PhilHealth
Your Partner in Health

BAGONG PILIPINAS

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
(02) 8662-2588 www.philhealth.gov.ph
PhilHealthOfficial teamphilhealth

PHILHEALTH CIRCULAR
No. 2024 - 0026

TO : **ALL ACCREDITED HEALTH FACILITIES, ACCREDITED HEALTHCARE PROFESSIONALS, PHILHEALTH REGIONAL OFFICES AND ALL OTHERS CONCERNED**

SUBJECT : **Implementing Guidelines for the Rates Adjustment of the Inpatient Benefits Package for Coronavirus Disease (COVID-19)**

I. RATIONALE

Since May 2023, the World Health Organization has determined that COVID-19 is now an established and ongoing health issue that no longer qualifies as a public health emergency of international concern[1]. As a result, the Philippines lifted the Public Health Emergency in July 2023[2]. Additionally, the Department of Health (DOH) and the Philippine Society of Microbiology and Infectious Diseases (PSMID), in collaboration with other specialty medical societies and stakeholders, have established the Philippine COVID-19 Living Clinical Practice Guidelines[3].

In light of these updates to COVID-19 care standards and associated costs, PhilHealth reviewed its benefits policy related to COVID-19. With this, the PhilHealth Board of Directors, through PhilHealth Board Resolution No. 2946, s. 2024 (Rationalization of Inpatient COVID-19 Benefits Package) approved the adjustment of package rates for confirmed inpatient COVID-19 cases.

II. OBJECTIVES

This PhilHealth Circular (PC) provides the policy for implementing the adjusted rates for COVID-19 inpatient benefits to ensure quality healthcare delivery by accredited health facilities (HFs).

[1] World Health Organization. (2023, May 5). WHO Director-General's opening remarks at the media briefing. who.int. Retrieved October 20, 2024, from https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing---5-may-2023
[2] PBBM lifts State of Public Health Emergency throughout PH due to COVID-19. (2023, July 22). pco.gov.ph. Retrieved October 20, 2024, from https://pco.gov.ph/news_releases/pbbm-lifts-state-of-public-health-emergency-throughout-ph-due-to-covid-19/
[3] Department of Health & Philippine Society for Microbiology and Infectious Diseases. (2023, May 22). Philippine COVID-19 Living Clinical Practice Guidelines. psmid.org. Retrieved October 20, 2024, from https://www.psmid.org/wp-content/uploads/2023/06/LCPG-Quick-Guide.pdf

III. SCOPE

This PC covers the adjusted rates for COVID-19 inpatient benefits packages and shall apply to all accredited health facilities (HFs), PhilHealth Regional Offices (PRO), and all others involved in its implementation.

IV. DEFINITION OF TERMS

A. Bottom-Up Costing (Activity-Based or Micro-Costing)[4] - a cost calculation method that considers the individual components and activities of delivering a healthcare service and analyzes its various elements separately, such as personnel, medical supplies, equipment, overhead expenses, and administrative costs, to determine the cost incurred for that specific component.

B. Case-Based Provider Payment Mechanism – a provider payment system in which a hospital is reimbursed for each discharged patient at pre-determined rates based on the type of case or for groups of cases with similar clinical profiles and resource requirements.

C. Co-Payment – a predetermined amount agreed upon by the accredited health facility (HF) and PhilHealth that is chargeable to patients to cover the share for amenities, choice of physician, or any additional or upgraded services during the episode of inpatient care before service access to manage moral hazards and adverse incentives[5]. Co-payment is an example of an out-of-pocket payment or cost-sharing mechanism intended to share the cost of healthcare between the insured and the insurer[6].

D. Coronavirus Disease (COVID-19)[7] – an infectious disease caused by SARS-CoV-2 first identified as a new virus in December 2019.

E. Diagnosis-Related Groups (DRG)[8] - a patient classification and provider payment system that groups patient cases, including services received, into standardized case groups according to diagnosis and treatment or procedure received. It combines clinical logic with economic logic that classifies hospital cases into groups that are clinically similar and are expected to have similar hospital resource use.

F. Minimum Standards of Care[9] - essential or mandatory services that PhilHealth covers for which HFs must provide based on clinical practice guidelines (CPG) and/or expert consensus as approved by the Corporation.

---

4 PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates
5 PC No. 2021-0022. The Guiding Principles of the Z Benefits (Revision 1)
6 PC No. 2024-0001. Rules for Adjusting Case Rates
7 Coronavirus disease (COVID19). (2021, December 23). World Health Organization. Retrieved October 18, 2024, from http://who.int/
8 PC No. 2020-0016. Governing Policies on the Transitioning the Provider Payment Mechanism (PPM) from All Case Rates (ACR) to Diagnosis-Related Groups (DRG)
9 PC No. 2021-0022. The Guiding Principles of Z Benefits (Revision 1)

G. **Non-Basic Accommodation**[10] - provision of the minimum standards of care for patients, including fringe and additional amenities provided by the facility at the patient's option.

H. **Out-of-Pocket Payment (OOP)**[11] - balance of healthcare provider charges paid directly by the patients from their own resources or cash reserves or health spending made directly from households to providers.

I. **Philippine COVID-19 Living Clinical Practice Guidelines**[12] - guideline recommendations for healthcare providers to guide their diagnosis and treatment decisions on individual patient care and to inform and provide policymakers and program managers timely guidance on effective interventions to be prioritized, implemented, and made accessible to healthcare providers and the public.

J. **SARS-COV-2 Cartridge-based RT-PCR**[13] - an automated instrument system that integrates sample preparation, nucleic acid extraction and amplification, and detection of the target sequence using a single-use cartridge that contains the RT-PCR reagents and hosts the RT-PCR process.

K. **SARS-COV-2 Plate-based RT -PCR**[14] - an RT-PCR test that entails distributing RT-PCR reagents at the proper concentrations and mixing them with individual samples in tubes arranged in a plate. This plate can then be sealed and put in an instrument called a thermocycler so the reaction can proceed and the target genetic sequence can be detected.

V. POLICY STATEMENTS

A. PhilHealth utilizes a case-based provider payment mechanism to reimburse HFs for the minimum standards of care in managing COVID-19 patients requiring hospitalization.

B. PhilHealth's case-based reimbursement system intends to promote efficiency, cost containment, and quality of care by providing a fixed payment for a specific case or episode of care where HFs deliver services in a more coordinated and streamlined manner to manage resources efficiently and focus on achieving positive patient outcomes rather than simply providing more services. Overall, PhilHealth's case-based provider payment system aims to align financial incentives with the efficient and effective delivery of services.

[10] DOH AO No. 2021-0015. Standards on Basic and Non-basic Accommodation in All Hospitals
[11] PC No. 2023-0026. Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (Revision 1)
[12] https://www.psmid.org/wp-content/uploads/2023/06/LCPG-Quick-Guide.pdf
[13] https://ritm.gov.ph/reference-laboratories/covid-19-kit-evaluation/completed-evaluations/sars-cov-2-cartridge-based-pcr/
[14] https://ritm.gov.ph/reference-laboratories/covid-19-kit-evaluation/completed-evaluations/sars-cov-2-polymerase-chain-reaction-pcr/

C. The minimum standards of care recommendations from the most recent Philippine COVID-19 Living Clinical Practice Guidelines[15] are PhilHealth's basis for service coverage and costing analyses.

D. Availment of the Benefits Package

1. All Filipinos and PhilHealth beneficiaries are automatically entitled to the COVID-19 benefits package.

2. Accredited HFs shall assess patients presenting with clinical signs of COVID-19 following the most recent Philippine COVID-19 Living Clinical Practice Guidelines.

3. SARS COV-2 RT-PCR and rapid antigen tests of nasopharyngeal swabs remain the diagnostic tests of choice to confirm the diagnosis of COVID-19 among suspected individuals.

4. PhilHealth shall accept tests for COVID-19 following the Philippine COVID-19 Living Clinical Practice Guidelines. Alternative specimens to nasopharyngeal swab RT-PCR for the diagnosis of COVID-19 among symptomatic and asymptomatic patients suspected of COVID-19 in hospital and outpatient settings[16]:

   a. Oropharyngeal swab (Moderate certainty of evidence; Strong recommendation)
   b. Saliva drool/spit and oral saliva (Moderate certainty of evidence; Strong recommendation)
   c. Nasal swab/wash (Moderate certainty of evidence; Strong recommendation)
   d. Throat swab (Low certainty of evidence; Strong recommendation)

5. Accredited HFs shall admit patients following the most recent Philippine COVID-19 Living Clinical Practice Guidelines or subsequent revisions.

6. The severity classification and description for COVID-19 are found in Annex A: Severity Classification of COVID-19 in Adult and Pediatric Patients.

7. The forty-five (45) day annual benefit limit shall not apply when availing of this benefit package.

8. The benefits package includes essential health services such as room and board, drugs and medicines, intensive care services, staff time, personal protective equipment (PPE), laboratory, diagnostic and monitoring procedures, and general and supportive care.

---

[15] Department of Health & Philippine Society for Microbiology and Infectious Diseases. (2023, May 22). *Philippine COVID-19 Living Clinical Practice Guidelines*. psmid.org. Retrieved October 20, 2024, from https://www.psmid.org/wp-content/uploads/2023/06/LCPG-Quick-Guide.pdf
[16] Ibid, p.9

9. There shall be no co-payment for essential health services for patients admitted in basic or ward accommodation in accredited public and private HFs.

10. Patients admitted in non-basic accommodation may be charged a co-payment or out-of-pocket payment for services beyond the essential health services.

11. There shall be no differentiation between facility and professional fees (PF). Payments shall be credited to the accounts of accredited HFs. It is the sole responsibility of the accredited HF to distribute the PF to their health professionals based on their mutual agreements and internal processes.

12. PhilHealth reiterates that it shall only reimburse drugs listed in the latest edition of the Philippine National Formulary (PNF).

13. The COVID-19 confirmatory test done prior to or during admission of the patient shall be covered in this policy.

14. If the patient has more than one (1) valid confirmatory test result within the same period, the RT-PCR test result shall take precedence in determining whether the patient is positive for COVID-19 infection.

15. A negative rapid antigen test should be confirmed with an RT-PCR in settings or situations wherein COVID-19 is highly suspected (e.g., symptomatic or asymptomatic close contacts of probable or confirmed COVID-19 individuals) following the most recent Philippine COVID-19 Living Clinical Practice Guidelines.

16. PhilHealth shall reimburse accredited levels 1 to 3 HFs with the adjusted rates for COVID-19 based on details presented on Claim Form 4 (CF4) and laboratory tests. As such, PhilHealth highly encourages all accredited HFs to properly document the patient's clinical history, physical examination, and course in the ward.

17. PhilHealth shall reimburse emergency room services of levels 1 to 3 accredited HFs for their patients who are subsequently admitted.

E. Benefits Packages for Inpatient COVID-19

Package Code	Severity Classification of COVID-19	Package Rate (PHP)	Hospital-Level
C19IP1	Moderate COVID-19 without Pneumonia with risk factors for Progression (Adult)	55,000	L1, L2, and L3 hospitals
C19PP1	Mild COVID-19 with risk factor (Pediatric)	51,000	

Package Code	Severity Classification of COVID-19	Package Rate (PHP)	Hospital-Level
C19IP2	Moderate COVID-19 with Pneumonia (Adult)	157,000	L1, L2, and L3 Hospitals
C19PP2	Moderate COVID-19 with Pneumonia (Pediatric)	92,500	
C19IP3	Severe COVID-19 (Adult)	250,000	L1 (with ICU), L2 and L3 hospitals
C19PP3	Severe COVID-19 (Pediatric)	230,000	
C19IP4	Critical COVID-19 (Adult)	590,000	L1 (with ICU), L2 and L3 hospitals
C19PP4	Critical COVID-19 (Pediatric)	275,000	

Table 1: Package Code, Severity Classification, Rate, and Hospital Level for Adult and Pediatric COVID-19.

F. The inpatient benefits package for COVID-19 in adults provides coverage for the services listed in Annex B: Covered Services for Inpatient COVID-19 in Adult Patients.

G. Interventions and services for COVID-19 in pediatric patients are generally similar to adults but with exceptions following the recommendations from the most recent Philippine COVID-19 Living Clinical Practice Guidelines[17]:

1. Anticoagulation is not recommended;
2. Steroids have a weak recommendation for severe and critical COVID-19;
3. Remdesivir has a weak recommendation for hospitalized and severe COVID-19;
4. Tocilizumab has a weak recommendation for moderate to severe COVID-19.

H. Urinalysis and fecalysis/stool examination in pediatric patients with COVID-19 are covered in this policy.

[17] Department of Health & Philippine Society for Microbiology and Infectious Diseases. (2023, May 22). *Philippine COVID-19 Living Clinical Practice Guidelines*. psmid.org. Retrieved October 20, 2024, from https://www.psmid.org/wp-content/uploads/2023/06/LCPG-Quick-Guide.pdf

I. Claims Filing

1. Accredited HFs shall strictly adhere to PhilHealth's current policies on claims submission, submission of properly accomplished PhilHealth Claims Forms (CF), Statement of Account (SOA) or electronic SOA as specified in PhilHealth Circular No. 2023-0026, "Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (Revision 1)," and other data and documentary requirements stipulated in existing policies.

2. Accredited HFs shall submit the following supporting documents as attachments to claims:

   a. Scanned copy of the COVID-19 Rapid Antigen Test and/or RT-PCR test report;

   b. PhilHealth shall accept RT-PCR and/or antigen test results within fourteen (14) days before admission; and

   c. As needed only, the scanned electronic copy of the complete clinical or medical chart for all severe to critical case types may be requested at the discretion of the PhilHealth Regional Office (PRO) to establish the veracity of claims submissions of the HF;

3. The accredited HFs shall file their claims within sixty (60) calendar days upon discharge of patients.

4. The adjusted rates for the COVID-19 inpatient benefits shall not be claimed as a "second" case rate.

5. Accredited HFs shall properly indicate the OOP and/or co-payment of the member/patient and other funding sources in PhilHealth Claim Form 2 (CF2) Part III, "Consumption of Benefits," and in the SOA.

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

7. Existing rules on late filing shall apply. If the delay in the claims filing is due to natural calamities or other fortuitous events, the existing policy of the Corporation on the provisions of special privileges to those affected by fortuitous events shall apply.

8. Accredited HFs shall follow all relevant laws, such as RA No. 9994 or the "Expanded Senior Citizens Act of 2010" and RA No. 10754 or the "Act Expanding the Benefits and Privileges of Persons with Disability (PWD)," including prospective laws providing mandatory discounts, guidelines of the Bureau of Internal Revenue (BIR), and the order of charging based on

DOH-DSWD-PCSO-PHIC Joint Administrative Order No. 2020-0001 [Operational Guidelines for the Implementation of the Medical and Financial Assistance to Indigent and Financially-Incapacitated Patients pursuant to Republic Act No. 11463 also known as "Malasakit Centers Act of 2019"].

With this, PhilHealth benefits and all mandatory discounts provided by law, such as senior citizen and PWD discounts, shall be deducted first from the patient's total hospital bill. Benefits from private health insurance (PHI), health maintenance organizations (HMO), or employee benefits shall be applied after PhilHealth deductions and complement the PhilHealth benefits packages.

9. Accredited HFs may file a motion for reconsideration (MR) or appeal for claims denied by PhilHealth following existing policies.

10. Accredited HFs shall file claims with PhilHealth. Direct filing by PhilHealth beneficiaries is discouraged.

J. Claims Evaluation and Payment

1. PhilHealth shall reimburse its accredited HFs using a case-based provider payment mechanism based on the applicable benefits package. Any amount declared in the SOA that is below or above the published rates for COVID-19 shall not be interpreted as an over or underpayment.

2. The PhilHealth Regional Offices (PRO) shall evaluate the documents submitted for its completeness. All claims submitted shall be processed by PhilHealth within sixty (60) calendar days from receipt of the claim.

3. PhilHealth reserves the right to subject any or all claims to medical review before and/or after payment or reimbursement of its accredited HFs, following existing rules.

4. In case of direct filing by members or beneficiaries, they shall be reimbursed according to the actual amount reflected on the SOA but not exceeding the package rate for COVID-19.

5. PhilHealth shall apply the "return to hospital (RTH)" policy for claims documents with incomplete requirements, discrepancies in the supporting documents or attachments, or incompletely filled-out claims forms. Upon receipt of notice of RTH, the accredited HFs shall comply with the deficiencies within the prescribed filing period set by PhilHealth.

6. PhilHealth shall pay accredited HFs that manage COVID-19 patients but subsequently refer and transfer patients for further management to higher-level HFs at a package rate of five thousand two hundred pesos (PHP 5,200) following "Annex B" of PC No. 2024-0012 [Rules for Adjusting Case Rates (Revision 1)] or its subsequent revisions. As such, PhilHealth strongly encourages HFs to facilitate the timely referral and transfer of patients with COVID-19 within 48 hours.

7. Claims of accredited HFs for COVID-19 resulting from a patient's death and home against medical advice (HAMA) shall be paid by PhilHealth based on the amount indicated on the SOA but not to exceed the package rates of the COVID-19 Severity Classification.

8. Medical management for comorbidities (Example: diabetes, hypertension, cardiac conditions, etc.) of patients with COVID-19 may be claimed separately and shall not be treated as overlapping claims.

K. Monitoring

1. All accredited HFs claiming this benefit package shall be subject to the existing PhilHealth policy on monitoring.

2. PhilHealth shall conduct periodic review of this policy, and specific provisions shall be revised as needed in collaboration with pertinent stakeholders.

3. Accredited HFs shall keep patients' medical charts and monitoring sheets. These records must be made available upon the request of PhilHealth.

L. Marketing and Promotion

PhilHealth shall conduct communication and social marketing activities to educate healthcare providers and the public in increasing their awareness of the COVID-19 inpatient benefits packages following the current Social Marketing and Communication Plan (SMCP) of PhilHealth. Further, PhilHealth encourages all PhilHealth beneficiaries to provide feedback regarding the implementation of this policy to the Corporate Action Center (CAC) via the hotline (02) 8862-2588 or email actioncenter@philhealth.gov.ph.

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of Republic Act No. 7875, as amended by RA Nos. 9241 and 10606 (National Health Insurance Act of 2013), RA No. 11223 (Universal Health Care Act), and their respective Implementing Rules and Regulations, including the PhilHealth Rules on Administrative Cases (PROAC).

VII. TRANSITORY CLAUSE

Claims filed with admission dates prior to the date of effectivity of this PhilHealth Circular shall follow the rules under PC No. 2020-0009 (Benefit Packages for Inpatient Care of Probable and Confirmed COVID-19 Developing Severe Illness/Outcomes) and its succeeding issuances [PC Nos. 2021-0008 entitled "Clarification on the Coverage for COVID-19 Inpatient Benefit Package," 2021-0020 entitled "Clarifications on the Coverage for COVID-19 Inpatient Benefit Package Revision 1," 2022-0003 entitled "Benefit Packages for Inpatient

Management of Confirmed Coronavirus Disease (COVID-19) and Clarification of Coverage of Probable Cases," 2023-0001 entitled "Benefit Packages for Inpatient Management of Confirmed Coronavirus Disease (COVID-19) and Clarification of Coverage of Probable Cases (Revision 1)"] for purposes of filing, processing of reimbursement, and evaluation of claims.

VIII. SEPARABILITY CLAUSE

In the event that any part or provision of this PhilHealth Circular is declared unauthorized or invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

IX. REPEALING CLAUSE

This PhilHealth Circular repeals PC No. 2020-0009 (Benefits Packages for Inpatient Care of Probable and Confirmed COVID-19 Developing Severe Illness/Outcomes), PC No. 2021-0020 [Clarification on the Coverage for COVID-19 Inpatient Benefit Package (Revision 1)], and PC No. 2023-0001 [Benefit Packages for Inpatient Management of Confirmed Coronavirus Disease (COVID-19) and Clarification of Coverage of Probable Cases (Revision 1)].

All PhilHealth Circulars, issuances, rules, and regulations or parts thereof that are contrary to and inconsistent with this PhilHealth Circular are hereby repealed, amended, or modified accordingly.

X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect immediately upon publication in the Official Gazette or any newspaper of general circulation. Three (3) certified copies shall be filed with the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.

EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer

Date signed: 10/30/24

MASTER COPY
Date: 10/11/24
DC:

Annex A:
Severity Classification of COVID-19
in Adult and Pediatric Patients

Severity Classification	Description	
	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	
ModerateCOVID-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

Severity Classification	Description	
	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

Severity Classification	Description	
	Adult	**Pediatric**
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 • Deteriorating sensorium • Multi-organ failure Thrombosis	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, 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

Severity Classification	Description	
	Adult	Pediatric
		$SpO_2/FiO_2 \leq 264$ • Mild ARDS (invasively ventilated): $4 \leq OI < 8$ or $5 \leq OSI < 7.5$ • Moderate ARDS (invasively ventilated): $8 \leq OI < 16$ or $7.5 \leq OSI < 12.3$ • Severe ARDS (invasively ventilated): $OI \geq 16$ or $OSI \geq 12.3$
		Sepsis Adolescents: acute life-threatening organ dysfunction caused by a dysregulated host 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.

Severity Classification	Description	
	Adult	Pediatric
		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 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

Severity Classification	Description	
	Adult	Pediatric
		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)
		AND Elevated marker of inflammation AND No other obvious microbial cause of inflammation including sepsis,

Severity Classification	Description	
	Adult	Pediatric
		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 claims processing, as needed only, the diagnosis of pneumonia should be supported by findings in chest imaging studies, except in children with mild disease.

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, and myalgia.

3. Risk factors associated with severe disease include 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 one 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 been 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:

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

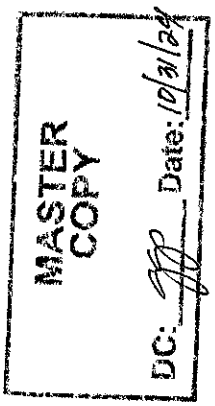
2. Hoang A, et al., COVID-19 in 7780 pediatric patients: A systematic review, EClinicalMedicine (2020), accessed thru https://www.thelancet.com/journals/eclinm/article/PIIS2589-

5370(20)30177-2/fulltext. 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, accessed thru http://www.pidsphil.org/home/wp-content/uploads/2022/01/164179329679738 4.pdf).

3. 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).

4. Department of Health & Philippine Society for Microbiology and Infectious Diseases. (2023, May 22). Philippine COVID-19 Living Clinical Practice Guidelines. psmid.org. Retrieved October 20, 2024, from https://www.psmid.org/wp-content/uploads/2023/06/LCPG-Quick-Guide.pdf

5. World Health Organization, Living guidance for clinical management of COVID-19. Living Guidance 23 November 2021 accessed on February 4, 2022 thru Guideline Clinical management of COVID-19 patients: living guideline, 18 November 2021 (who.int



Annex B: Covered Services for Inpatient COVID-19 in Adult Patients

Package Inclusions	Covered Services	
	Mandatory	Optional/Conditional
Diagnostic Tests	1. Chest x-ray 2. CBC 3. ECG 4. Spot O2 monitoring 5. Blood Urea Nitrogen (BUN) 6. Creatinine 7. Aspartate Transferase (AST) 8. Alanine transaminase (ALT) 9. Sodium (Na) 10. Potassium (K) 11. Calcium (Ca) 12. Magnesium (Mg) 13. Total bilirubin 14. Direct bilirubin 15. Indirect bilirubin 16. Albumin	1. Chest CT 2. Influenza A/B 3. Procalcitonin
Drugs/Medicines	N-acetylcysteine	1. Paracetamol 2. Oseltamivir 3. Remdesivir

Table 1: Covered Services for C19IP1

Package Inclusions	Covered Services	
	Mandatory	Optional/Conditional
Diagnostic Tests	1. Chest x-ray 2. Sputum GS/CS 3. ECG 4. CBC 5. O2 spot monitoring 6. Blood Urea Nitrogen (BUN) 7. Creatinine 8. Aspartate Transferase (AST) 9. Alanine transaminase (ALT) 10. Sodium (Na) 11. Potassium (K) 12. Calcium (Ca) 13. Magnesium (Mg) 14. Total bilirubin 15. Direct bilirubin 16. Indirect bilirubin 17. Triglycerides 18. Albumin 19. Procalcitonin 20. D-dimer	1. Chest CT 2. Arterial Blood Gas (ABG) 3. Chest x-ray 4. Influenza A/B 5. Procalcitonin
Drugs/Medicines	1. Salbutamol + ipratropium bromide 2. N-acetylcysteine	1. Paracetamol 2. Oseltamivir 3. Remdesivir 4. Empiric antibiotics if with concomitant bacterial pneumonia, as indicated

Table 2: Covered Services for C19IP2

Package Inclusions	Covered Services	
	Mandatory	Optional/Conditional
Diagnostic Tests	1. Chest x-ray 2. CBC 3. Blood Urea Nitrogen (BUN) 4. Creatinine 5. Aspartate Transferase (AST) 6. Alanine transaminase (ALT) 7. Sodium (Na) 8. Potassium (K) 9. Calcium (Ca) 10. Magnesium (Mg) 11. Total bilirubin 12. Direct bilirubin 13. Indirect bilirubin 14. Triglycerides 15. Albumin 16. Procalcitonin 17. D-dimer 18. Lactate 19. Prothrombin time 20. Lactate Dehydrogenase (LDH) 21. Ferritin 22. High-sensitivity CRP (hsCRP)	1. Chest CT 2. Chest x-ray 3. Arterial Blood Gas (ABG) 4. Interleukin-6 5. Influenza A/B
Drugs/Medicines	1. Dexamethasone OR Methylprednisolone 2. Salbutamol + ipratropium bromide 3. N-acetylcysteine	1. Paracetamol 2. Tocilizumab 3. Oseltamivir 4. Remdesivir 5. Empiric antibiotics if with concomitant bacterial pneumonia, as indicated

Table 3: Covered Services for C19IP3

Package Inclusions	Covered Services	
	Mandatory	Optional/Conditional
Diagnostic Tests	1. Chest x-ray 2. CBC 3. Blood GS/CS 4. Endotracheal Aspirate (ETA) GS/CS/AFB 5. CBG monitoring 6. ABG 7. ECG 8. Continuous pulse oximeter while in ICU 9. Hepatitis B profile 10. Influenza A/B 11. Blood Urea Nitrogen (BUN) 12. Creatinine 13. Aspartate Transferase (AST) 14. Alanine transaminase (ALT) 15. Sodium (Na) 16. Potassium (K) 17. Calcium (Ca) 18. Magnesium (Mg) 19. Total bilirubin 20. Direct bilirubin 21. Indirect bilirubin 22. Triglycerides 23. Albumin 24. Lactate 25. Lactate Dehydrogenase (LDH) 26. Ferritin 27. High-sensitivity CRP (hsCRP) 28. Procalcitonin 29. Prothrombin time 30. Creatine kinase 31. D-dimer	1. Chest CT 2. Chest x-ray 3. Respiratory viral panel 4. Interleukin-6 5. Central line placement and monitoring
Drugs/Medicines	1. Dexamethasone OR Methylprednisolone 2. Salbutamol + ipratropium bromide 3. N-acetylcysteine 4. Oral hygiene	1. Empiric antibiotics if with concomitant bacterial pneumonia, as indicated 2. Metoclopramide

Package Inclusions	Covered Services	
	Mandatory	Optional/Conditional
	5. Stress ulcer prophylaxis (ex. Omeprazole) 6. Deep Vein Thrombosis prophylaxis (ex. Enoxaparin) 7. Medicine for Sedation (Ex. Dexmedetomidine)	3. Paracetamol 4. Tocilizumab 5. Oseltamivir 6. Analgesics while on mechanical ventilator: (Ex. propofol OR fentanyl) 7. If with shock: Norepinephrine 8. If with persistent hypoperfusion: Dobutamine 9. Hemodialysis, if clinically warranted for acute renal failure or previous hemodialysis patient

Table 4: Covered Services for C19IP4