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UNIVERSAL HEALTH CARE

PHILHEALTH CIRCULAR
No. 2021- 0020

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 (Revision 1)**

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.

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 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. Furthermore, 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. *Based on these PBRs, PhilHealth Circular No. 2021-008 was published on June 19, 2021 which provided that only confirmed COVID-19 cases by RT-PCR shall be covered by COVID-19 inpatient benefit packages. The said policy covered admissions starting November 26, 2020 onwards. However, in the spirit of good faith and fairness, and in cognizance of PhilHealth's role in providing financial risk protection to its beneficiaries while observing its fiduciary responsibility as steward of the National Health Insurance Fund, the PhilHealth Board approved through PBR No. 2652 s.2021 a grace period for affected claims from November 26, 2020 to June 18, 2021.*

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II. OBJECTIVES

This PhilHealth Circular is issued for the following objectives:

A. To clarify that 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 the 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 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 *shall* 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.

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[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

Hence, claims 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.

D. Claims with negative RT-PCR test results 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 results 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 the 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. *Upon publication of this PhilHealth Circular, the Intermediate Package shall no longer be applicable. Claims with negative RT-PCR shall be processed based on other applicable benefit packages under ACR.*

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

G. Motions for reconsideration and appeal 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 the 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. 7875 as amended by* RA No. 10606 as and R.A. No. 11223, and their respective Implementing Rules and Regulations.

VII. TRANSITORY CLAUSE

1. *A grace period shall be given for inpatient claims of probable COVID-19 pneumonia cases admitted from November 26, 2020 to June 18, 2021. During this period, claims for probable COVID-19 as defined in Department of Health guidelines (Annex B: Case Definitions of Department of Health Case Definition of Suspect, Probable and Confirmed COVID-19 Cases) shall be eligible for COVID-19 inpatient benefit packages). All claims covered by the grace period shall be subjected to monitoring and review based on existing PhilHealth policies and guidelines.*

2. *Starting June 19, 2021 (date of admission), only cases with positive RT-PCR test results or those that fulfil the criteria under Section V.C. of this PhilHealth Circular shall be eligible for COVID-19 inpatient benefit packages, while cases initially managed as COVID-19 but with negative RT-PCR test results are eligible for Intermediate Package until this PhilHealth Circular is published.*

3. *Once this PhilHealth Circular is published, Intermediate Package shall no longer be applied. Instead, claims with negative RT-PCR test results shall be processed based on other applicable benefits under ACR in accordance with PhilHealth Circular No. 2021-0012 on Modification on the Payment Rules of Benefit Packages Under All Case Rates (ACR) Policy Including COVID-19 Benefit Packages.*

VIII. 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.

IX. REPEALING CLAUSE

Pertinent provisions of PhilHealth Circular Nos. 2020-009 *and 2021-008 which are inconsistent with the foregoing* are hereby amended and modified. Other provisions of the said issuances which are not affected by this PhilHealth Circular shall remain valid and in effect.

X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect *immediately* upon 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: 10-29-2021

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DC: MJS Date 10/29/21

Annex A - Disease severity cla :ation 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 *or acute respiratory distress syndrome*	
	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

MASTER COPY Date: 10/29/21 DC:

Annex B. Case Definitions of Department of Health Case Definition of Suspect, Probable and Confirmed COVID-19 Cases

Department of Health Case Definition of Suspect, Probable and Confirmed COVID-19 Cases

A. Suspect Case
   1. A person who meets the clinical AND epidemiologic criteria:
      a. Clinical criteria
         i. Acute onset of fever AND cough **OR**
         ii. Acute onset of any of the three or more of the following signs or symptoms: fever, cough, general weakness, fatigue, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting/diarrhea, altered mental status
      b. Epidemiologic criteria
         i. Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings such as camp and camp-like settings for displaced persons, any time within the 14 days prior to symptoms onset; **OR**
         ii. Residing in or travel to an area with community transmission anytime within the 14 days prior to symptom onset **OR**
         iii. Working in health settings including within health facilities and within households, anytime within the 14 days prior to symptoms onset
      c. Patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever $\geq$ 38 C, and cough with onset within the last 10 days and who require hospitalization)

B. Probable COVID-19 Case
   1. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which has at least one confirmed case identified within that cluster
   2. A suspected case (detailed above) with chest imaging showing findings suggestive of COVID-19 disease*
      *Typical chest imaging findings suggestive of cOVID-19 include the following:
      - Chest radiography: hazy opacities, often rounded in morphology with peripheral and lower lung distribution
      - Chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
      - Lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patters with or without air bronchogram
   3. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any of other identified cause
   4. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or epidemiologically linked to a cluster which had at least one confirmed case identified within that cluster.

C. Confirmed COVID-19 case
   1. A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

Reference: Annex K of DOH Department Memorandum No. 2020- 0512 Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment and Reintegration Strategies for COVID-19 dated November 26, 2020