GUIDELINES ON THE PROPER ACCOMPLISHMENT OF PHILHEALTH CLAIM FORM 4 (Feb 8, 2019)

I. GENERAL GUIDELINES:

1. CF4 shall be accomplished using capital letters and by checking/ticking the appropriate boxes.

2. The information in CF4 should be the same as that in the patient's chart and all other claim forms submitted to PhilHealth.

3. All required information should be encoded in the CF4.

4. All ACR claims shall require CF4 including hemodialysis, chemotherapy, and outpatient procedures (i.e., cataract surgeries and laparoscopies). Refer to list of exclusions in PhilHealth Circular no.7 s-2018 and its revisions.

5. Claims involving repetitive procedures such as dialysis (hemo- and peritoneal), radiotherapy (LINAC and COBALT), blood transfusion, brachytherapy, and chemotherapy may be filed one time, thus use one CF4 only. In filling-out the dates, the first treatment session shall be the date of admission (item no. 7a) while the date of filing should be after the last treatment session. Important, the dates in CF4 should be consistent with CF2.

6. All conditions and procedures under the List of Medical and Procedure Case Rates shall use CF4 in filing of claims. The HCI shall indicate it in the appropriate box in CF4 as shown below:

a) If there is one mentioned condition or procedure as indicated in item 6.a (1st case rate), submit one CF4.

To illustrate:

6.a 1st case rate code J46 (Acute severe asthma)*	Use one CF4 only
6.b 2nd case rate code (blank)*	

**to facilitate explanation of guideline, the description of code is written but not during actual filing (code only)*

b) If there are two mentioned conditions ---both conditions belong to the List of Medical and Procedure Case Rates, indicated in items 6.a (1st case rate) and 6.b (2nd case rate), where the latter is allowed as 2nd case rate. The HCI shall submit only one CF4 for both conditions.

To illustrate:

6.a 1st case rate code C50.1 (Malignant neoplasm of central portion of breast)*	Use one CF4 only
6.b 2nd case rate code 96408 (Chemotherapy administration)*	

**to facilitate explanation of guideline, the description of code is written but not during actual filing (code only)*

c) If there are two mentioned conditions ---first condition belongs to the List of Medical and Procedure Case Rates, indicated in item 6.a (1st case rate) and second condition in item 6.b (2nd case rate) belongs to the list of exemptions from CF4. The HCI shall submit CF4 only for both conditions.

To illustrate:

6.a 1st case rate code P36.9 (Bacterial sepsis of newborn, unspecified)*	Use one CF4 only
6.b 2nd case rate code 99432 (Newborn Care Package)*	

**to facilitate explanation of guideline, the description of code is written but not during actual filing (code only)*

d) If there are two mentioned conditions ---first condition belongs to the list of exemptions from CF4, indicated in item 6.a (1st case rate) and second condition belongs to the List of Medical and Procedure Case Rates indicated in item 6.b (2nd case rate), the HCI shall submit CF4 PLUS the required document for the exempted condition (e.g. CF3).

To illustrate:

6.a 1st case rate code 59514 (Cesarean delivery)*	CF3 Part I – fill-out item nos. 1, 2, 4, 5 only Part II – fill-out all items
6.b 2nd case rate code I60.9 (Subarachnoid hemorrhage)*	CF4

**to facilitate explanation of guideline, the description of code is written but not during actual filing (code only)*

7. If there are items that do not apply, indicate N/A.

8. All dates should be filled-out following this format: MONTH-DAY-YEAR (MM-DD-YYYY).

Illustration: December 25, 2013 should be written as **12 - 25 - 2013**

II. SPECIFIC GUIDELINES:

A. Claim Form 4 (CF4) is divided into seven (7) parts:

 Part I – Health Care Institution Information requires information about the facility to ascertain the identity and eligibility under the Program.

 Part II – Patient's Data requires information about the patient to ascertain patient identity and encounter.

 Part III – Reason for Admission provides the clinical information about the patient's condition during admission.

 Part IV – Course in the Ward provides a description of the care received by the patient during confinement or episode of care. This section includes results of laboratory tests and/or imaging procedures, as applicable.

 Part V – Drugs and Medicines provides a list of medicines or drugs ordered by the physician(s) and received by the patient during confinement and/or prescribed during outpatient consultation. This section includes information on the quantity, dosage, and route of administration of medicines or drugs ordered/prescribed. It also includes the total cost per medicine/drug.

 Part VI – Outcome of Treatment provides information about the result of care or the patient's decision to leave the hospital before the end point of care (when applicable).

 Part VII – Certification of Health Care Professional provides a guarantee by the attending health care professional or physician regarding the information provided. This section includes the date when the data in the form was provided and/or reviewed.

III. THE TABLE BELOW EXPLAINS THE PROPER WAY OF ACCOMPLISHING CF4:

Part I - Health Care Institution (HCI) Information

Item no.	Description and Instruction
1	**Name of HCI** Indicate the name of the health care institution as it appears in the DOH License to Operate (LTO).
2	**Accreditation Number** Indicate the PhilHealth accreditation number of the health care institution.
3	**Address of HCI** Indicate the mailing address of the health care institution, indicating the No., Building Name, Lot/Block/Building Number, Street, Subdivision/Village Barangay, City/Municipality, Province, and Zip Code. The name of sitio/purok/poblacion (if applicable) of the mailing address should be indicated before the barangay.

Part II - Patient's Data

Item no.	Description and Instruction

<table>
<tr><td>1</td><td>Name of Patient

Indicate complete name of the member in the format of: last name, first name, name extension and middle name. Extensions such as (but not limited to the following) Jr., Sr., III should be indicated after the first name. If there are no name extensions, please write N/A.

Illustration:
Name with Suffix: The name Juan Sipag Dela Cruz, Jr. should appear as

<table>
<tr><td>DELA CRUZ</td><td>JUAN</td><td>JR.</td><td>SIPAG</td></tr>
<tr><td>Last name</td><td>First Name</td><td>Extension</td><td>Middle Name</td></tr>
</table>
</td></tr>
<tr><td>2</td><td>PhilHealth Identification Number (PIN)

Indicate the PhilHealth Identification Number (PIN), a 12 digit number, as reflected in the PhilHealth Number Card/Identification Card/Member Data Record (MDR) in the 2-9-1 format. The PIN encoded in this item refers to the PIN of the patient – member PIN if primary member and dependent PIN if dependent. If patient is a dependent and has no assigned PIN yet, PIN of primary member should be encoded.

Illustration: 07-123456789-1</td></tr>
<tr><td>3</td><td>Age

Indicate the age of the patient upon admission in years. For very young children (including newborn), the age may be in months/weeks/days/hours (as appropriate) with the appropriate label (e.g., 25 days, 3 months or 48 hours).</td></tr>
<tr><td>4</td><td>Sex

Indicate male or female. Check appropriate box.</td></tr>
<tr><td>5</td><td>Chief Complaint

It is the concise statement of the patient as he/she describes his/her symptom, problem, condition, return, or other factor that prompted the confinement or medical encounter.

Important note:
For special cases like chemotherapy, may indicate as chief complaint “chemotherapy session for breast cancer”; radiotherapy treatment, write “radiotherapy session for prostate cancer; or hemodialysis treatment, write “hemodialysis” or extracorporeal dialysis.”</td></tr>
<tr><td>6</td><td>Admitting Diagnosis

Indicate the initial impression or working diagnosis as documented by the attending physician based on assessment upon admission.</td></tr>
</table>

7	**Discharge Diagnosis** Indicate the final diagnosis of attending physician just before patient leaves the hospital. For purposes of CF4, the discharge diagnosis refers to the identified nature and cause of a disease or injury through evaluation of patient history, physical examination, and review of laboratory/imaging data.
8.a	**1st Case rate code** Indicate the appropriate ICD-10 or RVS code in item 6.a. Rates or amounts are not needed. **1st case rate** is defined as the case rate claimed by Health Care Institutions (HCIs) for PhilHealth reimbursement which represents/covers the medical condition of the patient with the most resources used, not necessarily the main condition (source: PC no. 35 s-2013).
8.b	**2nd Case rate code** Indicate the appropriate ICD-10 or RVS code in item 6.b. Rates or amounts are not needed. **2nd case rate** is defined as the case rate claimed by HCIs for PhilHealth reimbursement which represents/covers the medical condition of the patient with the second most resources used (source: PC no. 35 s-2013).
9.a	**Date admitted** Indicate the date of admission in the hospital in the format of: month-day-year.
9.b	**Time admitted** Indicate the time of admission in the hospital in the format of: hour-minute. Check if AM or PM.
10.a	**Date Discharge** Indicate the date when patient leaves the hospital in the format of: month-day-year.
10.b	**Time discharge** Indicate the time when patient leaves the hospital in the format of: hour-minute. Check if AM or PM.

Part III – Reason for Admission

Item no.	Description and Instruction
1	**History of Present Illness** A concise statement about the history for the medical encounter arranged in chronological order.
2.a	**Pertinent Past Medical History** Indicate all pertinent diagnosed condition(s) in the past including previous hospitalizations and surgeries of the patient.
2.b	**OB/GYN History** Indicate obstetric code and date of last menstrual period (LMP) in the format of: month-day-year. If the item does not apply, tick N/A.
3	**Pertinent signs and symptoms** Indicate all pertinent signs and symptoms upon admission. This is equivalent to review of systems (ROS). May use 'Others' if other than those specified in CF4.
4	**Referred from another HCI:** To be filled-out only when patient came from another health facility for a stated reason in the referral form/clinical chart (or any equivalent). Check appropriate tick box. If yes, indicate the reason(s) for referral and identity of originating HCI.
5	**Physical Examination** Indicate all pertinent PE findings on admission. If there are no findings, check *Essentially normal*. For additional notes and laterality (when applicable), may indicate as side note beside each box.

Part IV – Course in the Ward

Description and Instruction
Date and Doctor's Order/Action a) Enumerate all relevant activities/actions taken during episode of care arranged in chronological order (i.e., start from date of admission). The date for each activity should be indicated in the appropriate space provided for. This section also includes notes of patient's progress and corresponding action(s) taken by appropriate health care professional(s). b) For day surgeries and repetitive procedures, may indicate only the essential orders of

attending physician(s). State any key changes in patient's condition, if any. For repetitive procedures, especially those with multiple sessions in one claim, pertinent event in each procedure date should be reflected in this section. If there are no significant events during the session/encounter, may indicate "No reportable or pertinent incidents during the procedure/session" or a similar statement.

c) Please attach copies of pertinent laboratory and/or imaging results to support the management during episode of care and final diagnosis during discharge.

Surgical Procedure/RVS code

a) Indicate the description of operation/procedure including RVS code, if there is a procedure done. Attach copy of Operative Room (OR) Record.

Illustration:
Repair of wound, extraocular muscle, tendon and/ or Tenon's capsule - 65290

b) The operative room (OR) record/technique shall not be required as attachment for the following repetitive procedures only:

	Name of Procedure	RVS code	
1.	Blood transfusion	36430	
2.	Clinical brachytherapy	77761 77776	77781 77789
3.	Chemotherapy	96408	
4.	Dialysis other than Hemodialysis	90945	
5.	Hemodialysis	90935	
6.	Radiotherapy (Cobalt or Linear Accelerator)	77401	
7.	Other: Intensity Modulated Radiotherapy (IMRT)	77418	

Part V – Drugs and Medicines

Description and Instruction

Select from the drop-down the medicines/drugs prescribed to the patient (in generic name) including quantity (actual number of drug) and form, dosage, frequency and route of administration. Also, indicate the total cost per medicine used during confinement (computation: unit cost x number of tab/pills/vials/ampules used).

To illustrate:

Generic name	Quantity/Dosage/Route	Total Cost
Paracetamol	10 tablets, 500 mg per tablet, 1 tab every 4 hours, oral	Php 10.00 (P1 x 10 tabs)*
Tobramycin	1 bottle, 0.3% ophthalmic solution, 1 drop every 4 hours	Php 370.00 (P185 x 2 bottles)*
Mupirocin	1 tube, 2% cream, TID, topical	Php 470.00 (P470 x 1 tube)*

**to facilitate explanation of guideline, the computation is shown but not during actual filing (total cost only)*

Part VI – Outcome of Treatment

Description and Instruction
Check appropriate box based on the status of patient upon discharge. If patient was transferred to another facility, indicate the reason for transfer. The outcome of treatment may be classified as any one of the following: a) Improved – patient has recovered or near recovery upon discharge. b) HAMA – Home Against Medical Advice. It occurs when a patient decides to leave the hospital against the opinion of the managing physician. This form of discharge may be carried out by the patients, their relatives (in the case of adult patients with competency problems) or their parents (in the case of children). This is also known as discharge against medical advice (DAMA) c) Expired – patient died during the episode of care/confinement period. d) Absconded – patient deliberately left the health care facility without prior knowledge of attending physician and relevant personnel in the HCI. e) Transferred – patient was physically brought to another health care facility for a specific care.

Part VII – Certification of Health Care Professional

Description and Instruction
The attending health care professional shall affix his/her signature certifying that all information provided are true and accurate. He/she should also indicate the date of signing the form. *Note: For salaried physicians in government and private training hospitals, the medical director, hospital administrator, or chief of clinics, may sign in lieu of the attending physician. SOURCE: PhilHealth Circular No. 14, s-2008.*