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UNIVERSAL HEALTH CARE
KALUSUGAN AT PAGINGA PARA SA LAHAT

PHILHEALTH CIRCULAR
No. 2023 - 0001

TO : **ALL ACCREDITED AND CONTRACTED HEALTH CARE PROVIDERS**

SUBJECT : **Benefit Packages for Inpatient Management of Confirmed Coronavirus Disease (COVID-19) and Clarification of Coverage of Probable Cases** ***(Revision 1)***

I. RATIONALE

On March 11, 2020, the World Health Organization (WHO) declared a pandemic of the Coronavirus Disease 2019 (COVID-19). Subsequently Presidential Proclamation No. 929 s. 2020 was issued declaring a State of Calamity throughout the Philippines due to the increasing number of individuals infected with the virus.

The response of the national government to this pandemic was the legislation of Republic Act (RA) No. 11469 or the Bayanihan to Heal as One Act and further strengthened by the enactment of RA No. 11494 of the Bayanihan to Recover as One Act that envisioned a coordinated whole-of-government and whole-of-society approach to eradicate COVID-19.

Under the Universal Health Care Act (RA No. 11223), PhilHealth shall ensure equitable access to quality and affordable health care goods and services for all Filipinos, and protection against financial risk. Through PhilHealth Board Resolution No. 2516 s. 2020, PhilHealth provided coverage for spectrum of care for COVID-19 including inpatient care of probable or confirmed COVID-19 developing severe illness or outcomes (patient managed as COVID-19). With the evolving knowledge about COVID-19, PhilHealth through PhilHealth Board Resolution No. 2583 s. 2022 aligns the COVID-19 inpatient benefit with the current guidelines on diagnosis and severity classification.

II. OBJECTIVES

This PhilHealth Circular (PC) establish the guidelines for the implementation of the benefit packages for the inpatient case management of COVID-19.

III. SCOPE

This PhilHealth Circular shall apply to all National Health Insurance Program (NHIP) beneficiaries managed and confirmed as COVID-19. This shall also apply to all PhilHealth-accredited healthcare providers with capacity to provide services within the current acceptable standards of care for the inpatient case management of COVID-19.

MASTER COPY Date: 1/17/23 DC:

IV. POLICY STATEMENTS

A. BENEFIT PACKAGE

1. The COVID-19 Inpatient Benefit Package includes room and board, intensive care services, staff time, personal protective equipment (PPE), diagnostic and monitoring procedures, general and supportive therapeutics, drugs and medicines, and professional fees.

    a. Drugs excluded in the Philippine National Formulary and those without explicit PhilHealth approval shall not be reimbursable through the package. The use of these drugs shall be paid by the patient as an out-of-pocket expense.

2. Standards for the delivery of these health services shall be made in accordance with the applicable clinical practice guidelines (CPGs) set forth or adopted by the Department of Health (DOH). Any further changes to the applicable DOH guidelines shall take precedence and shall serve as the basis for reimbursement subject to PhilHealth approval process. The benefit package shall be updated as needed to reflect current protocols and standards in collaboration with relevant institutions, experts, and stakeholders.

3. Testing and isolation for COVID-19 patients shall be covered by other applicable COVID-19 rates.

4. The benefit package shall be paid based on the rates set for each severity classification. (Annex A: COVID-19 Inpatient Package Rates Per Severity Classification/Case Type and by Hospital Level)

5. Provision of ambulance for transfer of COVID-19 patients between health facilities shall be covered through the referral package in accordance with PC No. 0035 s.2013.

6. The single period of confinement and forty-five (45) day annual benefit limit shall not be applied in this benefit package.

B. AVAILMENT OF THE BENEFIT PACKAGE

1. NHIP beneficiaries, the members and their qualified dependents, with a positive COVID-19 test result based on a PhilHealth approved confirmatory test and who meet the inpatient case severity classification (Annex B: COVID-19 Case Severity Classification and Definition) shall be eligible to avail of the package as applicable based on PC No. 2020-0010 on Granting of Immediate Eligibility to Members.

    a. Filipinos who are not yet registered under the program shall be eligible to the Package; provided, that the member complete and submit an accomplished PhilHealth Member Registration Form (PMRF) for the issuance of the PhilHealth Identification Number (PIN) or inclusion of the dependent upon availing of the benefit package. The patient, through the provider, shall submit the accomplished PMRF.

b. Eligibility to the benefit package of a non-Filipino member or dependent shall be in accordance with the existing guidelines on the enrollment of foreign nationals whether employed or under the informal economy program.

2. Only PhilHealth-approved COVID-19 confirmatory tests, including but not limited to FDA-approved rapid antigen tests and RT-PCR tests, shall be accepted (Annex C: List of PhilHealth Approved Confirmatory Tests). The laboratory-generated results or the medical certificate (Annex D: Sample Medical Certificate) issued by the provider who administered the test, whichever is applicable, within the prescribed validity period (Annex C: List of PhilHealth Approved Confirmatory Tests) shall be accepted as valid, unless otherwise indicated in a subsequent issuance.

3. RT-PCR test results shall take precedence in determining whether the patient is COVID-19 positive or not in instances when the patient has more than one (1) valid confirmatory test results within the same period of admission. It is highly recommended for providers to refrain from retesting patients with a valid test result except when the result of the rapid antigen test is negative, for which an RT-PCR test shall be warranted.

4. In cases where there is no confirmatory test conducted, there is no proof of a positive test result, or in cases where the confirmatory test produced a negative result, the claim shall not be reimbursable through a COVID-19 benefit package. Claims of this type shall be reimbursable through other benefits under All Case Rates (ACR).

5. To ensure provision of quality services, severe and critical case types of COVID-19 shall only be reimbursable in accredited levels 2 and 3 (L2, L3) hospitals, except for extenuating circumstances as approved by PhilHealth. DOH-licensed Level 1 hospitals with intensive care units (ICU) or with additional license for Temporary Intensive Care Units (TICUs) are also eligible to file for a claim for severe and critical case types in accordance with prevailing DOH guidelines and protocols. To be reimbursed for the package, Level 1 hospital with TICU shall have to apply for re-accreditation based on the existing accreditation guidelines of PhilHealth.

6. Per PC No. 35, s. 2013 (ACR Policy No. 2- Implementing Guidelines on Medical and Procedure Case Rates) patients who were admitted but stayed, managed, and treated in the emergency room or within the hospital premises (including tents) pending the availability of rooms shall be covered by applicable package if they stayed for more than twenty-four (24) hours within the hospital premises. As required in the Circular, private hospitals shall submit a letter of justification with the claim.

7. For statistical purposes and in accordance with the DOH guidelines on the International Classification of Diseases (ICD)-10 code for COVID-19, healthcare providers shall be required to indicate in item 7 of Claim Form (CF) 2 all corresponding ICD-10 codes for all cases being managed for COVID-19. Further, for purposes of policy research, ICD-10 codes of all secondary diagnosis shall also be indicated in item 7 of CF2.

8. The basis for payment shall be the package code which shall be indicated in item 9a of CF2.

9. In the event that an emergency procedure is indicated (e.g., emergency cesarean section for fetal distress or emergency appendectomy for ruptured appendix) for a case of COVID-19 patient with moderate, severe or critical case type, the claim for the procedure shall be filed separately from the COVID-19 claim. These claims shall not be treated as overlapping claims.

10. For patients referred and transferred from one facility to another upon confirmation of COVID-19, referring facilities shall be allowed to file claims based on the working diagnosis per transfer. Likewise, referral facilities may claim for the appropriate benefit package based on the final diagnosis upon discharge. Claims shall be subject to payment rules set forth in PC No. 2021-0012.

11. All inpatient claims shall be filed electronically with complete documentary requirements by the healthcare provider (Annex E: Rules on Claims Filing).

12. Although PC No. s. 2020-0009 provides that direct filing of claims is not allowed, PC No. 20, s. 2014 (ACR Policy No. 4 – Directly Filed Claims for All Case Rates and Return to Sender) provides that direct filing shall be allowed for the following conditions:

    a. Any situation where the NHIP beneficiary is unable to secure the required documents such as during weekend/holiday confinements of employed beneficiary and their dependents; and

    b. Other circumstances as may be determined by the Corporation. The non-availment of PhilHealth benefits by qualified NHIP beneficiaries because of the failure or refusal of healthcare facilities to deduct the due benefits prior to discharge is a valid circumstance for direct filing by the NHIP beneficiary. These claims shall be processed based on existing rules on direct filing. Meanwhile, the non-deduction of PhilHealth benefits by the healthcare facility shall be subjected to validation, evaluation, and further action based on existing PhilHealth policies and quasi-judicial procedures.

13. All claims submitted shall be processed by PhilHealth within sixty (60) calendar days from receipt of claim provided that all requirements are submitted.

14. The filing period for claims shall be subject to the prevailing PhilHealth policies and guidelines including special privileges granted during fortuitous events.

15. Claims with incomplete requirements or discrepancies shall be returned to the health facility (RTH) for compliance within the prescribed period. The accredited facility may apply for motion for reconsideration or appeal for all denied claims based on existing PhilHealth policies.

C. CLARIFICATORY PROVISIONS

1. Claims for suspect cases clinically managed as COVID-19 regardless of RT-PCR result with admissions from April 15, 2020 to June 18, 2021 shall be reimbursable as COVID-19 case in accordance with the applicable inpatient COVID-19 packages as provided on Table 1 of Section V.A of PhilHealth Circular No. 2020-0009 which applies to probable and confirmed COVID-19. (Annex F: Tables 1 and 2: Inpatient Benefit Package Rate and Rules applicable for Suspect Cases clinically managed as COVID-19).

2. Claims for suspect cases clinically managed as COVID-19 with a negative RT-PCR result admitted between June 19, 2021 to October 30, 2021 shall be reimbursable as the Intermediate Package in accordance with PC No. 2021-0020.

3. Claims with a negative RT-PCR result regardless if the patient is managed as COVID-19 with admissions starting October 31, 2021 shall be reimbursable based on the other applicable All Case Rate.

4. *For purposes of reconciliation of COVID-19 claims, healthcare facilities are permitted to apply for re-evaluation and/or adjustment of their previously paid claims. These claims include C19FRP and COVID-19 in-patient packages with admission dates from April 15, 2020 to October 30, 2021. Letter of request for re-evaluation and/or adjustment of claims should be received by the concerned PhilHealth Regional Offices up to sixty (60) days from the date of publication of this PhilHealth Circular which may be extended up to one hundred twenty (120) days during fortuitous event.*

D. MONITORING

1. All PhilHealth-accredited facilities claiming for this benefit package shall be subject to the rules on monitoring prescribed by PhilHealth. The standards used in reviewing COVID-19 inpatient claims shall be in accordance with the prevailing CPGs developed by DOH and by the appropriate societies and any and all applicable regulations and stipulations allowing for due diligence.

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

3. PhilHealth shall conduct a periodic review of this policy and specific provisions shall be revised as needed.

4. The accredited facility shall keep the patient's medical chart and monitoring sheet. These records must be made available upon the request of PhilHealth.

E. ANNEXES

All annexes shall be published in the PhilHealth website.

1. Annex A: COVID-19 Inpatient Package Rates Per Severity Classification/Case Type and by Hospital Level
2. Annex B: COVID-19 Case Severity Classification and Definition
3. Annex C: List of PhilHealth Approved Confirmatory Tests
4. Annex D: Sample Medical Certificate
5. Annex E: Rules on Claims Filing
6. Annex F: COVID-19 Inpatient Benefit Package Rate and Rules applicable for Suspect Cases clinically managed as COVID-19

V. PENALTY CLAUSE

All adverse monitoring findings regarding non-compliance to the relevant provisions of this policy and other related issuance shall be validated and subject to provider performance assessment without prejudice to appropriate legal action.

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

VI. REPEALING CLAUSE

Pertinent provisions of PhilHealth Circular Nos. 2020-0009 and 2021-0020 and other issuances inconsistent with the foregoing are hereby clarified, modified, or amended accordingly.

VII. SEPARABILITY CLAUSE

If any provision of this 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 Circular shall take effect immediately upon publication in the Official Gazette or in any newspaper of general circulation. It shall thereafter be deposited with the Office of the National Administrative Register at the University of the Philippines Law Center.

EMMANUEL R. LEDESMA, JR
Acting President and Chief Executive Officer (APCEO)

Date: 01/12/23

MASTER COPY
DC: MJS Date: 1/17/23

Annex A: COVID-19 Inpatient Package Rates Per Severity Classification/Case Type and by Hospital Level

Table 1. COVID-19 Inpatient Package Rates, Codes, and corresponding Case Type and Hospital Level

Package Code	Case Type	Package amount (PHP)	Applicable hospital level
C19IP1 C19PP1	Adult: Moderate COVID-19 without pneumonia with risk factors for progression Pediatric Age Groups: Mild COVID-19 with risk factors	43,997	L1, L2, and L3 hospitals
C19IP2 C19PP2	Adult: Moderate COVID-19 with pneumonia Pediatric Age Groups: Moderate COVID-19 with pneumonia	143,267	L1, L2, and L3 hospitals
C19IP3 C19PP3	Adult: Severe COVID-19 Pediatric Age Groups: Severe COVID-19	333,519	L1 (with TICU), L1 (with ICU), L2, and L3 hospital
C19IP4 C19PP4	Adult: Critical COVID-19 Pediatric Age Groups: Critical COVID-19	786,384	L1 (with TICU), L1 (with ICU), L2, and L3 hospital

Notes:

1. Pediatric age groups include those age 19 years old and below.
2. TICU refers to temporary intensive care units based on DOH DC 2021-0386.
3. COVID-19 benefit packages are covered by PhilHealth Circular 2021-0012 Modifications on the Payment Rules of Benefit Packages under All Case Rates (ACR) Policy including COVID-19 Benefit Packages

MASTER COPY Date: 1/17/23

Annex B: Description of Case Severity Classification of COVID-19 for adult and pediatric patients

Table 1. Description of Case Severity Classification of COVID-19 for adult and pediatric patients

Case type/severity	Description of case type	
	Adult	**Pediatric**
Pedia: Mild disease with risk factors		Symptomatic patients with confirmed COVID-19 without evidence of viral pneumonia or hypoxia but with risk factors for progression/co-morbidities
Adult: Moderate with risk factors, without pneumonia	Without pneumonia but with risk factors for progression: elderly (aged 60 and above) and/or with co-morbidities	
Moderate COVID-19 with pneumonia	With pneumonia[1] BUT no difficulty of breathing or shortness of breath, RR <30 breaths/min, oxygen saturation SpO2 ≥94% at room air	With clinical signs of non-severe pneumonia[1] (cough or difficulty of breathing +fast breathing and/or chest indrawing) and no signs of severe pneumonia[1], including SpO2 ≥95% on room air Tachypnea in breaths per minute: ❖ 3 months old to 12 months old: ≥50 breaths per minute ❖ 1 year old to 5 years old: ≥40 breaths per minute ❖ 5-12 years: ≥30 breaths per minute ❖ ≥12 years: ≥20 breaths per minute

Case type/severity	Description of case type	
	Adult	**Pediatric**
Severe	With pneumonia[1] and ANY one of the following: • Signs of respiratory distress • Oxygen saturation SpO2 <94% at room air • Respiratory rate of ≥30 breaths/minute • Requiring oxygen supplementation	With clinical signs of pneumonia[1] (cough or difficulty in breathing) and At least one of the following: • Central cyanosis or SpO2 < 95%; severe respiratory distress (e.g., fast breathing, grunting, very severe chest indrawing); general danger sign: inability to breastfeed or drink, lethargy or unconsciousness, or convulsions • Tachypnea (in breaths/min): ❖ 3 months old to 12 months old: ≥50 breaths per minute ❖ 1 year old to 5 years old: ≥40 breaths per minute ❖ 5-12 years: ≥30 breaths per minute ❖ ≥12 years: ≥20 breaths per minute
Critical	With pneumonia[1] and ANY one of the following: • Impending respiratory failure requiring high flow oxygen, non-invasive or invasive ventilation • Acute respiratory distress syndrome • Sepsis or shock	Acute respiratory distress syndrome (ARDS) Onset: within 1 week of a known clinical insult (i.e., pneumonia[1]) or new or worsening respiratory symptoms. Chest imaging: (radiograph, CT scan, or lung ultrasound): bilateral opacities, not fully explained by volume overload,

Case type/severity	Description of case type	
	Adult	**Pediatric**
	• Deteriorating sensorium • Multi-organ failure • Thrombosis	lobar or lung collapse, or nodules. Origin of pulmonary infiltrates: respiratory failure not fully explained by cardiac failure or fluid overload. Need objective assessment (e.g., ECG) to exclude hydrostatic cause of infiltrates / edema if no risk factor is present. Oxygenation impairment in adolescents: PaO2/FiO2 ≤300 mm Hg is already mild ARDS In children, when Oxygen Index (OI) or Oxygen Saturation Index (OSI) is used[3]: • Bilevel (NIV or CPAP) ≥ 5 cmH2O via full face mask: PaO2/FiO2 ≤ 300 mmHg or SpO2/FiO2 ≤ 264 • Mild ARDS (invasively ventilated): 4 ≤ OI < 8 or 5 ≤ OSI < 7.5 • Moderate ARDS (invasively ventilated): 8 ≤ OI < 16 or 7.5 ≤ OSI <12.3 • Severe ARDS (invasively ventilated): OI ≥ 16 or OSI ≥ 12.3
		Sepsis Adolescents: acute life-threatening organ dysfunction caused by a dysregulated host

Case type/severity	Description of case type	
	Adult	Pediatric
		response to suspected or proven infection. Signs of organ dysfunction include: 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, laboratory evidence of coagulopathy, thrombocytopenia, acidosis, high lactate, or hyperbilirubinemia. In children, suspected or proven infection and ≥ 2 age-based systemic inflammatory response syndrome (SIRS[4]) criteria, of which one must be abnormal temperature or white blood cell count.
		Septic shock Adolescents: persistent hypotension despite volume resuscitation, requiring vasopressors to maintain MAP ≥ 65 mmHg and serum lactate level >2 mmol/L. Children: any hypotension (SBP < 5th centile or > 2 SD below normal for age) or two or three of the following: altered mental status; bradycardia or tachycardia (HR < 90 bpm or > 160 bpm in infants and heart rate <70 bpm

Case type/severity	Description of case type	
	Adult	Pediatric
		or > 150 bpm in children); prolonged capillary refill (> 2 sec) or weak pulse; fast breathing; mottled or cool skin or petechial or purpuric rash; high lactate; reduced urine output; hyperthermia or hypothermia
		Acute thrombosis Acute venous thromboembolism (i.e., pulmonary embolism), acute coronary syndrome, acute stroke
		Multisystem Inflammatory Disease in Children (MIS-C) Preliminary case definition: children and adolescents with fever >3 years AND two of the following: • Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet) • Hypotension or shock • Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities; • Evidence of coagulopathy, • acute gastrointestinal problems (diarrhea, vomiting, or abdominal pain)

Case type/severity	Description of case type	
	Adult	Pediatric
		AND Elevated marker of inflammation AND No other obvious microbial cause of inflammation including sepsis, staphylococcal or streptococcal shock syndrome AND Evidence of COVID-19 (RT-PCR, Antigen or serology positive), or likely contact with patients with COVID-19

Notes:

1. **For purposes of PhilHealth claims, diagnosis of pneumonia should be supported by findings in chest imaging studies (e.g., radiograph, CT scan, and ultrasound).**
2. COVID- 19 symptoms include fever, cough, coryza, sore throat, diarrhea, anorexia/nausea/vomiting, loss of sense of smell or taste, generalized weakness/body malaise/fatigue, headache, myalgia
3. Risk factors associated with severe disease includes age more than 60 years (increasing with age); underlying non-communicable diseases such as diabetes, hypertension, chronic lung disease, cerebrovascular disease, dementia, mental disorders, chronic kidney disease, and cancer; immunosuppression; HIV; obesity; pregnancy especially with increasing maternal age, high BMI, non-white ethnicity, chronic conditions and pregnancy related conditions such as GDM and pre-eclampsia. In children, the following conditions were identified in a systematic review: immunosuppression, cardiovascular condition, complex congenital malformations, hematologic conditions neurologic conditions, obesity, prematurity, endocrine/metabolic disorders, renal conditions, and gastrointestinal conditions.
4. Oxygenation index (OI) is an invasive measurement of hypoxemic respiratory failure and may be used to predict outcomes in pediatric patients. Oxygen saturation index (OSI) is a non-invasive measurement and has shown to be a reliable surrogate marker of OI in children and adults with respiratory failure.
5. Systemic Inflammatory Response Syndrome (SIRS) criteria: abnormal temperature (>38.5 Cor <36C); tachycardia for age or bradycardia for age if <1 year; tachypnea for age or need for mechanical ventilation, abnormal white blood cell count for age or >10% bands.

References:

Department of Health Department Circular 2022-0002 Advisory for COVID-19 Protocols for Quarantine and Isolations

Philippine Pediatric Society and Pediatric Infectious Disease Society of the Philippines Interim Guidelines on the Screening, Classification, and Management of Pediatric Patients with Suspected or Confirmed COVID 19 Version 5 as of January 8, 2022 (http://www.pidsphil.org/home/wp-content/uploads/2022/01/1641793296797384.pdf).
Philippine Pediatric Society and Pediatric Infectious Disease Society of the Philippines Interim Guidelines on the Screening, Assessment, and Clinical Management of Pediatric Patients with Suspected or Confirmed COVID-19 Version 4, 06 February 2021 accessed on February 4, 2022 thru 1613518307591635.pdf (pidsphil.org).
Philippine Society for Microbiology and Infectious Diseases Philippines, COVID-19 Living Recommendations as of January 10, 2022 (https://www.psmid.org/philippine-covid-19-living-recommendations/).
World Health Organization, Living guidance for clinical management of COVID-19. Living Guidance 23 November 2021 accessed on February 4, 2022thru Guideline Clinical management of COVID-19 patients: living guideline, 18 November 2021 (who.int)

Annex C: PhilHealth Approved Confirmatory Tests

List of PhilHealth Approved Confirmatory Tests

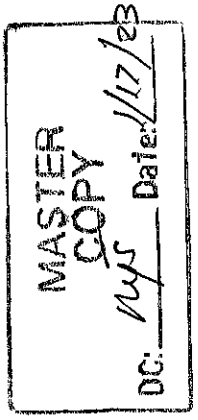
1. Facility-based Rapid Antigen Test using FDA-approved test kits using nasal, nasopharyngeal, and/or oropharyngeal specimens for patients who are symptomatic.
2. Plate-based and cartridge-based RT-PCR done in DOH-licensed laboratory using the following specimen:
    a. Saliva (for plate-based RT-PCR)
    b. Nasopharyngeal and/or oropharyngeal specimen
3. As adjunct, for symptomatic patients with 2 negative RT-PCR, antibody test done 15 days after in a DOH licensed laboratory may be accepted.

Table 2. Validity Period of Confirmatory Tests (if done prior to admission) for Purposes of Claims Filing

	RT-PCR	ANTIGEN
VALID	14 days or less prior to admission	14 days or less prior to admission
INVALID	>14 days	>14 days

Notes:

1. 14 days is based on the estimated time for the diagnostic test to detect SARS-CoV-2 infection relative to onset of symptom/s on the incubation period of COVID-19
2. The reckoning date of the start of validity period is the date of specimen/sample collection.



Annex D: Sample Medical Certificate

(TESTING CENTER LETTERHEAD)

SAMPLE MEDICAL CERTIFICATE

Name: _____ Birthdate: _____
Age: _____ Date Performed: _____

This is to certify that the abovementioned patient was tested for COVID-19 Rapid Antigen Test with the following details:

Test Method Used: Rapid Antigen Test

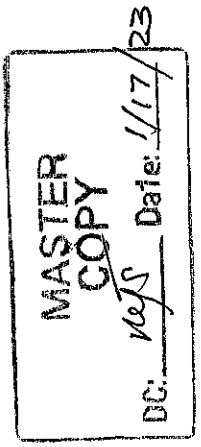
Specimen used (indicated if nasal, nasopharygeal and/or oropharyngeal): _____

Rapid Antigen Test Kit Brand: _____

Date Performed: _____

Date of Result: _____

Result: _____



(Signature of Physician)
Name of Physician
PRC License No.

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 Member Form) Properly accomplished Claim Form 4 (CF4)
   b. Itemized Billing or its equivalent (Refer to PC 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.

Annex F: COVID-19 Inpatient Benefit Package Rate and Rules applicable for Suspect Cases clinically managed as COVID-19

Table 1. Matrix illustrating the application of Clarificatory Provisions

	April 15, 2020 – Nov 25, 2020	Nov 26, 2020 – June 18, 2021	June 19, 2021 – Oct 30, 2021	October 31, 2021 onwards
	PC 2020-0009	PC 2021-0008	PC 2021-0020	
			PC 2021-0012 shall apply to all claims starting August 22, 2021.	
Confirmed COVID-19 cases	Claimable	Claimable	Claimable	Claimable
Probable COVID-19 cases	Claimable *(if clinically managed as COVID-19)*		Claimable as intermediate package	Claimable as applicable ACR *(not COVID-19)*

Table 2. Inpatient Benefit Package Rate for Suspect cases clinically managed as COVID-19
(Applicable for admissions between April 15, 2020 – June 18, 2021)

Package Code	Package amount (PHP)	Severity	HCP Category
C19P1	43,997	Mild pneumonia in the elderly or with co-morbidities	L1 to L3 hospital, private rooms
C19P2	143,267	Moderate pneumonia	L1 to L3 hospital, private room
C19P3	333,519	Severe pneumonia	L2 to L3hospital, private room, ICU
C19P4	786,384	Critical pneumonia	L2-L3 hospital private room, ICU