



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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 Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



Case No. _____

Annex “A – Mobility Impairment”

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>

Fulfilled selections criteria **Yes** If yes, proceed to pre-authorization application
 No If no, specify reason/s and encode

**PRE-AUTHORIZATION CHECKLIST
 Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT**

Place a (✓) if yes

	General Qualifications	Yes
1.	The child’s chronological age is 0 to 17 years and 364 days old	
2.	The child does NOT have any condition that will compromise safety and functionality with the use of prosthesis, orthosis, wheelchair or seating device.	
3.	On physical examination, the child has no fresh or non-healing wound on the body part of interest	
4.	If acquired amputation, the limb is at least 3 months post-surgery	
5.	The child presents with <u>any of the following</u> : <input type="checkbox"/> Disorders resulting to mobility impairment: <input type="checkbox"/> Musculoskeletal conditions characterized with any of the following: limb loss (amputation), limb deficiency, limb deformity and spine deformity (Cobb’s angle of ≥ 20 degrees and Risser <4) classified into: <input type="checkbox"/> Gross Motor Function Classification System (GMFCS) 1 and 2 for prosthesis and orthosis <input type="checkbox"/> GMFCS 3, 4, and 5 for seating device, wheelchair, prosthesis and orthosis (Note: For seating device, a child must be six months to six years and 364 days), <input type="checkbox"/> Talipes equinovarus (clubfoot)	

