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PHILHEALTH CIRCULAR
No. 2024- 0032

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

SUBJECT : **Benefits Package for Ischemic Heart Disease - Acute Myocardial Infarction**

I. RATIONALE

Ischemic heart diseases (IHD) are the leading cause of mortality in the Philippines, comprising 18.7 percent of all deaths in the Philippines[1]. IHD, if left untreated, may lead to myocardial infarction (MI) or heart attack. Management of myocardial infarction is guided by clinical protocols, usually requiring diagnostic modalities and a standard set of interventions.

As part of PhilHealth's mandate of providing responsive benefits to meet the needs of its beneficiaries pursuant to Republic Act (R.A.) 7875 as amended by R.A. Nos. 9241 and 10606 (National Health Insurance Act of 2013) and financing reforms pursuant to RA No. 11223, otherwise known as the Universal Health Care Act, alongside the shift to a new provider payment mechanism, from All Case Rates (ACR) to diagnosis-related groups (DRG), PhilHealth identified ischemic heart disease-acute myocardial infarction (IHD-AMI), as one of the priority conditions for improving financial coverage and protection against catastrophic healthcare expenditure during illness. Thus, through PhilHealth Board Resolution No. 2961, s.2024 the PhilHealth Board of Directors approved the Resolution Approving the Benefits Package for the Inpatient Management of Acute Myocardial Infarction (AMI) as part of PhilHealth's health financing reforms.

II. OBJECTIVES

This PhilHealth Circular provides the policies for implementing the benefits package for IHD-AMI to ensure quality healthcare delivery by accredited health facilities (HFs).

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[1] Philippine Statistics Authority. (2024, September 26). *2023 Causes of Death in the Philippines (Provisional as of 31 July 2024).* psa.gov.ph. Retrieved November 2, 2024, from https://psa.gov.ph/statistics/vital-statistics/node/1684065136

III. SCOPE

This PhilHealth Circular covers the inpatient management of IHD–AMI and shall apply to all accredited HFs, PhilHealth Regional Offices (PRO), and all others involved in implementing the benefits package for IHD–AMI.

IV. DEFINITION OF TERMS

A. **Ambulance Run Report**[2] - proof of the ambulance transport service, including the dynamic status of the patient and medications given en route to the definitive health facility with PCI capabilities.

B. **Angioplasty**[3] - means using a balloon or stent to stretch open a narrowed or blocked artery.

C. **Balance Billing**[4] - additional payments by insured patients on top of the amount paid by insurance when the provider's charges exceed the amount covered by health insurance. Due to financial and service coverage decisions, balance billing may result in increased financial burdens and limited access to health services by households.

D. **Bottom-Up Costing (Activity-Based or Micro-Costing)**[5] - 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.

E. **Cardiac Rehabilitation (Cardiac Rehab)**[6] - complex, interprofessional intervention customized to individual patients with various cardiovascular diseases such as ischemic heart disease, heart failure, and myocardial infarctions or patients who have undergone cardiovascular interventions such as coronary angioplasty or coronary artery bypass grafting

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

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[2] Philippine College of Emergency Medicine, Inc.
[3] https://www.nhs.uk/conditions/coronary-angioplasty/
[4] Viriyathorn, S., Witthayapipopsakul, W., Kulthanmanusorn, A., Rittimanomai, S., Khuntha, S., Patcharanarumol, W., & Tangcharoensathien, V. (2023, May 11). Definition, Practice, Regulations, and Effects of Balance Billing: A Scoping Review. *Health Services Insights, 16*, 1-14. 10.1177/11786329231178766
[5] PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates
[6] Tessler J, Bordoni B. Cardiac Rehabilitation. [Updated 2023 Jun 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK537196

G. 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[7]. 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[8].

H. Diagnosis-Related Groups (DRG)[9] - 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.

I. Fixed Co-Payment[10] - a flat-rate co-payment as a cost-sharing arrangement that is a predetermined, fixed out-of-pocket amount that remains the same regardless of the total cost of the service.

J. Health Technology Assessment (HTA)[11] - systematic evaluation of properties, effects, or impact of health-related technologies, devices, medicines, vaccines, procedures, and all other health-related systems developed to solve a health problem and improve the quality of lives and health outcomes, utilizing a multidisciplinary process to evaluate the social, economic, organizational, and ethical issues of a health intervention or health technology.

K. Health Technology Assessment Council (HTAC)[12] - an independent advisory body created under Republic Act 11223, otherwise known as the Universal Health Care Act. Its overall role is to provide guidance to the Department of Health (DOH) and the Philippine Health Insurance Corporation (PhilHealth) on the coverage of health interventions and technologies to be funded by the government.

L. Ischemia/Ischemic[13] - inadequate blood supply (circulation) to a local area due to blockage of the blood vessels supplying the area. Ischemic means that an organ (e.g., the heart) is not getting enough blood and oxygen.

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[7] PC No. 2021-0022. The Guiding Principles of the Z Benefits (*Revision 1*)
[8] PC No. 2024-0001. Rules for Adjusting Case Rates
[9] PC No. 2020-0016. Governing Policies on the Transitioning the Provider Payment Mechanism (PPM) from All Case Rates (ACR) to Diagnosis-Related Groups (DRG)
[10] PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates
[11] Health Technology Assessment (HTA) –https://attyv.com/h/health-technology-assessment/
[12] https://hta.doh.gov.ph/health-technology-assessment-council-htac
[13] Institute of Medicine (US) Committee on Social Security Cardiovascular Disability Criteria. Cardiovascular Disability: Updating the Social Security Listings. Washington (DC): National Academies Press (US); 2010. 7, Ischemic Heart Disease. Available from: https://www.ncbi.nlm.nih.gov/books/NBK209964/

M. **Ischemic Heart Disease (IHD)**[14] - also called coronary heart disease (CHD) or coronary artery disease (CAD), is the term given to heart problems caused by narrowed heart (coronary) arteries that supply blood to the heart muscle.

N. **Minimum Standards of Care**[15] - 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.

O. **Myocardial Infarction**[16] - also termed a "heart attack," is caused by decreased or complete cessation of blood flow to a portion of the heart muscle or myocardium.

P. **Myocardium**[17] - also known as cardiac muscle that makes up the thick middle layer of the heart and is one of three types of muscle in the body.

Q. **Non-Basic Accommodation**[18] - provision of the minimum standards of care for patients, including fringe and additional amenities provided by the facility at the patient's option.

R. **Out-of-Pocket Payment (OOP)**[19] - 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.

S. **Percutaneous Coronary Intervention (PCI)**[20] - non-surgical, invasive procedure to relieve the narrowing or occlusion of the coronary artery and improve blood supply to the ischemic tissue, which is usually achieved by ballooning the narrow segment or deploying a stent to keep the artery open. It is a combination of coronary angioplasty with stenting.

T. **Published Case Rate**[21] - fixed, predetermined rate or amount that PhilHealth will reimburse for the condition, which shall cover the fees of healthcare professionals and all facility charges, including but not limited

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[14] Institute of Medicine (US) Committee on Social Security Cardiovascular Disability Criteria. Cardiovascular Disability: Updating the Social Security Listings. Washington (DC): National Academies Press (US); 2010. 7, Ischemic Heart Disease. Available from: https://www.ncbi.nlm.nih.gov/books/NBK209964/

[15] PC No. 2021-0022. The Guiding Principles of Z Benefits (Revision 1)

[16] Ojha N, Dhamoon AS. Myocardial Infarction. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK537076/

[17] Saxton A, Tariq MA, Bordoni B. Anatomy, Thorax, Cardiac Muscle. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK535355/

[18] DOH AO No. 2021-0015. Standards on Basic and Non-Basic Accommodation in All Hospitals

[19] 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)*

[20] Ahmad M, Mehta P, Reddivari AKR, et al. Percutaneous Coronary Intervention. [Updated 2023 Jun 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK556123/

[21] PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

to room and board, diagnostic imaging procedures, laboratory/chemistry tests, drugs, medicines, devices, supplies, operating room fees, infection control, healthcare worker salary, and other service fees.

U. **ST Elevation Myocardial Infarction (STEMI)**[22] - a type of "heart attack" that arises from the total occlusion of one or more coronary arteries, causing transmural myocardial ischemia and subsequent myocardial injury or necrosis. A STEMI is more serious and has a greater risk of serious complications and death.

V. **Top-Down Costing**[23] - cost accounting method adopted by PhilHealth that involves estimating the overall budget for the HF or healthcare organization and then breaking it down into various cost centers, such as different departments, clinics, or service lines. The allocation of costs to these individual cost centers can be based on revenue, patient volume, or historical cost patterns. This method allows PhilHealth to determine areas of high or low cost or high-or low-intensity use of resources in the HF.

V. POLICY STATEMENTS

A. PhilHealth identified IHD–AMI as one of the high-burden conditions that are the priority for improving financial coverage while transitioning its provider payment mechanism to DRG.

B. PhilHealth utilizes a case-based provider payment mechanism to reimburse HFs for the covered minimum standards in delivering services for managing IHD–AMI in a basic or ward accommodation as defined by the Department of Health Administrative Order (DOH-AO) No. 2021-0015 (Standards On Basic and Non-Basic Ward Accommodation in All Hospitals).

C. 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.

D. PhilHealth shall engage key stakeholders to promote a deeper understanding of a case-based provider payment system, which has critical implications for claims processing, medical evaluation, and audits.

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[22] Akbar H, Foth C, Kahloon RA, et al. Acute ST-Segment Elevation Myocardial Infarction (STEMI) [Updated 2024 Oct 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK532281/

[23] PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

E. The minimum standards of care recommendations from clinical practice guidelines (CPG) disseminated by the World Health Organization (WHO), Department of Health (DOH), local medical societies, and other guideline sources, which are critically appraised and validated by current best practices in the local setting, are PhilHealth's basis for service coverage and costing analyses.

F. Any proposal for PhilHealth coverage to include new technologies, such as drugs/medicines and biologicals not listed in the latest Philippine National Formulary (PNF), diagnostic procedures, surgical interventions, and new treatment interventions, shall consider the Health Technology Assessment Council (HTAC) recommendation.

G. PhilHealth highly encourages continuous quality improvement initiatives to promote improving IHD–AMI care in the Philippines, such as developing a patient registry, collaborating and creating networks for timely referral and coordinated interfacility patient transfer, including access to cardiac rehabilitation services according to global best practices to standardize local practice and improve access to quality services and ensure good patient outcomes.

H. With the benefits package for IHD–AMI and the corresponding increase in PhilHealth coverage, all PhilHealth beneficiaries shall be entitled to no co-payment when admitted to basic or ward accommodation in public and private HFs.

I. The reimbursement rate for IHD–AMI is not a cap but reflects the average cost of treating an episode of care. It may differ from the actual hospitalization charges indicated in the statement of account (SOA). The actual cost of care per patient can be higher or lower than the published reimbursement rate. Therefore, PhilHealth retains the flexibility to adjust payment rates based on the services covered and the efficiency of healthcare providers in delivering quality care.

J. Services beyond the PhilHealth coverage for the minimum standards of care in non-basic accommodation of accredited HFs, such as amenities, choice of physician, upgrade of services, or additional services unrelated to the episode of IHD–AMI management, shall be subject to out-of-pocket or co-payment, which shall be thoroughly discussed with the patient by the attending physician/s who should properly inform patients of the essential services covered by PhilHealth for the management of IHD–AMI as part of the informed consent.

K. All accredited healthcare providers are strongly encouraged to fully explain to the patient the contents/details and significance of the PhilHealth Benefits Package for IHD-AMI and Covered Services [Annex A: Covered Services for Ischemic Heart Disease – Acute Myocardial Infarction (IHD-AMI)] in the language that the patient understands.

L. All accredited HFs should maintain minimum stock levels of essential and life-saving medicines, thrombolytic agents, IV fluids, and supplies at all

times to ensure good patient outcomes with the timely delivery of quality healthcare services and protection against financial catastrophe by discouraging unwarranted OOP from outside purchases and services.

M. As stipulated in the UHC Act, Chapter IV, Sec. 18(b), there will be no differentiation between facility and professional fees. PhilHealth shall credit all payments to the accounts of accredited private and public HFs. In the case of government HFs, it is the sole responsibility of the HF to distribute the professional fees (PF) to the attending physicians or health workers based on their internal agreements and processes.

N. Costs in excess of payments made through the reimbursement rates for IHD–AMI shall be subject to cross-subsidization, using either other fund sources or efficiency gains, as may be applicable, or out-of-pocket spending, following PhilHealth rules and guidelines.

O. Accredited HFs should follow CPGs to manage patients and ensure adherence by medical professionals who are appropriately credentialed and privileged to practice in the HFs and all hospital staff in charge of patients with IHD–AMI.

P. Accredited HFs that lack the service capability for managing IHD-AMI, except HFs in geographically isolated and disadvantaged areas (GIDA), shall properly coordinate and facilitate the timely referral of patients after providing standard emergency and life-saving measures to higher-level HFs.

Q. As part of the shift to diagnosis-related groups, accredited public and private HFs shall participate in the shadow billing for diagnosis-related groups (DRGs) following PhilHealth Circular No. 2024-0006 [Implementation of Shadow Billing for the Transition to Diagnosis-Related Groups (DRG) (Revision 1)] or its succeeding revisions, as applicable.

R. PhilHealth Benefits Packages for IHD–AMI

1. Chapter II, Sec. 5 of RA No. 11223 stipulates, "Every Filipino citizen shall be automatically included in the NHIP." Thus, they are eligible to avail of the benefits package for IHD–AMI. PhilHealth reiterates that claims submission does not require a printed copy of the member data record (MDR). All accredited HFs should deduct PhilHealth benefits any time or day of the week upon patient discharge.

2. Accredited HFs shall ensure delivery of the minimum standards of care for managing IHD–AMI according to CPG recommendations applicable in local practice, including the availability of drugs and medicines, functioning laboratory machines and other types of equipment, timely laboratory chemistry services, and the appropriate human resources.

3. Table 1 shows the PhilHealth benefits packages for IHD-AMI with the corresponding reimbursement rates, according to PhilHealth's mandate of providing an essential health benefits package to ensure financial risk protection to its beneficiaries.

Package Code	Description	Rate (PHP)
IHD-AMI-A	Percutaneous Coronary Intervention (PCI)	523,853
IHD-AMI-B	Fibrinolysis	133,500
IHD-AMI-C	Emergency Medical Services with Coordinated Referral and Interfacility Transfer	21,900
IHD-AMI-D	Cardiac Rehabilitation	66,140

Table 1: Benefits Packages for IHD-AMI and Reimbursement Rates

4. The reimbursement rates for IHD-AMI shall apply to claims of Levels 1 to 3 accredited public and private HFs, with service capability for providing fibrinolysis, PCI, and/or cardiac rehabilitation.

5. PhilHealth's inpatient benefits packages for IHD-AMI cover the minimum standard services listed in Annex A of this policy.

6. As part of their Performance Commitment, all accredited public and private HFs shall ensure that all the emergency medical services, drugs and medicines, laboratory and diagnostic tests, supplies, equipment, and human resources listed in Annex A of this PhilHealth Circular are available at all times and when needed by the patient. PhilHealth shall strictly monitor the compliance of accredited HFs with this policy provision.

7. The current procedure codes for PCI are listed in Table 2.

RVS Code	Description
92973	Percutaneous Transluminal Coronary Thrombectomy
92980	Transcatheter Placement of an Intracoronary Stent(s), Percutaneous, with or without other therapeutic interventions, any method; Single Vessel
92981	Transcatheter Placement of an Intracoronary Stent(s), Percutaneous, with or without other therapeutic interventions, any method; Each additional vessel
92982	Angioplasty, one or more vessel
92995	Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty, one or more vessel
93539	Injection procedure during cardiac catheterization; For selective opacification of arterial conduits (e.g., internal mammary), whether native or used bypass

RVS Code	Description
93540	Injection procedure during cardiac catheterization; for selective opacification of aortocoronary venous bypass grafts, one or more coronary arteries
93545	Injection procedure during cardiac catheterization; For selective coronary angiography (Injection of radiopaque material may be by hand)
93555	Imaging supervision, interpretation and report for injection procedure(s) during cardiac catheterization; ventricular and/or atrial angiography

Table 2: RVS Codes for IHD-AMI

8. The ICD-10 codes for IHD-AMI are listed in Table 3.

ICD-10 Code	Description
I21.0	Acute transmural myocardial infarction of anterior wall [or duration of <4 weeks] Killips stage unspecified; acute transmural infarction of anterior wall NOS [or duration of <4 weeks] Killips stage unspecified; acute anteroapical transmural infarction
I21.1	Acute transmural myocardial infarction of inferior wall [or duration of <4 weeks] Killips I; acute transmural infarction of diaphragmatic wall [or duration of <4 weeks] Killips I; acute transmural infarction of inferior wall NOS [or duration of <4 weeks]
I21.2	Acute transmural myocardial infarction of other sites [or duration of <4 weeks] Killips II; acute apical-lateral transmural infarction [or duration of <4 weeks Killips II; acute basal-lateral transmural infarction [or duration of <4 weeks] Killips I
I21.3	Acute transmural myocardial infarction of unonspecified site; Transmural myocardial infarction NOS
I21.4	Acute subendocardial myocardial infarction; nontransmural myocardial infarction NOS
I21.9	Acute myocardial infarction, unspecified [or duration of <4 weeks] Killips I; acute myocardial infarction NOS [or duration of <4 weeks] Killips I
I22.0	Subsequent myocardial infarction of anterior wall; acute subsequent infarction of anterior wall NOS; acute subsequent infarction of anteroapical wall; acute subsequent infarction of anterolateral wall; acute subsequent infarction of anteroseptal wall
I22.1	Subsequent myocardial infarction of inferior wall; acute subsequent infarction of diaphragmatic wall; acute subsequent infarction of inferior wall NOS;

ICD-10 Code	Description
	acute subsequent infarction of inferolateral wall; acute subsequent infarction of inferoposterior wall
I22.8	Subsequent myocardial infarction of other sites; acute myocardial infarction of apical-lateral wall; acute myocardial infarction of basal-lateral wall; acute myocardial infarction of high lateral wall; acute myocardial infarction of lateral wall NOS
I22.9	Subsequent myocardial infarction of unspecified site

Table 3: ICD-10 Codes for IHD-AMI

S. Claims Filing

1. Accredited HFs shall strictly follow current PhilHealth policies on claims submission, including correct ICD-10 coding of the primary diagnosis and/or procedure coding, submission of properly accomplished PhilHealth Claims Forms (CF), statement of account (SOA), and other data and documentary requirements as stipulated in existing policies.

2. Accredited HFs shall file separate claims for PCI, fibrinolysis, emergency medical services with coordinated referral and interfacility transport, and cardiac rehabilitation using the package codes listed in Table 1, "Benefits Packages for IHD-AMI and Reimbursement Rates" to be indicated on item no. 9 of Claim Form 2 (CF 2).

3. Accredited HFs that provided coronary angiogram and medical management without angioplasty shall file a separate claim using the package code IHD-AMI-G to be indicated on item 9 of CF 2. HFs with claims for coronary angiogram and medical management without angioplasty shall submit the catheterization lab (i.e., cath lab) report and Claim Form 4 (CF 4) detailing the complete clinical history, physical examination, and course in the ward.

4. Accredited HFs may file separate claims for hemodialysis (HD) or peritoneal dialysis for IHD-AMI patients who require HD or PD during their hospital confinement, following PhilHealth's existing policies on HD and PD.

5. Accredited L1 to L3 HFs providing PCI or fibrinolysis shall submit the ECG result as an attachment to CF4, which documents the patient's clinical history, physical examination findings, and course in the ward.

6. A certified true copy of the therapeutic or medication sheet shall be submitted for patients who underwent fibrinolysis.

7. A certified true copy of the operative report and anesthesia record (i.e., cardiac catheterization lab report) shall be submitted for patients who underwent PCI.

8. A certified true copy of the cardiac rehab record of at least six (6) completed cardiac rehabilitation sessions, indicating the session dates, shall be submitted for patients who completed their cardiac rehabilitation sessions.

9. A copy of the ECG, referral form, and certified true copy of the ambulance run report shall be submitted for claims of accredited HFs submitting claims for Emergency Medical Services with Coordinated Referral and Interfacility Transfer.

10. 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 An Act Expanding the Benefits and Privileges of Persons with Disability, 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, but not limited to, senior citizen and PWD discounts, shall be deducted first from the total hospital bill of the patient. 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.

11. The reimbursement rate for IHD–AMI shall not be claimed as a "second" case rate.

12. 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 on Consumption of Benefits and in the electronic SOA following 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*)].

13. Accredited HFs shall file all claims to PhilHealth within the prescribed filing period of sixty (60) calendar days. Direct filing by members/beneficiaries is discouraged and not allowed.

14. Rules on late filing shall apply, except when the delay in the filing of claims is due to natural calamities or other fortuitous events, where the existing guidelines of PhilHealth on the provision of special privileges to those affected by fortuitous events shall apply.

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

16. PhilHealth shall process and pay claims for confinement abroad based on the remaining balance not covered by any additional insurance or incurred as OOP expenses but not exceeding the published reimbursement rates provided within the policy.

T. Claims Evaluation and Payment

1. PhilHealth shall reimburse accredited L1 to L3 HFs the benefits package for IHD–AMI using a case-based provider payment mechanism following the minimum standards of care in a basic or ward accommodation. Any amount declared in the SOA that is below or above the published reimbursement rates shall not be interpreted as over or underpayment.

2. 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 guidelines.

3. PhilHealth shall only reimburse claims for cardiac rehabilitation with at least six (6) completed sessions corresponding to six (6) different session dates.

4. PhilHealth shall pay claims for coronary angiogram and medical management without angioplasty based on the actual amount indicated on the SOA but not to exceed one hundred ninety-seven thousand (PHP197,000).

5. PhilHealth shall pay the HD or PD claims filed by accredited HFs and shall not be interpreted as overlapping with the IHD-AMI claims.

6. Existing rules on All Case Rates (PC No. 35, s. 2013, "ACR Policy No. 2 – Implementing Guidelines on Medical and Procedure Case Rates") on the percentage allocation of health facility and professional fees shall apply to claims for IHD-AMI.

7. 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 for compliance within the prescribed period.

8. PhilHealth shall pay accredited HFs that referred IHD-AMI patients to higher-level HFs but did not provide all the services listed in Annex A for Emergency Medical Services with Coordinated Referral and Interfacility Transport 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 coordinated referral and interfacility transfer of patients with IHD-AMI as soon as possible following CPG recommendations.

9. PhilHealth shall pay accredited lower-level facilities, such as primary care facilities (PCF), infirmaries, and dispensaries without service capability but presume the diagnosis of IHD-AMI solely based on the patient's history, physical examination, and clinical manifestations (i.e., chest pain, chest heaviness, arm, neck and jaw pain, shortness of breath, nausea, and cold sweat) at a package rate of five thousand two hundred pesos (PHP 5,200) following Annex B of PC No. 2024-0012 or its subsequent revisions. These facilities shall ensure that the CF4 details the complete history, physical examination, and patient's course in the ward.

10. PhilHealth shall pay the claims of accredited HFs for IHD–AMI with a length of stay (LOS) of two (2) days or less because of patient death based on the actual amount stated on the SOA but not to exceed the amount of five hundred twenty-three thousand eight fifty-three pesos (PHP 523,853).

11. Accredited HF shall not balance bill or charge an additional payment for patients who expired within 2 days for hospital charges that did not exceed the amount of five hundred twenty-three thousand eight fifty-three pesos (PHP 523,853).

12. Claims of accredited HFs for IHD-AMI with a patient disposition of "expired" with LOS of more than two (2) days shall be paid based on the IHD-AMI package claimed by the accredited HF.

13. Claims for IHD-AMI of accredited levels 1 to 3 HFs with a patient disposition of "Home Against Medical Advice (HAMA)" or "absconded" indicated in CF2 shall be paid by PhilHealth the amount stated on the SOA, but not to exceed five hundred twenty-three thousand eight hundred fifty-three (PHP 523,853). PhilHealth shall closely monitor accredited HFs submitting claims with a patient disposition of HAMA or absconded.

U. Monitoring

1. PhilHealth shall enforce current policies and guidelines on monitoring the performance of accredited HFs in implementing the Benefits Package for IHD–AMI and establish strict control mechanisms to ensure quality healthcare delivery and prevent adverse provider behaviors and non-compliance with existing rules.

2. PhilHealth also encourages content experts to review and conduct appropriate studies on healthcare providers' actual practices during the implementation of the Benefits Package for IHD-AMI, especially documenting adverse provider behaviors resulting in cost-push inflation, such as unwarranted increases in hospital charges for coronary stents, angioplasty balloons, fibrinolytic agents or other fees charged by the HF from their cath lab.

3. PhilHealth beneficiaries are strongly encouraged to provide feedback or report concerns about the implementation of the IHD-AMI policy or their experience with benefit availment to the Corporate Action Center (CAC) via the hotline (02) 8862-2588 or email actioncenter@philhealth.gov.ph

V. Marketing and Promotion

PhilHealth shall conduct communication and social marketing activities in collaboration with content experts and stakeholders to educate healthcare providers and the public in increasing their awareness of the Benefits Package for IHD–AMI and their responsibilities as partners of PhilHealth following the current Social Marketing and Communication Plan (SMCP).

W. Policy Review

PhilHealth shall conduct a policy review of the Benefits Package for IHD–AMI in parallel to the development and transition to the DRG provider payment mechanism in collaboration and consultation with key stakeholders, content experts, and implementers.

This PhilHealth Circular shall be enhanced as necessary based on the results of the policy review.

VI. PENALTY CLAUSE

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

VII. 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.

VIII. REPEALING CLAUSE

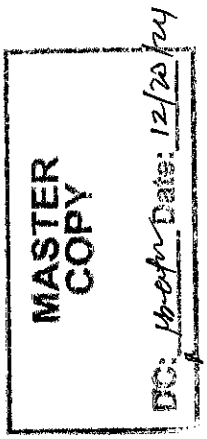
All PhilHealth Circulars, issuances, rules, and regulations or parts thereof that are contrary to and inconsistent with this PhilHealth Circular are hereby repealed, amended, or modified accordingly.

IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect immediately for all inpatient admissions after its 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: 12/18/24



Annex A: Covered Services for Ischemic Heart Disease-Acute Myocardial Infarction (IHD-AMI)

Package Inclusions	Covered Services for Fibrinolysis
Emergency Medical Services	Emergency Services, Intensive Care Services, coordinated referral, interfacility transfer, specialist services (at least an internist or emergency medicine physician available during fibrinolysis)
Drugs/Medicines	Fibrinolytics (Ex. Alteplase) Anticoagulants (Enoxaparin, Unfractionated Heparin, Direct Thrombin Inhibitors) Beta Blockers (Ex. Metoprolol) Calcium Channel Blockers (Ex. Amlodipine) Nitrates (Ex. Isosorbide Dinitrate Sublingual, ISDN SL) Statins (Ex. Atorvastatin) Aspirin Diphenhydramine Morphine Inotropes (Ex. Norepinephrine, Dobutamine) Other Antiplatelet Agents (Ex. Clopidogrel) ACE Inhibitors (Ex. Captopril, Enalapril) Angiotensin Receptor Blockers (Ex. Losartan) Diuretics Stool Softener (Ex. Lactulose) Proton Pump Inhibitor (Ex. Omeprazole) Oxygen Intravenous Fluids (IVF)
Laboratory Tests and Diagnostics	Electrocardiogram (ECG) Troponin I/High-Sensitivity (HS) Troponin Complete Blood Count (CBC) Prothrombin Time Fasting Blood Sugar (FBS) Capillary Blood Glucose (CBG) Blood Urea Nitrogen (BUN) Serum Creatinine Electrolytes (Na, K, Mg, Ionized Ca) Liver Enzymes [Serum Aspartate Transaminase (AST)/Serum Alanine Transaminase (ALT)] Lipid Profile (Total Cholesterol, Triglyceride, Low Density Lipid-Cholesterol (LDL-C), High Density Lipid-Cholesterol (HDL-C) Arterial Blood Gas (ABG) 2D-Echocardiography Chest x-ray
Supplies and Use of Equipment	IV Sets (IV catheters, IV lines, syringes, needles, specimen containers, surgical tapes, etc.) Oxygen Cannula/Oxygen Mask Cardiac Monitor, Pulse Oximeter
Administrative and Other Fees	Emergency Unit, Intensive Care Unit, Room and Board, Staff Time, Utilities

Table 1: Package Inclusions and Covered Services for Fibrinolysis

Package Inclusions	Covered Services for Percutaneous Coronary Intervention (PCI)
Emergency Medical Services	Emergency Services, Intensive Care Services, coordinated referral, interfacility transfer, specialist services
Drugs/Medicines	Fibrinolytics (Ex. Alteplase) Anticoagulants (Enoxaparin, Unfractionated Heparin, Direct Thrombin Inhibitors) Beta Blockers (Ex. Metoprolol) Calcium Channel Blockers (Ex. Amlodipine) Nitrates (Ex. Isosorbide Dinitrate Sublingual, ISDN SL) Statins (Ex. Atorvastatin) Aspirin Diphenhydramine Morphine Inotropes (Ex. Norepinephrine, Dobutamine) Antiplatelet Agents (Ex. Clopidogrel) ACE Inhibitors (Ex. Captopril) Angiotensin Receptor Blockers (Ex. Losartan) Diuretics Stool Softener (Ex. Lactulose) Proton Pump Inhibitor (Ex. Omeprazole) Oxygen Intravenous Fluids (IVF) Anesthesia drugs
Laboratory Tests and Diagnostics	Electrocardiogram (ECG) Troponin I/High-Sensitivity (HS) Troponin Complete Blood Count (CBC) Prothrombin Time Fasting Blood Sugar (FBS) Capillary Blood Glucose (CBG) Blood Urea Nitrogen (BUN) Serum Creatinine Electrolytes (Na, K, Mg, Ionized Ca) Liver Enzymes [Serum Aspartate Transaminase (AST)/Serum Alanine Transaminase (ALT)] Lipid Profile (Total Cholesterol, Triglyceride, Low Density Lipid-Cholesterol (LDL-C), High Density Lipid-Cholesterol (HDL-C) Arterial Blood Gas (ABG) 2D-Echocardiography Chest x-ray
Supplies and Use of Equipment	IV Sets (IV catheters, IV lines, syringes, needles, specimen containers, surgical tapes, etc.) Oxygen Cannula/Oxygen Mask Cardiac Monitor, Pulse Oximeter
Administrative and Other Fees	Emergency Unit, Intensive Care Unit, Cath Lab, Staff Time, Utilities

Package Inclusions	Covered Services for Percutaneous Coronary Intervention (PCI)
Catheterization Laboratory	Interventional Cardiology Procedures (Ex. Cardiac Catheterization, Angiogram, Angioplasty, Stent Placement, etc.) Coronary Stent (Mesh Tube) Angioplasty Balloon Coronary Specialty Guide Wires, Guide Catheters Contrast Agents

Table 2: Package Inclusions and Covered Services for Percutaneous Coronary Intervention (PCI)

Package Inclusions	Covered Services for Cardiac Rehabilitation
Cardiac Rehabilitation Services	Physical Activity Counseling Exercise Training Nutritional Counseling Weight Management Blood Pressure Management Lipid Management Diabetes Management Smoking Cessation Psychosocial Management
Drugs/Medicines	Beta Blockers (Ex. Metoprolol) Calcium Channel Blockers (Ex. Amlodipine) Nitrates (Ex. Isosorbide Dinitrate Sublingual, ISDN SL) Statins (Ex. Atorvastatin) Aspirin Antiplatelet Agents (Ex. Clopidogrel Angiotensin Receptor Blockers (Ex. Losartan)
Laboratory Tests and Diagnostics	Electrocardiogram (ECG) Cardiac Stress Test Complete Blood Count (CBC) Prothrombin Time Fasting Blood Sugar (FBS) Blood Urea Nitrogen (BUN) Serum Creatinine Electrolytes (Na, K, Mg, Ionized Ca)
Supplies and Use of Equipment	Heart Strengthening Equipment (Digital Treadmill, Arm Ergometer, Bicycle Ergometer, Dual Cycle Ergometer, Bicycle, Rowing Machine, Stair Climber, Blood Pressure Recording Machine, Wearable Devices, etc.
Administrative and Other Fees	Cardiac Rehab (OPD) Fee, Staff Time, Utilities

Table 3: Package Inclusions and Covered Services for Cardiac Rehabilitation

Package Inclusions	Covered Services for Emergency Medical Services with Coordinated Referral and Interfacility Transfer (EMS Package)
Emergency Medical Services	Emergency services, coordinated referral, interfacility transfer, specialist services
Diagnostics/Labs/Imaging	ECG Troponin I/HS Troponin CBC, PT, PTT, FBS, CBG, BUN, Creatinine, Na, K, Mg Chest x-ray
Drugs/Medicines	Oxygen, IV Fluids As indicated and as needed: • Morphine, Antiplatelet Agents • Beta Blockers, Nitrates, Warfarin
Admin and Other Fees	Staff time, use of equipment (cardiac monitor, pulse oximeter, etc.), supplies, utilities, communication, telemedicine, ambulance

Table 4: Package Inclusions and Coverage for Emergency Medical Services with Coordinated Referral and Interfacility Transfer