

General Criteria	Remarks
No active malignancies	
No liver cirrhosis	
No previous cardiac or thoracic surgery	
2D echo done within six (6) months	

Place a (✓) on the appropriate procedure to be performed and remarks

<input type="checkbox"/> Mitral valve replacement	Remarks
1. Age at least 15 years old but not more than 18 years and 364 days	
2. Etiology: a. If rheumatic etiology-controlled activity with at least two (2) weeks anti-inflammatory Check inflammatory markers b. If with infective endocarditis and/or vegetation with negative blood CS completed at least 2 weeks antibiotic	
3. Check any one of the following: a. SEVERE MITRAL STENOSIS MVA <1.5 with Wilkins valve score 9 or more) or combined with Mitral regurgitation, mild to moderate b. SEVERE MITRAL REGURGITATION i. Symptomatic with NYHA II ii. Vena contracta >0.7 cm, RF ≥50% iii. Left Ventricular end systolic diameter ≥ 4; Or LVESD enlarged by z score; OR LV end diastolic diameter ≥ 5.5 cm; iv. Preserved LV function ≥55%	
4. Institution Valve team Approval for the following: a. Symptomatic NYHA III-IV b. With depressed LV function < 45 % c. Age 10-15 years old	
5. Intraoperative TEE finding of Mitral regurgitation RF > 50% after MV repair	

<input type="checkbox"/> Mitral valve replacement with tricuspid valve annuloplasty	Remarks
1. Age up to 18 years and 364 days old	
2. With concomitant moderate to severe tricuspid regurgitation	
3. Dilated TV annulus ≥4cm or index TV annulus ≥2.1	
4. Intraoperative TEE finding of TR moderate to severe with dilated TV annulus	

<input type="checkbox"/> Mitral valve repair	Remarks
1. Age less than 15 years old	
2. Check etiology <ul style="list-style-type: none"> a. If rheumatic etiology-controlled activity with at least 2 weeks anti-inflammatory (Check inflammatory markers) b. If with infective endocarditis and/or vegetation with negative blood CS completed at least 2 weeks antibiotic 	
3. SEVERE MITRAL REGURGITATION <ul style="list-style-type: none"> a. Symptomatic with NYHA II -III; b. Vena contracta >0.7 cm, RF >50%; c. Left Ventricular end systolic diameter ≥ 4; Or LVESD enlarged by z score; OR LV end diastolic diameter ≥ 5.5 cm; d. Preserved LV function $\geq 55\%$ 	

<input type="checkbox"/> Mitral valve repair with Tricuspid valve repair	Remarks
1. Age up to 18 years and 364 days old	
2. Mitral valve regurgitation criteria fulfilled as above <ul style="list-style-type: none"> a. Symptomatic with NYHA II -III; b. Vena contracta >0.7 cm, RF >50%; c. Left Ventricular end systolic diameter ≥ 4; Or LVESD enlarged by z score; OR LV end diastolic diameter ≥ 5.5 cm; d. Preserved LV function $\geq 55\%$. 	
3. Check concomitant Tricuspid Valve (if applicable) (Before or after repair on intraoperative echocardiogram) <ul style="list-style-type: none"> a. Moderate or Severe Tricuspid Valve Regurgitation b. Dilated Tricuspid valve annulus > 4.0 mm c. With or without RV dilatation 	

<input type="checkbox"/> Aortic valve replacement	Remarks
1. Age at least 15 years old	
2. Check etiology: <ul style="list-style-type: none"> a. If rheumatic Controlled RF activity or at least 2 weeks anti inflammatory b. If with infective endocarditis with negative blood Culture or antibiotic for at least 2 weeks c. If with vegetation – require Infectious service clearance after antibiotic load 	
3.a. SEVERE AORTIC STENOSIS (AS) Stage C1 <ul style="list-style-type: none"> 1. Asymptomatic 2. Aortic valve annulus < 1.0cm² and 3. AV mean gradient >/=40mmHG 4. Left ventricular ejection fraction (LVEF)>50% 3.b. SEVERE AORTIC STENOSIS WITH REDUCED EJECTION FRACTION or Stage C2 <ul style="list-style-type: none"> 1. Asymptomatic or at least NYHA Class II 2. Aortic valve area <1.0mm² gradient >/= 40mmhg 3. Left ventricular ejection fraction (LVEF) < 50% classical low flow low gradient AS 3.c. SEVERE RHEUMATIC AORTIC REGURGITATION <ul style="list-style-type: none"> 1. Symptomatic with at least NYHA II LVEF>55% 2. Left Ventricular end systolic diameter >5.5 or LV end diastolic diameter > 7.0; OR enlarged LVESD or LVEDD by z score 	
4. With Approval of Valve team for <ul style="list-style-type: none"> a. Age <15 years old b. Vegetation with risk for embolization as above as urgent c. Symptomatic with NYHA III-IV d. With depressed LV function <55% but > 25% 	

<input type="checkbox"/> Aortic valve replacement with Tricuspid valve annuloplasty	Remarks
1. Aortic valve replacement criteria fulfilled as indicated above	
2. If rheumatic etiology, check concomitant Tricuspid Valve Regurgitation (if applicable) <ul style="list-style-type: none"> a. Moderate or Severe Tricuspid Valve Regurgitation b. Dilated Tricuspid valve annulus > 4.0 mm c. With or without Right Ventricular (RV) dilatation 	

Certified correct by:										Conforme by:									
(Printed name and signature) Attending Pediatric Cardiologist or Cardiovascular Surgeon										(Printed name and signature) <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Guardian									
PhilHealth Accreditation No.										Date signed (mm/dd/yyyy)									
Date signed (mm/dd/yyyy)																			

Note:

Once approved, the contracted HF shall print the approved pre-authorization form and have this signed by the patient, parent or guardian and health care providers, as applicable. This form shall be submitted to the Local Health Insurance Office (LHIO) or the PhilHealth Regional Office (PRO) when filing the first tranche.

There is no need to attach laboratory results. However, these should be included in the patient's chart and may be checked during the field monitoring of the **Z Benefits Package for Heart Valve Repair and/or Replacement for Valvular Heart Disease**. Please do not leave any item blank.

Z Benefits Package for Heart Valve Repair and/or Replacement for Valvular Heart Disease (Pediatric)

[illegible]

☐ APPROVED

☐ DISAPPROVED (State reason/s)

Head or authorized representative, Benefits Administration Section (BAS)

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