



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
 KALUSUGAN AT PANGUNA PARA SA LAHAT

PHILHEALTH CIRCULAR

No. no 111 - 0018

TO : ALL PHILHEALTH MEMBERS, ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : Modification of Priority Groups for SARS-CoV-2 Testing Packages Based on the Department of Health (DOH) Guidelines

I. RATIONALE

Entitlement of PhilHealth beneficiaries to the SARS-CoV-2 Testing packages is based on applicable guidelines set by the DOH and its subsequent issuances.

On January 14, 2022, the DOH issued Department Memorandum (DM) No. 2022-013 titled "Updated Guidelines on Quarantine, Isolation, and Testing for COVID-19 Response and Case Management for the Omicron Variant." This issuance repeals the DOH DM Nos. 2020-0258¹, 2020-0258-A² and 2020-0512³.

II. OBJECTIVES

This policy aims to update the guidelines to:

- A. Align with the updated guidelines and protocols on SARS-CoV-2 testing implemented by the DOH; and
- B. Provide the benefit package for the SARS-CoV-2 testing in diagnosing COVID-19 infection.

III. SCOPE

This PhilHealth Circular (PC) shall apply to PhilHealth beneficiaries tested for SARS-CoV-2 by RT-PCR (cartridge-based or plate-based) as prescribed by the DOH and to DOH-licensed PhilHealth-accredited SARS-CoV-2 testing laboratories.

IV. DEFINITION OF TERMS

- A. **A1** – refers to frontline workers in health facilities both national and local, private and public, health professionals and non-professionals like students in health and allied professions courses with clinical responsibilities, nursing aides, janitors, barangay health

¹ Updated Interim Guidelines on Expanded Testing for COVID-19

² Amendment to Department Memorandum No. 2020-0258 entitled Updated Interim Guidelines on Expanded Testing for COVID-19

³ Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment, and Reintegration Strategies for COVID-19

MASTER COPY
 Date: 8/23/22
 DC: [Signature]



workers, among others⁴. This includes health care workers and non-health care workers involved in COVID-19 response as defined in Republic Act (RA) No. 11712⁵.

- B. A2 – refers to senior citizens/persons aged 60 and above prioritized for SARS-CoV-2 testing.
- C. A3 – refers to person with co-morbidities including those at high risk for severe disease prioritized for SARS-CoV-2 testing.
- D. **Health care and non-health care workers** - refer to all public and private medical, allied medical, administrative, technical, support and other necessary personnel employed by, and assigned in hospitals, health facilities, laboratories, medical or temporary treatment and monitoring facilities, or vaccination sites. For COVID-19 pandemic, it also includes those who are involved in COVID-19 response to mitigate transmission and prevent further loss of lives in line with the National Action Plan Against COVID-19 strategy of prevention, detection, isolation, treatment, rehabilitation, and vaccination (PDITR+ Strategy).

V. POLICY STATEMENTS

A. Availment of the Benefit Package

1. PhilHealth shall align the coverage of the SARS-CoV-2 testing benefit package by amending Annex B “Sub-groups of at-risk individuals for SARS-CoV-2 testing” of PhilHealth Circular 2021-0021 entitled “Benefit Packages for SARS-CoV-2 Testing Using RT-PCR Tests (Plate-based and Cartridge-based)” to follow the DOHDM 2022-013 entitled “Updated Guidelines on Quarantine, Isolation, and Testing for COVID-19 Response and Case Management for the Omicron Variant.” The subgroups of at-risk individuals A-J based on DOHDM 2020- 258 and 258-A shall no longer prevail, hence, the table below shall be the updated priority groups for testing:

Priority groups	Purpose of SARS-CoV-2 test
A1 – Health Care Workers	For surveillance, to plan health system capacity
A2 – Senior Citizens	Confirming COVID-19 for use of investigational drugs
A3 – comorbidities and high risk for severe disease	
All except A1, A2 and A3 with symptoms of COVID-19	Confirming COVID-19 after onset of symptoms (optional to test)

Table 1: Priority groups for SARS-CoV-2 testing

It is emphasized that SARS-CoV-2 testing is NOT recommended for asymptomatic close contacts. Instead, symptom monitoring is recommended. Should testing be used, it should be done at least five (5) days from the last day of exposure. Further, SARS-CoV-2 testing is also NOT recommended for screening asymptomatic individuals.

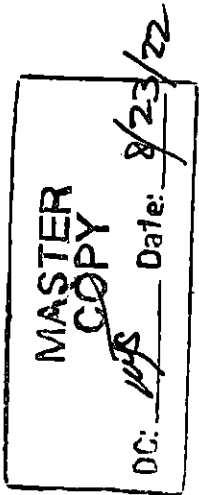
⁴ DOH Administrative Order No. 2022-0005 “Omnibus Guidelines on the Implementation of the National Development and Vaccination Plan (NDVP) for COVID-19 Vaccines”

⁵ Republic Act No 11712 “An Act Granting Mandatory Continuing Benefits And Allowances To Public And Private Health Care Workers During The Covid-19 Pandemic And Other Future Public Health Emergencies, And Appropriating Funds Therefor”

MASTER COPY
 DC: *MS* Date: *8/23/22*



2. Accreditation guidelines for SARS-CoV-2 testing laboratories shall remain in effect as stipulated in Annex A "Application for Accreditation of SARS-CoV-2 Testing Laboratories."
3. All testing claims shall be filed through eClaims using the revised versions of Annexes of this PC.
4. To file a claim for reimbursement, the accredited testing laboratories shall submit the following documents to PhilHealth:
 - a. Properly accomplished SARS-CoV-2 Claims Summary Form (Annex "C") (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 (preferably in MS Excel format or CSV file) which shall be required for admitted patients only;
 - d. Original, photocopy or printed scanned copy (preferably in PDF format), of Annex E: "Certificate of classification of priority groups and actual charges for SARS-CoV-2 test". This form shall also be considered as an equivalent to Statement of Account (SOA) as it contains the actual charges, discounts, and amount of PhilHealth benefits.
5. For directly filed claims, the following documents are required:
 - a. Original copy of the official receipt;
 - b. Original, photocopy or printed scanned copy of the Annex D: "Waiver for directly filed claims for SARS-CoV-2 testing package" 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; and
 - c. Original, photocopy, or printed copy of the Case Investigation Form.



B. Monitoring and Evaluation

1. All PhilHealth-accredited facilities with claims for this benefit package shall be subject to the rules on monitoring prescribed by PhilHealth.
2. Feedback mechanisms on the package implementation shall be established to address implementation issues and concerns.



C. List of Annexes (May be accessed in the PhilHealth Website)

1. Annex A Application for Accreditation of SARS-CoV-2 Testing Laboratories
2. Annex B Priority Groups for SARS-CoV-2 Testing

This Annex B Priority Groups for SARS-CoV-2 Testing repeals the previous Annex B "Sub-groups of at-risk individuals for SARS-CoV-2 testing.

3. Annex C SARS-CoV-2 Claims Summary Form
4. Annex D Waiver for Directly Filed Claims for SARS-CoV-2 Testing Package
5. Annex E Certificate of classification of priority groups and actual charges for SARS-CoV-2 Test

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with the pertinent provisions of RA No. 11223 and RA No. 7875, as amended by RA Nos. 9241 and 10606, and their respective Implementing Rules and Regulations.

VII. TRANSITORY CLAUSE

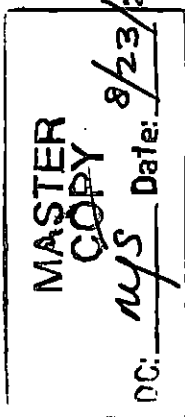
- A. All claims with specimen collection dates prior to the effectivity of this PhilHealth Circular shall follow PC No. 2021-0021 titled "Benefit Packages For SARS-CoV-2 Testing Using RT-PCR Tests (Plate-based and Cartridge-based)";
- B. All claims with specimen collection dates beginning from the date of publication shall follow the forms as prescribed in this PhilHealth Circular.

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

This PhilHealth Circular repeals Section V.B.1 of PC No. 2021-0021. All other issuances that are inconsistent with this PhilHealth Circular are hereby modified, amended, and repealed accordingly.



X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect immediately upon publication in any newspaper of general circulation or in the Official Gazette. A copy of this PhilHealth Circular shall thereafter be deposited at the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.



ATTY. ELI DINO D. SANTOS,
Officer-in-Charge, Office of the President and CEO

Date signed: 8/16/22

MASTER COPY
DC: 14/5 Date: 8/23/22

Modification on Priority Groups for SARS-CoV-2 Testing Packages Based on Department of Health (DOH)



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

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. A valid DOH license as 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

MASTER COPY
 Date: 8/23/22
 DC: WJS

Source: PhilHealth Accreditation Department as of September 22, 2021

4. The validity of accreditation of DOH-licensed stand-alone SARS-CoV-2 laboratories health facilities applying for initial accreditation or reaccreditation due to gap in the previous accreditation shall be from the date of submission of the complete application and ends on December 31 of the current year. Further, the validity of accreditation of health facilities applying for continuous accreditation is from January 1 to December 31 of the current year.

Annex B: Priority Groups for SARS-CoV-2 Testing

Priority Groups for SARS-CoV-2 Testing

The following reflects the priority groups for SARS-CoV-2 testing:

Priority groups	Purpose of SARS-CoV-2 test
A1 – Health Care Workers	For surveillance, to plan health system capacity
A2 – Senior Citizens	Confirming COVID for use of investigational drugs
A3 – comorbidities and high risk for severe disease	
All except A1, A2 and A3 with symptoms of COVID-19	Confirming COVID after onset of symptoms (optional to test)

Source: Department of Health 2022-013

MASTER
COPY
DC: *lcs* Date: *8/23/22*

Annex C: SARS-CoV-2 Claims Summary Form

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 Groups for SARS-CoV-2 Testing (A1, A2, A3, all except A1, A2 and A3)	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 persons with disability, guarantee letter, etc.)	PhilHealth benefit package amount
	Last name	First name	Name extension	Middle name	Date of birth (mm/dd/yyyy)	PIN	Last name	First name	Name extension	Middle name										
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				

MASTER COPY
 DC: NYS
 Date: 8/23/22

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 priority groups</p> <p>Priority groups for SARS-CoV-2 testing</p> <p>Refer to the current DOH applicable testing guidelines and protocols</p>	<p>II. Indicate the corresponding number in the column "Services covered by PhilHealth"</p> <p>Services covered by PhilHealth:</p> <ol style="list-style-type: none"> 1 Screening 2 Specimen collection 3 Specimen handling 4 Conduct of RT-PCR testing 5 Analysis and reporting of results 	<p>III. Indicate the SARS-CoV-2 testing package availed of in the column "Package code"</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <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</p> </td> <td style="width: 33%; vertical-align: top;"> <p>C19X1 All services and supplies for the testing are procured and provided by the testing laboratory</p> <p>C19X2 PCR cartridges are donated to the testing laboratory</p> <p>C19X3 PCR cartridges are donated to the testing laboratory; the cost of running the</p> </td> </tr> </table>	<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</p>	<p>C19X1 All services and supplies for the testing are procured and provided by the testing laboratory</p> <p>C19X2 PCR cartridges are donated to the testing laboratory</p> <p>C19X3 PCR cartridges are donated to the testing laboratory; the cost of running the</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</p>	<p>C19X1 All services and supplies for the testing are procured and provided by the testing laboratory</p> <p>C19X2 PCR cartridges are donated to the testing laboratory</p> <p>C19X3 PCR cartridges are donated to the testing laboratory; the cost of running the</p>			

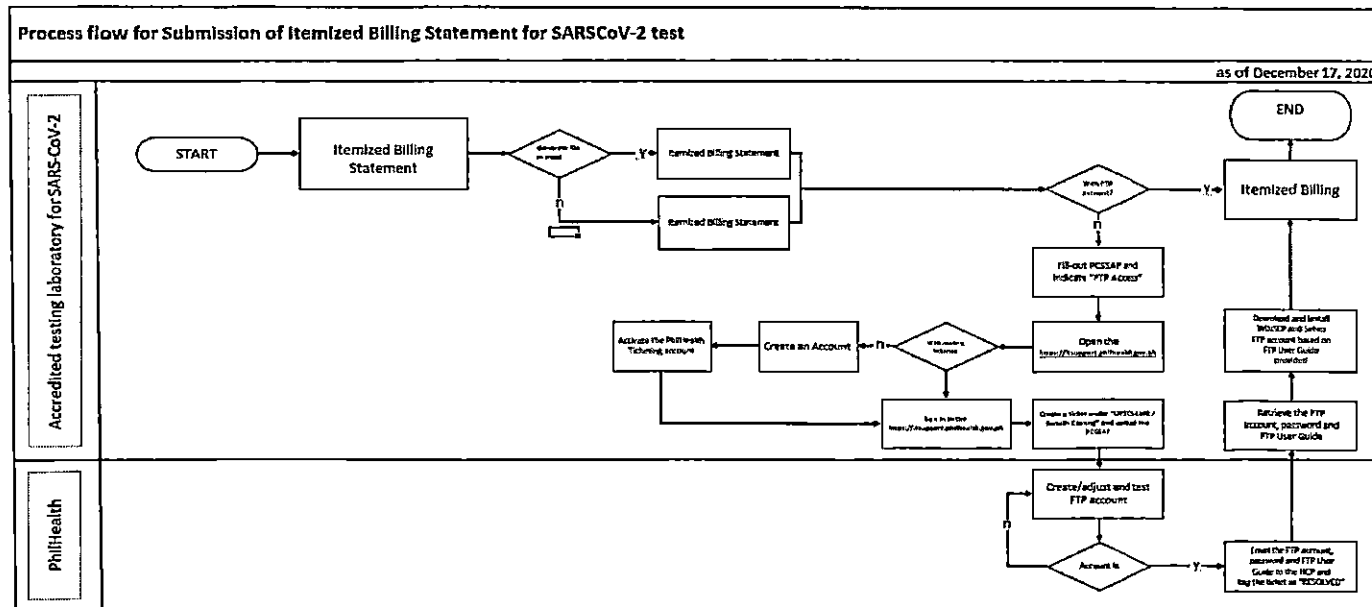
The information contained in the SARS-CoV-2 claims summary form shall be used for the purpose of verifying the veracity of the claims to effect efficient processing of benefit payment. Further, information contained herein shall be entered in the PhilHealth database and may be used for policy research, benefits enhancement and quality improvement.

Note: Donated test kits should only be claimed either package codes C19T2 or C19T3 and C19X2 or C19X3.

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.

MASTER COPY
 Date: 8/23/20
 DC: *lys*



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 specimen collection 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 belongs to priority group _____ based on the current DOH applicable testing guidelines and protocols, was tested for SARS-CoV-2 at

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

on _____
Date/s of specimen collection (mm/dd/yyyy)

was charged for the services included in the benefit package for SARS-CoV-2 testing.

All charges to the amount of _____
Amount in words

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

The PhilHealth benefit was not availed of or was not deducted from the actual charges for the following reason/s: _____
Reason/s

With this waiver, the _____ will not file reimbursement
Name of PhilHealth accredited SARS-CoV-2 testing laboratory/HCP
from PhilHealth for the benefit package for SARS-CoV-2 testing.

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

MASTER COPY
DC: NYS Date: 8/23/22

Annex E: Certificate of Classification of Priority Groups and Actual Charges for SARS-Cov-2 Test and Instruction for the Facility

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

This certificate (original, photocopy or scanned copy) if accomplished by the swabbing center shall be forwarded to the accredited testing laboratory. The testing laboratory 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 priority group _____ based on the current DOH applicable testing guidelines and protocol, was tested 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:

MASTER COPY
 DC: MJS Date: 8/23/20

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 _____

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	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Siblings <input type="checkbox"/> Parent	<input type="checkbox"/> Others, specify _____
Reason for signing on behalf of the member/patient	<input type="checkbox"/> Patient is incapacitated <input type="checkbox"/> Other reasons: _____	

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

The laboratory/facility shall provide copies of Annex "E" bearing the official HCP logo to the swabbing centers

This certificate (original, photocopy or scanned copy) if accomplished by the swabbing center shall be forwarded to the accredited testing laboratory. The testing laboratory 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.

The swabbing centers/testing laboratories shall indicate the date of specimen collection

Date

The swabbing centers/testing laboratories/patient shall indicate the complete name of the patient following the format provided

To PhilHealth:

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

who belongs to priority group _____ based on the current DOH applicable testing guidelines and protocol, was tested SARS-CoV-2

The swabbing centers/testing laboratories shall indicate the applicable priority group of the patient based on the DOH guidelines

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)

The testing laboratory/HCP shall indicate the name facility where the RT-PCR test was conducted

Place a (✓) in the appropriate tick box

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

The swabbing centers/testing laboratories shall indicate the date of specimen collection

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

Official receipt no./s _____

Signature over printed name of the authorized testing laboratory/HCP representative

Designation of the authorized testing laboratory/HCP representative

Date signed

The testing laboratory/HCP shall accomplish the following:

- Tick box for charge/no charge
- If with charges, accomplish the table accordingly
- Official receipt no./s
- Signature over printed name and designation of the authorized / representative
- Date signed

Signature:

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

Relationship of the representative to member/patient	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Others, specify _____
Reason for signing on behalf of the member/patient	<input type="checkbox"/> Siblings	<input type="checkbox"/> Parent	
	<input type="checkbox"/> Patient is incapacitated		
	<input type="checkbox"/> Other reasons:		

The patient/representative shall:

- Write and affix his/her signature over the name.
- Write the date when this was signed.
- If the patient is unable to sign, tick the appropriate box

MASTER COPY
 DC: Allys Date: 8/23/21