

Annex E: Rules on Claims Filing

1. Healthcare providers (HCPs) shall submit valid and accurate claims applications to PhilHealth;
2. All claims shall be filed by the accredited healthcare provider;
3. All claims for inpatient case management of COVID-19 shall be filed via the electronic claims system (eClaims).
4. Healthcare providers shall indicate the complete diagnosis and ICD-10 codes (principal and secondary diagnoses), and the procedures (if any) including the RVS/Package Codes on item 7 of Claim Form 2 (CF 2) module.
5. The COVID-19 package code to be claimed shall be written on Item 9 of CF 2 module.
6. To file for reimbursement, the accredited HCP shall submit the following documents as attachment:
 - a. Properly accomplished PhilHealth Member Registration Form (PMRF) for unregistered PhilHealth members or qualified dependents based on PhilHealth Circular No. 2020-0001 (The Revised PhilHealth Membership Form) Properly accomplished Claim Form 4 (CF4)
 - b. Itemized Billing or its equivalent (Refer to PC No. 2020-0009 Annex A)
 - c. Claims Signature Form (CSF)
 - d. Scanned copy of COVID-19 Rapid Antigen Test and/or RT-PCR test report.
 - e. As applicable, attached photocopy / scanned copy of the following:
 - i. Monitoring of oxygen saturation through serial arterial blood gas (ABG)
 - ii. Vital signs monitoring: temperature recording, cardiac rate, respiratory rate, blood pressure, pulse oximetry
 - iii. Result of radiographic exam
7. If done prior to admission, PhilHealth shall accept RT-PCR and/or antigen test results with specimen collected within 14 days prior to admission.
8. The scanned electronic copy of the complete clinical or medical chart for all moderate to critical case types may be requested at the discretion of PhilHealth Regional Office (PRO), to establish the veracity of claims submissions of the HCP;
9. Referring hospitals shall likewise submit the scanned clinical or medical chart of all COVID-19 referrals for their claims applications to PhilHealth.