

PHILHEALTH CIRCULAR

No. 2024-0034

TO : ALL FILIPINOS, ACCREDITED HEALTH CARE INSTITUTIONS/ PROVIDERS, PHILHEALTH REGIONAL OFFICES, BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

SUBJECT : PhilHealth Benefit for Preventive Oral Health Services in Primary Care

I. RATIONALE

The Universal Health Care Act – Republic Act (R.A.) No. 11223 defines the essential health package as a set of individual-based entitlements covered by the National Health Insurance Program (NHIP) which includes primary care, medicines, diagnostics and laboratory, and preventive, curative, and rehabilitative services. Further, Section 6 of the Law provides that every Filipino shall be given immediate eligibility and access to preventive, promotive, curative, palliative care for medical, dental, mental, and emergency health services; and mandates PhilHealth to implement a comprehensive outpatient benefit.

According to the 2022 WHO Philippine Country Oral Health Profile, dental caries affected 29.4% of individuals aged 5 and older, while 7.5% of those aged 20 and above experienced edentulism (complete tooth loss). Economic losses from five oral diseases, including these two, amounted to USD 825 million. Despite being preventable through health education, oral health instruction, fluoride varnish application, and sealant placement, access to oral health services remains limited. The 2018 National Oral Health Survey revealed that only 57.6% sought dental care, with 48.7% doing so due to toothache. Barriers to consultation included financial constraints (54.8%), fear (22.8%), and busy schedules (14.3%).

While PhilHealth's Konsulta package covers primary care services, it excludes preventive oral health services. A cost-effectiveness study highlighted that subsidizing oral health services, though initially expensive, is a worthwhile investment, with phased implementation being financially feasible.

To address access gaps, reduce out-of-pocket expenses, and support the Philippine Vision for 70/20 (ensuring that Filipinos have least 20 teeth by age 70), the PhilHealth Board approved the PhilHealth Benefit for Preventive Oral Health Services in Primary Care through Board Resolution No. 2959 on November 28, 2024.

II. OBJECTIVES

These PhilHealth Circular aims to:

- A. Enable financial access of PhilHealth beneficiaries to essential oral health services in primary care.

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- B. Provide policies and guidelines for the implementation of a preventive oral health benefit in primary care.

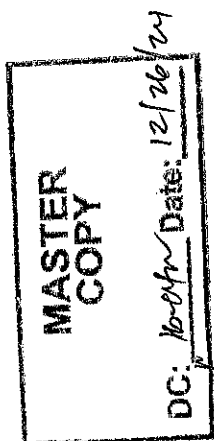
III. SCOPE

This PhilHealth Circular covers all PhilHealth beneficiaries registered to a PhilHealth Konsulta Package provider (KPP).

This also covers KPPs including those with primary care oral health/dental clinics; and Department of Health(DOH)- licensed facilities have the capacity and intent to provide dental services in primary care.

IV. DEFINITION OF TERMS

- A. **Catchment Population** – is the population within a geographical area defined and served by a health care provider network. For purposes of PhilHealth Konsulta and this PhilHealth Circular, the PhilHealth Konsulta catchment population shall mean all eligible beneficiaries who are currently registered to a PhilHealth Konsulta Package Provider (KPP).
- B. **Co-Payment Cap** – is the maximum amount set by PhilHealth that a health care provider can charge a patient or client for the services covered in the benefit package.
- C. **Emergency Tooth Extraction** – is the process of removing a tooth or tooth parts under local anesthesia, to minimize the risk of serious medical complications or prevent long-term dental complications. Indications include infection in a severely decayed, nonviable or necrotic, non-restorable tooth, marked tooth mobility that poses a risk for aspiration, and severe dental and facial pain.
- D. **Oral Health** – is the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions such as eating, breathing, and speaking, and encompasses psychosocial dimensions such as self-confidence, well-being, and the ability to socialize and work without pain, discomfort, and embarrassment. Oral health, which varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential (World Health Organization). Dental care, which concerns the health of teeth and gums, is part of oral health care.
- E. **Participation to the National Health Insurance Program** – is a process whereby a health care provider commits to providing quality health care services to the Program members and their dependents as stated in its performance commitment. In return, it shall receive payment from PhilHealth for services provided.(IRR of R.A. No. 7875 as amended by R.A. Nos. 9241, 10606, Section 3.mm)
- F. **Pit and Fissure Sealants Application** – is the application of dental materials called sealants on occlusal surfaces of primary and permanent molars to prevent dental caries.
- G. **Root Surface Protection** – is the application of a thin film of glass ionomer to



exposed root surfaces for those patients with an increased risk of dental caries or erosion. It is also known as Class V restoration.

- H. **Primary Care Dentists** – are dentists who provide services at the primary care level aimed to promote oral health, prevent dental diseases, and maintain or improve oral health.
- I. **Primary Oral Health/Dental Care Clinics** – are health facilities that provide dental consultation, preventive, promotive and basic curative primary oral/dental care services. They practice referral system with PhilHealth Konsulta Package Providers (KPPs) and other health care providers for the promotion and maintenance of health, and prevention of diseases among PhilHealth beneficiaries in their catchment population.

V. POLICY STATEMENTS

A. The Benefit Package

- a. All Filipinos and other qualified PhilHealth beneficiaries who are registered in a PhilHealth Konsulta Package Provider (KPP) are eligible to avail of the PhilHealth Benefit for Preventive Oral Health Services in primary care. The KPPs shall refer and assign clients in their catchment population to their own or affiliate primary care dental clinics (in the KPPs have no dental service).
- b. PhilHealth beneficiaries who are not yet registered to a KPP shall register thru various mechanisms defined in PhilHealth Circular No. 2024-0013 (Enhancement of PhilHealth Konsulta Benefit Package).
- c. Through this Benefit, PhilHealth shall cover preventive oral health services (Table 1), and emergency tooth extraction provided in PhilHealth-Accredited KPPs and DOH-licensed facilities with capacity to provide dental services, with a coverage of Php 1,000 (maximum) per beneficiary per year.

Table 1. Routine Preventive Oral Health Services Covered by the Benefit

Services	Coverage per year
Routine Preventive Oral Care	
<ul style="list-style-type: none"> • Mouth examination/oral screening. • Dental prophylaxis/cleaning • Fluoride varnish application 	2 visits (at least 4 months apart)
<ul style="list-style-type: none"> • Pit and fissure sealant application /Root surface protection or Class V restoration 	Max of 2 teeth

- d. Emergency tooth extractions when indicated and done in the health facility, are also included in the Package.
- e. PhilHealth shall set a fee schedule for the availment and payment of services as follows (Table 2):

Table 2. Benefit Fee Schedule

Services	Payment	
	1 st Visit	2 nd Visit

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Routine Preventive Oral Care		
Mandatory		
<ul style="list-style-type: none"> Mouth examination/oral screening. Dental prophylaxis/cleaning Fluoride varnish application 	Php 300	Php 300
As Applicable		
<ul style="list-style-type: none"> Pit and fissure sealant application or root surface protection/Class V restoration 	+ Php 200 per tooth	+Php 200 per tooth
	Maximum of 2 teeth per year	

Note: There is no separate fee schedule for emergency tooth extraction. Nevertheless, it is covered in this Benefit Package. Its cost is already subsumed in the total benefit package amount.

- PhilHealth shall prescribe a maximum co-payment for the services availed in private facilities (Table 3). The copayment is inclusive of the facility and professional fees. There shall be no copayment in public facilities.

Table 3. Co-payment Rules in Private Facilities

Services	Maximum Copayment
Mandatory	
<ul style="list-style-type: none"> Mouth examination/oral screening. Dental prophylaxis/cleaning Fluoride varnish application 	Php 1,500 per visit
As Applicable	
<ul style="list-style-type: none"> Pit and fissure sealant application or root surface protection/Class V restoration 	Php 600 per tooth
<ul style="list-style-type: none"> Emergency Tooth Extraction 	Php 600 per tooth

Note: The prescribed copayment rates are the maximum. Health facilities may set lower rates for the services.

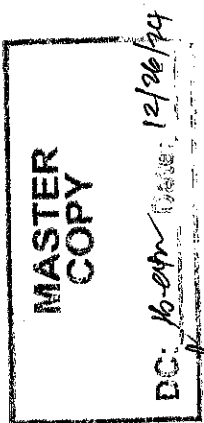
B. Provider Engagement

- PhilHealth shall accredit health care facilities and professionals to participate as service providers of preventive oral health benefit.
- Healthcare providers shall have the capability to provide oral health services based on a set of standards and shall follow applicable rules and regulations including PhilHealth circulars and Department of Health's issuances.
- Health care providers shall agree to no copayment (in public facilities) and the maximum co-payment (in private facilities) set by the Corporation.
- The following health care facilities are qualified to participate:
 - PhilHealth-accredited KPPs with capacity to provide the services required by the benefit.
 - They shall conduct self-assessment (Annex A.1 – Self-Assessment Tool with Standards for Providers of Preventive Oral Health Benefit Package) then, inform PhilHealth through the reaccreditation process by submitting the required documents (Annex B - Documentary Requirements for Accreditation of Providers of Preventive Oral

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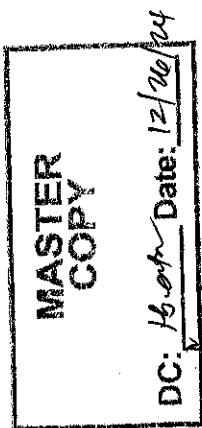
Health Benefit Package) to the nearest PhilHealth office.

- a.2 Accreditation for this purpose shall not entail an additional re-accreditation fee.
- b. Department of Health (DOH)-licensed health facilities (e.g., hospitals, ambulatory surgical clinics), with capability to provide oral health services as indicated in their license.
 - b.1 Health facilities that are already PhilHealth accredited for other health services (i.e., hospitals, ambulatory surgical clinics) shall conduct self-assessment (Annex A.1 - Self Assessment Tool with Standards for Providers of Preventive Oral Health Benefit Package).
 - b.2 They shall PhilHealth of this additional service thru reaccreditation by submitting the additional documents (Annex B - Documentary Requirements for Accreditation of Providers of Preventive Oral Health Benefit Package). For this purpose, a reaccreditation fee is not required.
- c. Outpatient dental clinics.
 - c.1. They may apply as PhilHealth accredited primary dental care clinics to provide this Benefit. They shall conduct self-assessment (Annex A.2 – Self-Assessment/Survey Tool for Outpatient Dental Clinics as Providers of Preventive Oral Health Services). If compliant, they may apply for accreditation by submitting the documentary requirements (Annex B - Documentary Requirements for Providers of Preventive Oral Health Benefit Package) to the nearest PhilHealth Office.
 - c.2. They shall pay an accreditation fee of one thousand pesos (Php 1,000.00).
 - c.3. They shall undergo pre-accreditation survey by PhilHealth.
 - c.4. The three-year in facility operations requirement stated in Section V.F of PhilHealth Circular No. 2023-0012 Omnibus Guidelines on the Accreditation of Health Facilities (HFs) to the National Health Insurance Program shall not apply.
 - c.5. They are qualified to apply for continuous accreditation (maximum of 3 years) as provided in Section V.V.1 of PC No. 2023-0012 subject to compliance of the requirements for accreditation and yearly assessments by PhilHealth.
 - c.6. They shall secure the DOH- License to Operate (LTO) from the Department of Health, one year after the effectivity of DOH licensing policy. Once licensed, the validity of their PhilHealth accreditation shall be based on the validity of their DOH-LTO.
5. Health facilities and dental clinics that are not accredited as KPPs shall have a service level agreement (SLA) or memorandum of agreement (MOA) with



PhilHealth-accredited KPP/s. They shall be considered as affiliate primary dental care clinics of the KPP.

- a. They shall be the designated provider/s of the Preventive Oral Health Benefit for one year and shall provide services to the clients referred to them by the KPPs.
 - b. The SLAs or MOAs shall include provisions for submission and sharing of data, back referrals, sharing of resources (if applicable), roles and responsibilities of data and claims submission to PhilHealth, and compliance to standards and regulations, among others.
 - c. They shall inform PhilHealth upon termination of the SLAs/MOAs.
6. Health facilities shall inform PhilHealth of the names, Professional Regulation Commission (PRC) License Number, and PhilHealth Accreditation Number (if applicable) of the dentists rendering services to their facilities and any changes thereafter. They may engage dentists through hiring (full time or part time), contracting, sharing with other facilities/local government units, or deployment programs of the government, among others.
7. PhilHealth shall engage dentists with updated PRC license to participate as health professional providers.
- a. Dentists who have current PhilHealth accreditation are deemed qualified as providers if they rendered care in accredited primary oral health/dental clinics. They need not submit any additional requirements anymore. However, their names and accreditation details shall be included among the list of dentists to be submitted by health facilities as stated in Section V.B.6 of this PhilHealth Circular.
 - b. Dentists who are not yet accredited and intend to participate as primary oral health/dental provider shall apply for accreditation by submitting the documentary requirements (Annex B - Documentary Requirements for Providers of Preventive Oral Health Benefit Package) to PhilHealth. After evaluation by PhilHealth, they shall be considered PhilHealth-accredited primary care dentists and shall be given a PhilHealth Accreditation Number.
 - c. Dentists who intend to provide other dental procedures covered by PhilHealth under different benefit schemes (i.e., All Case Rates) shall apply through the regular process of accreditation as stated in PhilHealth Circular 2023-0024 Accreditation of Health Care Professionals and its subsequent amendments.

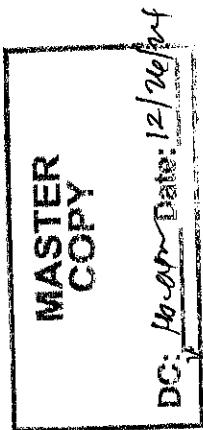


C. Benefit Availment

1. PhilHealth beneficiaries shall avail themselves of the Benefit through the KPPs where they are registered.
2. KPPs shall remain as the first contact, gatekeeper, navigator, and coordinator for PhilHealth beneficiaries to access other health services including oral

health. They could either be the direct provider of oral health services or a referring facility.

- a. KPPs that are direct service providers, shall directly provide oral health services to their PhilHealth Konsulta clients within their catchment population through their own dental/oral health service or clinic. Medicines and diagnostic tests (if warranted) covered by the PhilHealth Konsulta shall be considered among the services availed under it.
- b. KPPs that are referring facilities shall assign and refer their clients to their affiliate PhilHealth-accredited primary dental care clinics for provision of oral health services.
 - b.1 The assignment shall consider the distance and ease of travel of the clients from their place of work or residence, the load of referral facilities, capacity to pay the co-payment rates (in case of referral in private dental clinics) and client's choice.
 - b.2 The assigned facility shall be the primary oral health and dental care provider of the client for the whole calendar year. Transfer may only be done on the following year.
 - b.3 For the first visit in the year, referring KPPs shall accomplish and give a referral slip (Annex C - Konsulta Referral and Feedback Form), and notify the affiliate primary provider of the referral. Subsequent visits within the year shall be based on the advice of the primary care dental provider and/or the need of the client and shall not need another referral slip.
 - b.4 In case there is a need for laboratory tests and medicines (i.e., antibiotics/analgesics) covered by the PhilHealth Konsulta, the affiliated dental care provider shall write the request and/or prescription and refer (Annex C - Konsulta Referral and Feedback Form) the beneficiary back to the KPP for the provision of these services.
3. The primary oral health/dental care providers shall accomplish and update as necessary the client's dental chart (Annex D – Dental Chart) during every visit. This shall be transmitted to KPP to form part of the beneficiaries' health record. The required information for claims payment shall be transmitted to PhilHealth (Annex E - Claim Form for Dental Services). Electronic transmission of health information to KPP and to PhilHealth shall be through PhilHealth-certified or provided electronic records and claims applications.



D. Claims Filing and Provider Payment

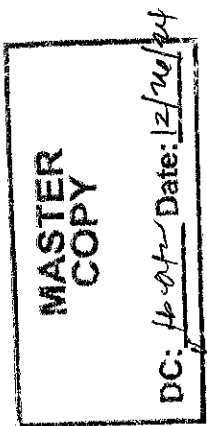
1. PhilHealth shall pay the Benefit (based on a fee schedule) to the accredited primary oral health/dental care clinics that directly provided the services.
2. Incomplete mandatory services shall not be paid.
3. To facilitate claims processing, the accredited primary oral health/dental care clinics shall use appropriate benefit code (Annex F - Benefit Codes of

Preventive Oral Health Services) when filing claims.

4. They shall submit the data for claims payment to PhilHealth through PhilHealth-certified or provided claims submission system within 60 days through auto credit payment system (ACPS) after the provision of each set of services.
5. PhilHealth shall process and paid claims within 60 days after receipt.
6. In fortuitous events as provided in PhilHealth Circular 2020-0007 Guidelines on the Provisions of Special Privileges to those Affected by A Fortuitous Event (Revision 1), the claims may be submitted 120 days after the provision of services.
7. In cases of fortuitous events, system downtime, and other events that will have significant effects on claims submission, PhilHealth shall provide alternative process and workaround through an advisory.
8. Health facilities shall utilize the payments from this Benefit to provide the necessary services. They can use them to procure dental supplies; maintain or replace dental equipment; hire or contract additional dentists, oral health staff (i.e., hygienists, dental aides), and data encoders (for oral health- related information); and engage IT providers for oral health records, among others. The remaining amount may be used as performance incentives to health care workers who have a role in the provision of oral health services.
9. PhilHealth shall not prescribe or differentiate facility and professional fees, and the sharing among health care workers, in accordance with Section 18(b) of Republic Act No. 11223 (Universal Health Care Act).
 - a. Public/government facilities shall define the sharing of health facility, professional fees, and performance incentives (if any) shall be defined through an approved Sanggunian resolution or any similar issuance.
 - b. For private facilities, the allocation shall be defined through their internal policies issued by their management.

E. Records Management

1. All data related to oral health and dental services shall be encoded in the PhilHealth-certified application systems for electronic transmission to PhilHealth for claims processing and to KPP for updating of the client's record. These application systems shall be periodically updated by their developers, at their own expense, to align with the latest updates in PhilHealth policies and guidelines.
2. KPPs shall secure patient consent to allow the processing of their health data by their affiliate primary care providers and PhilHealth (Annex G – Client Consent for Referral Form).
3. Health care providers shall safeguard electronic and paper-based patient records in accordance with existing rules and regulations in managing health information and data privacy. KPPs, their affiliate primary dental care providers and all their staff and individuals shall commit to keep the patient's personal information confidential, secure, and affirm the fundamental right of all persons, with particular emphasis on its members and their dependents, to privacy in compliance with Republic Act No. 10173 (Data Privacy Act of 2012).



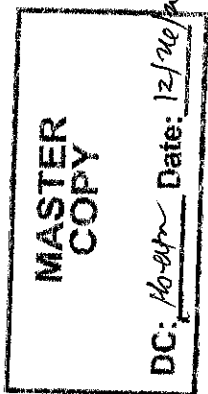
F. Monitoring and Review

1. PhilHealth shall monitor health care providers in accordance with the Health Care Provider Performance Assessment System.
2. Referrals to affiliate primary dental care providers shall be included in the performance assessment of KPPs. Guidelines thereof will be given through a separate issuance.
3. Health facilities – KPPs and oral health/primary dental care clinics shall make all the client's record including the dental chart available at any time for PhilHealth's review and monitoring.
4. PhilHealth shall institute fraud prevention measures and act in line with the applicable laws and regulations.
5. PhilHealth shall undertake review of this policy after one year of implementation and as necessary.

G. Annexes

The following annexes shall be posted in PhilHealth website (www.philhealth.gov.ph):

1. Annex A
Annex A.1 – Self-Assessment Tool /Survey Tool with Standards for Providers of Preventive Oral Health Benefit Package
Annex A.2 – Self-Assessment/Survey Tool for Outpatient Dental Clinics as Providers of Preventive Oral Health Services
2. Annex B – Documentary Requirements for Accreditation of Providers of Preventive Oral Health Benefit Package
3. Annex C – Konsulta Referral and Feedback Form
4. Annex D – Dental Chart
5. Annex E – Claim Form for Dental Services
6. Annex F – Benefit Codes of Preventive Oral Health Services
7. Annex G – Client Consent for Referral Form
8. Annex H – Provider's Guide to Claims Submission



VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, and all existing PhilHealth circulars shall be penalized in accordance with the pertinent provisions of Republic Act (RA) No. 7875, as amended by RA No. 11223, and their respective Implementing Rules and Regulations.

VII. TRANSITORY PROVISIONS

- A. Health facilities shall maintain a paper-based dental record of the clients. For the

initial implementation in CY 2025, services rendered within this year may be claimed by accredited primary oral health/dental care providers 180 days after the provision of services.

- B. PhilHealth shall make available an interim electronic reporting and claims submission system in the first 3 years of implementation.
- C. PhilHealth shall issue advisories as necessary to guide the beneficiaries and health care providers on availment, utilization, and other aspects in the implementation of the benefit.

VIII. SEPARABILITY CLAUSE

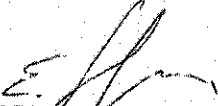
In the event that a section or a provision of this policy is declared invalid by a Court of Law or competent authority, provisions not affected by such declaration shall remain in full force and in effect.

IX. REPEALING CLAUSE

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

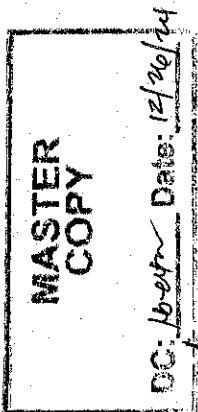
X. EFFECTIVITY

This PhilHealth Circular shall take effect 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: 12/23/24



Annex A.1. Self-Assessment Tool/ Survey Tool with Standards for Providers of Oral Health Benefit Package

Name of the Facility			
Address		Municipality/City	
Province		Region	
Type of Facility	<input type="checkbox"/> Konsulta Package Provider <input type="checkbox"/> Hospital	<input type="checkbox"/> Ambulatory Surgical Clinic <input type="checkbox"/> Infirmary/Dispensary	<input type="checkbox"/> Others _____
Social Sector	<input type="checkbox"/> Private <input type="checkbox"/> Government		
DOH License	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOH License Number	
PhilHealth Accredited	<input type="checkbox"/> Yes <input type="checkbox"/> No	PhilHealth Accreditation Number	

Self-Assessment/Survey Tool

Standards	Health Facility	PhilHealth	Remarks	
Human Resource				
<ul style="list-style-type: none"> • Dentist/s with Updated PRC Licenses <small>Note: Please list the names of dentists, PRC license numbers, and their number of duty hours on another table of this tool</small> 				
Infrastructure				
<ul style="list-style-type: none"> • Area for handwashing and washing of Instruments 				
Equipment				
<div style="border: 1px solid black; padding: 5px; display: inline-block; transform: rotate(-90deg); transform-origin: left top;"> MASTER COPY DC: <u>10-011</u> Date: <u>12/10/2012</u> </div>	<ul style="list-style-type: none"> • Functioning dental chair 	<ul style="list-style-type: none"> • With light • With running water • Working built-in suction or • Portable suction machine • Adjustable chair to different positions • Spittoon bowl with water pipe supply • Built-in low speed handpiece or • Portable low speed handpiece • Air and water syringe 		
	<ul style="list-style-type: none"> • Dentist's stool 			
	<ul style="list-style-type: none"> • Ultrasonic scaler with at least 5 tips (and replacement) or 			
	<ul style="list-style-type: none"> • Manual hand scaler (at least 5 sets) 			
	<ul style="list-style-type: none"> • Autoclave 			
	<ul style="list-style-type: none"> • Light cure machine 			
	<ul style="list-style-type: none"> • Instrument table/working table 			
	<ul style="list-style-type: none"> • Sharps and waste disposal unit • Cabinet for sterile instruments and consumables 			
Instruments				
<ul style="list-style-type: none"> • Mouth mirror 				

Standards		Health Facility	PhilHealth	Remarks
• Basic Dental Instruments (at least 5 sets)	• Explorer			
	• Cotton plier			
	• Spoon excavator			
• Oral prophylaxis set (at least 2 sets)	• Sickle scaler			
	• Universal scaler/curette			
• Basic oral surgery set (at least 2 sets)	• Aspirating syringe with locking mechanism			
	• Extraction forceps #69, #150			
	• Extraction forceps #44, #151			
	• Extraction forceps #16, #17			
	• Extraction forceps #18R, 18L			
	• Dental elevator			
	• Gum separator			
Supplies				
• Disposable gloves				
• Face masks				
• Disposable saliva ejectors				
• Prophyl brush				
• Cotton balls				
• Disposable cups				
• Prophy paste				
• Fluoride varnish				
• Pit and fissure sealant	• Glass ionomer or			
	• Resin			
• Disposable dental needles				
• Dental anesthesia carpules				
• Sterilization pouch				
Records Management				
• Dental Chart	• Basic patient information			
	• Pertinent medical history			
	• Oral examination and screening record			
	• Risk assessment record			
	• Treatment record			
	• Patient's consent			
Electronic Claims Filing				
• Computer				
• Scanner				
• Internet connection				

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List of Human Resources

Dentists			
Name	PRC License Number	Number of Duty-Hours in a week	Schedule of Duty
1			
2			
3			
4			
5			
6			
7			
8			

Note: use additional rows if needed

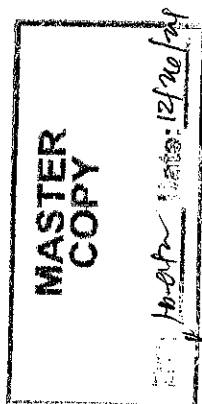
Other Dental Clinic/Oral Health Staff			
Name	PRC License Number (if applicable)	Designation	Number of Duty-hours in a week

Accomplished by:

Name:
Designation

Approved by:

Name:
Designation



Annex A.2. Self-Assessment/Survey Tool for Outpatient Dental Clinics as Providers of Preventive Oral Health Services

Name of the Facility			
Address		Municipality/City	
Province		Region	
Social Sector	<input type="checkbox"/> Private	<input type="checkbox"/> Government	

Self-Assessment/Survey Tool

Standards	Health Facility	PhilHealth	Remarks
Human Resource			
<ul style="list-style-type: none"> • Dentist/s with Updated PRC Licenses <small>Note: Please list the names of dentists, PRC license numbers, and their number of duty hours on another table of this tool</small> 			
Infrastructure/Physical Plant			
• Adequate ventilation			
• Water supply			
• Power supply			
<ul style="list-style-type: none"> • Areas in the clinic <ul style="list-style-type: none"> • Waiting area • Administrative area • Treatment room • Instruments cleaning Area • Handwashing rea • Toilet • Waste holding area 			
• Proper segregation and disposal of wastes			
Equipment			
<ul style="list-style-type: none"> • Functioning dental chair <ul style="list-style-type: none"> • With light • With running water • Working built-in suction or • Portable suction machine • Adjustable chair to different positions • Spittoon bowl with water pipe supply • Built-in low speed handpiece or • Portable low speed handpiece • Air and water syringe 			
• Dentist's stool			
• Ultrasonic scaler with at least 5 tips (and replacement) or			
• Manual hand scaler (at least 5 sets)			
• Autoclave			
• Light cure machine			

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Standards	Health Facility	PhilHealth	Remarks
• Instrument table/working table			
• Sharps and waste disposal unit			
• Cabinet for sterile instruments and consumables			
Instruments			
• Basic Dental Instruments (at least 5 sets)	• Mouth mirror		
	• Explorer		
	• Cotton plier		
	• Spoon excavator		
• Oral prophylaxis set (at least 2 sets)	• Sickle scaler		
	• Universal scaler/curette		
• Basic oral surgery set (at least 2 sets)	• Aspirating syringe with locking mechanism		
	• Extraction forceps #69, #150		
	• Extraction forceps #44, #151		
	• Extraction forceps #16, #17		
	• Extraction forceps #18R, 18L		
	• Dental elevator		
	• Gum separator		
Supplies			
• Disposable gloves			
• Face masks			
• Disposable saliva ejectors			
• Prophy brush			
• Cotton balls			
• Disposable cups			
• Prophy paste			
• Fluoride varnish			
• Pit and fissure sealant	• Glass ionomer or		
	• Resin		
• Disposable dental needles			
• Dental anesthesia carpules			
• Sterilization pouch			
Records Management			
• Dental Chart	• Basic patient information		
	• Pertinent medical history		
	• Oral examination and screening record		
	• Risk assessment record		

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Standards	Health Facility	PhilHealth	Remarks
• Treatment record			
• Patient's consent			
• Area or cabinet for secure storage of dental records			
• Use of Electronic Medical Record			
Electronic Claims Filing			
• Computer			
• Scanner			
• Internet connection			

List of Human Resources

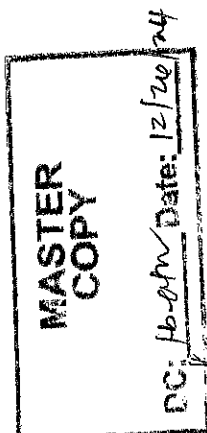
Dentists			
Name	PRC License Number	Number of Duty-Hours in a week	Schedule of Duty
1			
2			
3			
4			
5			
6			
7			
8			
Note: use additional rows if needed			
Other Dental Clinic/Oral Health Staff			
Name	PRC License Number (if applicable)	Designation	Number of Duty-hours in a week

Accomplished by:

Name:
Designation

Approved by:

Name:
Designation



Annex B. Documentary Requirements for Accreditation of Providers of Preventive Oral Health Benefit Package

Table 1. Documentary Requirements for Accreditation of Health Facilities

Description	Type of Accreditation	Documentary Requirements
PhilHealth - Accredited Konsulta Package Provider	Reaccreditation	<ul style="list-style-type: none"> • Accomplished self-assessment tool • Accomplished Revised Provider Data Record (PDR) • Revised, Signed, and Notarized performance commitment
Other PhilHealth-accredited DOH-licensed health facilities	Reaccreditation	<ul style="list-style-type: none"> • Accomplished Self-assessment Tool • Accomplished Revised Provider Data Record (PDR) • Revised, signed, and notarized performance commitment • Service Level Agreement/Memorandum of Agreement with PhilHealth Konsulta Package Provider/s
Dental Clinics	New	<ul style="list-style-type: none"> • Accomplished Self-assessment Tool • Provider Data Record (PDR) • Signed, and Notarized Performance Commitment • Proof of Payment of Accreditation Fee • Service Level Agreement/Memorandum of Agreement with PhilHealth Konsulta Package Provider/s* <p>*To be done once accredited</p>

Note: Dental Clinics that are not licensed shall secure their License to Operate from DOH within one year after the effectivity of the DOH policy

Table 2. Documentary Requirements for Accreditation of Health Professionals as Primary Care Dentists

Documentary Requirements
<ul style="list-style-type: none"> • Valid PRC License • Provider Data Record – Health Care Professional • Signed and Notarized Performance Commitment (Health Care Professional)

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Annex C. Konsulta Referral and Feedback Form

Referral

Date of Referral	
Name of Client	
Age/Sex	
Referring Facility	
PAN of Referring Facility	
Referral Facility	
PAN of Referral Facility	
Reason for Referral	
	<input type="checkbox"/> Oral Health Services <input type="checkbox"/> Others _____
Referral Transaction Code	

Respectfully referring patient: _____

For: _____

Additional patient information if any: _____

Thank you.

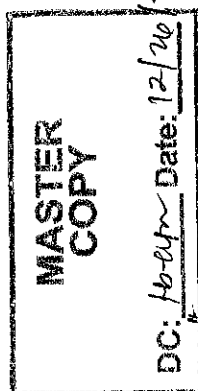
Name and Signature
Designation

Feedback

Services Rendered to the Client	Date Done	Remarks

Accomplished by:

Name and Signature
Designation



Annex D. Sample of Dental Record

Client Information

Name of Client	
Age/Sex	
Address	
Contact Number	
Name of Parent/Guardian	
Contact Number of Guardian	
PhilHealth Konsulta Package Provider	
Primary Dental Care Provider	

General Medical History

Oral Health Status

A. Put (✓) if Present, and (X) if Absent

Examination Date									
Dental Caries									
Gingivitis/Periodontal Disease									
Debris									
Calculus									
Cleft Lip/Palate									
Others									

B. Indicate the Number

Examination Date									
No of permanent teeth present									
No. of permanent sound teeth									
No. of decayed teeth (D)									
No. of missing teeth (M)									
No. of filled teeth (F)									
Total DMF teeth									
No. of temp teeth present									
No of temp sound teeth									
No. of temp decayed teeth (d)									
No. of temp filled teeth (f)									
Total Number of teeth									

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DC: 16-01-12/10/24

Oral Health Condition

Year I - Date

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28																								
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38																								

Year IV- Date

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28																									
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38																									

Year II - Date

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28																										
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38																										

Year V - Date

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28																											
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38																											

Year III - Date

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28																											
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38																											

Capital letters shall be used for recording the condition of permanent dentition and small letters for the status of temporary dentition

Legend:	Permanent	Tooth Condition	Temporary
✓		Sound	✓
D		Decayed	d
F		Filled	f
M		Missing	m
Un		Unerupted	un
JC		Jacket Crown	jc
P		Pontic	p

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 DC: Hb-afw Date: 12/26/04

Service Monitoring

Date Sealant/PF/TF/Exo

55 54 53 52 51 61 62 63 64 65

85 84 83 82 81 71 72 73 74 75

Date Sealant/PF/TF/Exo

18 17 16 15 14 13 12 11 21 2 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

Legend:

- S - Sealant
- PF - Permanent Filling (composite, Am/ART)
- TF - Temporary Filling
- X - Extraction
- O - Others

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 DC: *h-ur* Date: *12/16/04*

Annex E. Claim Form Dental Services



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre 709 Shaw Boulevard, Pasig City
 Call Center (02) 441-7442 • Trunkline (02) 441-7444
 www.philhealth.gov.ph
 email: actioncenter@philhealth.gov.ph

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Series #

Part I - Member Information

1. PhilHealth Identification Number (PIN) of Member: - -

2. Name of Member: _____
 Last Name First Name Name Extension (JR/SR/III) Middle Name (ex: DELA CRUZ JUAN JR SIPAG)

3. Date of Birth: - -
 month day year

4. Mailing Address: _____
 Unit/Room No./Floor Building Name Lot/Blk/House/Bldg.No Street Subdivision/Village
 Barangay City/Municipality Province Country Zip Code

5. Sex: Male Female

6. Contact Information: _____
 Landline No. (Area Code + Tel. No.) Mobile No. Email Address

7. Patient is the member? Yes, Proceed to Part III No, Proceed to Part II

Part II - Patient/Client Information

1. PhilHealth Identification Number (PIN) of Dependent - -

2. Name of Patient: _____
 Last Name First Name Name Extension (JR/SR/III) Middle Name (ex: DELA CRUZ JUAN JR SIPAG)

3. Date of Birth: - -
 month day year

4. Relationship to Member: Child Parent Spouse

5. Sex: Male Female

Part III - Health Care Institution/Facility (HCI) Information

1. PhilHealth Accreditation Number (PAN) of Health Care Institution:

2. Name of Health Care Institution/Facility: _____

3. Address: _____
 Building Number and Street Name City/Municipality Province

Part IV. Health Care Professional Information and Signature

1. Name of Professional Provider
 Last Name First Name Name Extension (JR/SR/III) Middle Name
 (e x: DELA CRUZ JUAN JR SIPAG)

Accreditation Number

Signature Signature Over Printed Name _____ Date Signed: - -
 month day year

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 DC: *He-oh* Date: *12/20/12*

Part V Patient/Client Information on Service/s Availed

1. Was the patient/client referred by another Health Care Institution/Facility (HCI) ?

No Yes

Name of HCI _____

PAN of Referring HCI

Date of Referral

- -
Month Day Year

Referral Transaction Code

2. Was the patient/client referred by other institution?

No Yes

Name of Institution _____

Type of Institution _____

3. Date Provision of Service/s

- -
month day year

4. Patient/Client Disposition

a. Improved b. Recovered c. Discharged against medical advice d. Absconded

e. transferred/referred to _____
Reason for referral/transfer _____

5. Working Diagnosis/es _____

6. Final Diagnosis/es _____

ICD 10 Code/s

7. Procedure/s Done _____

RVS/Package Code/s

8. Special Considerations _____

For Dental/Oral Health: (Details)

Tooth Number	Dental Service/s

Legend (Use for Dental Services):

S - Sealant
X - Extraction
PF - Permanent Filling
TF - Temporary Filling
O - Others

9. PhilHealth Benefit Claim

RVS/ Package Code/s

1. _____

Part VI Details of Copayment and Consent to Access Patient Records

1. Certification of No Copayment/Copayment

No copayment

with copayment

Amount of Copayment PHP _____

2. Details of Copayment

Total Charges (HCI and Professional Fees)	Mandatory Discounts (e.g., Senior Citizens, PWDs)	PhilHealth Benefit	Copayment
PHP	PHP	PHP	PHP

3. Consent to Access Patient Records

I hereby consent to the submission and examination of the patient's pertinent medical records for the purpose of verifying the veracity of this claim to effect efficient processing of benefit payment.

I hereby hold PhilHealth or any of its officers, employees and/or representatives free from any and all legal liabilities relative to the herein-mentioned consent which I have voluntarily and willingly given in connection with this claim for reimbursement before PhilHealth.

Signature Over Printed Name of Member/Patient/Authorized Representative _____

Date Signed: - -
month day year

PART VI Certification of Consumption of Health Care Institution/Facility

I certify that services rendered were recorded in the patient's chart and health care institution records and that the herein information given are true and correct.

Signature Over Printed Name of Member/Patient/Authorized Representative _____

Date Signed: - -
month day year

MASTER COPY

DC: Ho-oh Date: 12/16/14

Claim Signature Form



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 Citystate Center 289 Shaw Boulevard, Pasig City
 Call Center (02) 481-7442 • Tollfree (02) 481-7444
 www.philhealth.gov.ph
 email: actioncenter@philhealth.gov.ph

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 is NOT FOR SALE

CSF
 (Claim Signature Form)

Revised September 2018

IMPORTANT REMINDERS:

PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.
 All information required in this form are necessary. Claim forms with incomplete information shall not be processed.
FALSE/INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

Series #

PART I - MEMBER AND PATIENT INFORMATION AND CERTIFICATION

1. PhilHealth Identification Number (PIN) of Member:

2. Name of Member:
 Last Name: First Name: Name Extension (SUFFIX): Middle Name (or SUFFIX):

3. Member Date of Birth:
 month: day: year:

4. PhilHealth Identification Number (PIN) of Dependents:

5. Name of Patient:
 Last Name: First Name: Name Extension (SUFFIX): Middle Name (or SUFFIX):

6. Relationship to Member:
 child parent spouse

7. Confinement Period:
 a. Date Admitted: month: day: year:
 b. Date Discharged: month: day: year:

8. Patient Date of Birth:
 month: day: year:

9. CERTIFICATION OF MEMBER:

Under the penalty of law, I attest that the information I provided in this Form are true and accurate to the best of my knowledge.

Signature Over Printed Name of Member: Date Signed: month: day: year:

Signature Over Printed Name of Member's Representative: Date Signed: month: day: year:

If member/representative is unable to write, put right thumbmark. Member/representative should be assisted by an HCD representative. Check the appropriate box.
 Member Representative

Relationship of the representative to the member:
 Spouse Child Parent
 Sibling Others, Specify:

Reason for signing on behalf of the member:
 Member is incapacitated
 Other reasons:

PART II - EMPLOYER'S CERTIFICATION

1. PhilHealth Employer Number (PEN):

2. Contact No.:

3. Business Name: Business Name of Employer

4. CERTIFICATION OF EMPLOYER:
"This is to certify that the required 3/6 monthly premium contributions plus at least 6 months contributions preceding the 2 months qualifying contributions within 12 month period prior to the first day of confinement (sufficient regularity) have been regularly remitted to PhilHealth. Moreover, the information supplied by the member or his/her representative on Part I are consistent with our available records."

Signature Over Printed Name of Employer/Authorized Representative: Official Capacity/Designation: Date Signed: month: day: year:

PART III - CONSENT TO ACCESS PATIENT RECORD/S

I hereby consent to the submission and examination of the patient's pertinent medical records for the purpose of verifying the veracity of this claim to effect efficient processing of benefit payment.
I hereby hold PhilHealth or any of its officers, employees and/or representatives free from any legal liabilities relative to the herein-mentioned consent which I have voluntarily and willingly given in connection with this claim for reimbursement before PhilHealth.

Signature Over Printed Name of Member/Patient/Authorized Representative: Date Signed: month: day: year:

If member/representative is unable to write, put right thumbmark. Member/representative should be assisted by an HCD representative. Check the appropriate box.
 Patient Representative

Relationship of the representative to the patient:
 Spouse Child Parent
 Sibling Others, Specify:

Reason for signing on behalf of the patient:
 Patient is incapacitated
 Other reasons:

PART IV - HEALTH CARE PROFESSIONAL INFORMATION

Accreditation No.: Signature Over Printed Name: Date Signed: month: day: year:

Accreditation No.: Signature Over Printed Name: Date Signed: month: day: year:

Accreditation No.: Signature Over Printed Name: Date Signed: month: day: year:

PART V - PROVIDER INFORMATION AND CERTIFICATION

1. PhilHealth Benefits: ICD 10 or IHS Code: 1. First Case Rate: 2. Second Case Rate:

I certify that services rendered were recorded in the patient's chart and health care institution records and that the herein information given are true and correct.

Signature Over Printed Name of Authorized/CI Representative: Official Capacity/Designation: Date Signed: month: day: year:

MASTER COPY

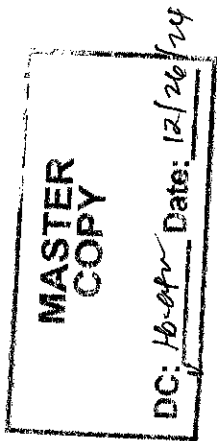
DC: Date: 12/26/24

Annex F. Benefit Codes of Preventive Oral Health Services

The following codes shall be used when filing claims based on the services provided during the client's visit.

Services		Visit	Code
Mandatory	As Applicable		
<ul style="list-style-type: none"> • Mouth examination/oral screening. • Dental prophylaxis/cleaning • Fluoride varnish application 	<ul style="list-style-type: none"> • Pit and fissure sealant or root surface protection/Class V restoration 		
Yes	None	1 st	OPH01
Yes	Yes - 1 tooth	1 st	OPH01a
Yes	Yes - 2 teeth or more	1 st	OPH01b
Yes	None	2 nd	OPH02
Yes	Yes - 1 tooth	2 nd	OPH02a
Yes	Yes - 2 teeth or more	2 nd	OPH02b

Note: There is no distinct fee schedule for emergency tooth extraction. Nevertheless, it is covered in this Benefit Package. Its cost is already subsumed in the total benefit package rate.



Annex G. Client Consent for Referral Form

PATIENT INFORMATION

I, _____ (Patient's Name) of, _____ (address),
_____ (city/municipality and province), hereby give my consent to be
referred and assigned to _____ (name of primary care dental
provider) as my Primary Care Dental Provider by _____ (name of
PhilHealth Konsulta Package Provider) my Konsuta Package Provider.

Furthermore, I consent to the use and sharing of my personal data to my Primary Care Dental
Provider and to PhilHealth.

Furthermore, I consent to the use and sharing of my personal data for the following purposes *(List
the purpose(s) for which personal data may be used and shared with third parties, if applicable.
e.g. medical research and analysis or referral to specialists)*.

SIGNATURES

By signing below, the Patient and Medical Provider acknowledge that they have read and agreed
to the terms of this Medical Consent Form.

PATIENT'S PRINTED NAME AND SIGNATURE:

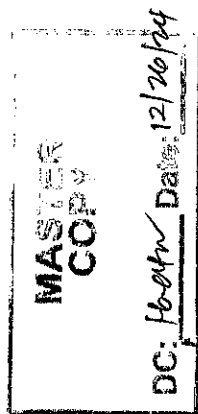
DATE:

GUARDIAN'S PRINTED NAME AND SIGNATURE

DATE

MEDICAL PROVIDER PRINTED NAME AND SIGNATURE:

DATE:



Annex H. Provider's Guide to Claims Submission

Action By Facility	References
1. Accept Client	-
2. Note the Referral Transaction Code	See Annex E- Konsulta Referral and Feedback Form
3. Check details in Health Care Institution (HCI Portal)	-
4. Create/update dental chart – encode referral transaction form	See Annex D – Dental Chart
5. Provide oral health services	-
6. Update dental chart based on the services provided– encode the services provided	-
7. Fill-out the claim form Use the assigned benefit codes for the services provided	See Annex E – Claim Form for Dental Services See Annex F – Benefit Codes for Preventive Oral Health Services
8. Generate the Claims Signature Form (CSF)	See Annex E – Claim Form for Dental Services
8. Ask the client to sign the CSF	-
9. Scan the signed CSF Form	-
10. Upload the filled-up claim form and the scanned copy of signed CSF to HCI Portal	-

