits as an Adjunct Test for COVID-19

D. Claims with negative RT-PCR test results and managed as a case of COVID-19 will be processed as Intermediate Package applying the rules on Section V.F of this Circular.

E. Claims for COVID-19 inpatient packages without RT-PCR test result shall be processed based on applicable all case rate (ACR) benefits.

F. Coverage of Intermediate Package

1. Cases with pneumonia initially assessed and managed as COVID-19 but had negative RT-PCR test results are covered by Intermediate Package with the following rates and package codes:

Description	Package Codes	Rates
Intermediate Package for Moderate Pneumonia	IMP01	Php 18,000
Intermediate Package for Severe/Critical Pneumonia	IMP02	Php 38,000

Table 1. Description, Package Codes and Rate of Intermediate Package

2. To guide in the processing of claims for Intermediate Package, severity classification and corresponding benefit package is provided on Annex A.

3. The Intermediate Package covers facility fees (i.e., drugs and medicines, diagnostics/laboratories, room and board, and supplies and equipment including personnel protective equipment) and professional fees.

4. Claims for Intermediate Package shall have an attached copy of RT-PCR test result with specimen taken upon admission from a PhilHealth-accredited and Department of Health (DOH) - licensed COVID-19 testing laboratory. Claims with RT-PCR test done after admission date shall be assessed for applicable benefit under ACR.

5. Claims filing of Intermediate Package
   a. HCIs shall file the claims for Intermediate Package through electronic claims (eClaims) system within 60 days after discharge except when specifically determined in another issuance.

   b. The following are the requirements for claims filing:
      i. Properly encoded CF1 and CF2 module through eClaims;
      ii. Properly accomplished Claims Signature Form (CSF);
      iii. Copy of Statement of Account or its equivalent per PhilHealth Circular No. 2017-0014;

iv. *Properly accomplished CF4 or patient's chart;
*Note: to be applied for claims with admission dates starting on the publication date of this Circular.

v. **Copy of RT-PCR test result/s
**Note: Claims filed prior to publication date of this circular without RT-PCR test result shall be returned to hospital for compliance.

6. Co-payment rules
Starting on the publication date of this Circular, patients availing of Intermediate Package, who are admitted in basic/ward type accommodations, shall have no co-payment based on PhilHealth Circular 2020-0024. For monitoring purposes, the accommodation type for these cases should be reflected on the CF2 module as non-private (charity/service).

7. Medical pre-payment review
Per PhilHealth Circular 2019-002, PhilHealth reserves the right to subject any or all claims to medical pre-payment review.

8. Direct filing and readjustment
Patients admitted from November 26, 2020 until the publication of this circular who were eligible for Intermediate Package but were covered as regular case rates may file for readjustment or appeal subject to existing PhilHealth rules. In cases PhilHealth benefits were not deducted from their claims, they may file directly to PhilHealth based on the guidelines of directly filed claims.

G. Filing of motions for reconsiderations and appeals for denied claims
Affected health care providers and PhilHealth beneficiaries may file motions for reconsideration and appeals subject to existing guidelines of PhilHealth.

H. Monitoring and policy review
The monitoring of benefits delivery and performance of health care providers shall be anchored on PhilHealth's monitoring framework.

PhilHealth shall continue to monitor implementation of COVID-19 benefits. As reference for reviewing the costs of care, health care institutions shall continue to submit the itemized billing as prescribed in PhilHealth Circular No. 2020-009. For better analysis of data, HCIs shall submit the said information in Excel format through file transfer protocol until such time that its submission is already incorporated in the eClaims systems.

VI. PENALTY CLAUSE

Any violation of this Circular and all existing PhilHealth circulars and directives shall be dealt with and penalized in accordance with pertinent provisions of R.A. No. 11223 and R.A. No. 10606, and their respective Implementing Rules and Regulations.

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. REPEALING CLAUSE

Pertinent provisions of PhilHealth Circular No. 2020-009 is hereby amended and modified. Other provisions of the said issuance which are not affected by this PhilHealth Circular shall remain valid and in effect.

IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall be applied to all admissions starting November 26, 2020 except for provisions with specific date of application. This shall take effect after publication in a newspaper of national circulation or the Official Gazette. It shall be deposited thereafter to the Office of the National Administrative Register at the University of the Philippines Law Center.

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

Date signed: 6-15-2021

MASTER COPY
DC: mjs Date: 6/17/2021

Annex A
Disease severity classification of patients managed as COVID-19 and corresponding Intermediate Package

Classification	Manifestations	Intermediate Package (RT-PCR Test Negative)
Mild	Fever, cough, fatigue, anorexia, myalgias Other non-specific symptoms such as sore throat, nasal congestion, headache, diarrhea, nausea and vomiting, Loss of smell (anosmia) or loss of taste (ageusia) preceding the onset of respiratory symptoms NO signs of pneumonia or hypoxia	None
Moderate	Fever, cough,dyspnea With **non-severe pneumonia:** RR 21-30/minute, SpO2 >92% on room air **60 years old or more, OR with co-morbidity**	Intermediate Package for moderate pneumonia Package Code: IMP01
Severe	Fever, cough, dyspnea With severe pneumonia or severe acute respiratory infection: RR >30 breaths/minute, SpO2 ≤92% on room air	Intermediate Package for severe/critical pneumonia Package Code: IMP02
Critical	Onset within 1 week of known clinical insult (pneumonia) or new or worsening respiratory symptoms, progressing infiltrates on chest x-ray (CXR) or chest CT,with respiratory failure not fully explained by cardiac failure or fluid overload	
	Sepsis: life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection, Signs of organ dysfunction: altered mental status, difficult or fast breathing low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate, or hyperbilirubinemia	
	Septic Shock: persisting hypotension despite volume resuscitation, requiring vasopressors to maintain MAP ≥ 65 mmHg and serum lactate level >2 mmol/L	

References: Interim Guidance on the Clinical Management of Adult Patients with Suspected or Clinical Management of Adult Patients with Suspected or Confirmed COVID-19 Infection Versions 2.1 and 3.1