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

PHILHEALTH CIRCULAR

No. 2018 - 0021

TO : PHILHEALTH ACCREDITED HEALTH CARE INSTITUTIONS (HCI) AND PROFESSIONALS, PHILHEALTH MEMBERS, PHILHEALTH HEAD OFFICE REGIONAL OFFICES and BRANCHES, LOCAL HEALTH INSURANCE OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Enhancement of PhilHealth Newborn Care Package

I. RATIONALE

The National Health Insurance Act of 2013 [Republic Act (RA) 7875 as amended by RA 9241 and RA 10606] declares that "the State shall provide comprehensive health care services to all Filipinos through a socialized health insurance program that will prioritized the health needs of the underprivileged, sick, elderly, persons with disabilities, women and children". Thus PhilHealth aims to provide all Filipinos with mechanism to have financial access to essential health services.

In 2014, The National Comprehensive Newborn Screening System has expanded the screening panel of disorders from six (6) to 28 (and more) disorders pursuant to Department of Health Administrative Order No. 2014-0045 "Guidelines on the Implementation of the Expanded Newborn Screening Program". However, the extra cost of the screening was borne by the families as the current NCP only covers the six-panel test.

Cognizant of its role to provide financial risk protection, PhilHealth through Board Resolution 2365, s-2018 approved the enhanced Newborn Care Package that will cover the expanded newborn screening.

II. OBJECTIVES

This Circular aims to increase the PhilHealth-covered essential health services for the newborns by including the expanded newborn screening among the services under the Newborn Care Package.

III. SCOPE AND COVERAGE

This Circular shall define policies and procedures on the implementation of the Newborn Care Package. This Circular shall apply to all accredited health care institutions (HCI) that perform deliveries and provide newborn care such as hospitals, infirmaries/dispensaries and birthing homes/lying-in clinics.

IV. DEFINITION OF TERMS

Newborn Care Package – a PhilHealth benefit package for essential health services of the newborn during the first few days of life. It covers essential newborn care, newborn screening and hearing screening tests.

V. GENERAL GUIDELINES

A. The Newborn Care Package shall cover infants born in accredited health care institutions and shall be availed of upon delivery.

B. The amount of Package shall be Php 2,950.00 and new Package Code shall be **99460** with the following details:

Newborn Care Package	
Package Code: 99460 **Description:** Initial hospital or birthing center care for evaluation and management of normal newborn infant	
Package Rate:	**Php 2,950.00**
Components:	
Supplies for Essential Newborn Care (ENC) such as Vitamin K, eye ointment, vaccines for hepatitis B and BCG	500.00
Professional Fee	500.00
Expanded Newborn Screening Test (ENBS) ***see Annex A for the list of the complete panel**	1,750.00
Newborn Hearing Screening Test (NHST)	200.00

C. The services for Essential Newborn Care shall include:
   1. Immediate drying of the baby;
   2. Early skin to skin contact;
   3. Timely cord clamping;
   4. Non-separation of mother/baby for early breastfeeding initiation;
   5. Giving of eye prophylaxis;
   6. Vitamin K administration;
   7. Weighing of the baby;
   8. First dose of hepatitis B Vaccine; and
   9. First dose of BCG Vaccine.

D. All services of essential newborn care and expanded newborn screening shall be provided prior to discharge. Claims with incomplete ENC and ENBS services shall be denied.

E. The filter card sticker from the newborn screening kit shall be attached to claims. The filter card number shall be encoded and transmitted along with other requirements of electronic claims submission.

F. If newborn hearing screening test is done, documentation shall be required upon submission of claims.

G. Behavioral reflexive tests for hearing such as Tuning Fork test, Penlight Visual examination method and other indigenous methods are not compensable as newborn hearing screening tests under the Newborn Care Package.

H. The newborns should stay in the facility for at least 24 hours after birth except those who warrant immediate referral to a higher-level facility.

I. No Balance Billing (NBB) policy (PhilHealth Circular 2017-006) shall apply.

J. As stated in PhilHealth Circular 09, s-2014 (ACR Policy No. 3 -Additional List of Medical Conditions for Hospitals, New Rates for Selected Case Rates in Primary Care Facilities, Infirmaries-Dispensaries, and Clarification of Existing Rules on All Case Rates), newborns

delivered in hospitals and managed for other morbid conditions (i.e. newborn sepsis, congenital pneumonia) may also claim for NCP as second case rate for health services provided to the newborn.

VI. CLAIMS FILING

A. Health Care Institutions shall submit the claims electronically according to the PhilHealth e-claims guidelines.

B. The eligibility of either of the parents as principal members to avail of PhilHealth benefits is automatically conferred to the newborn. The HCI shall check their eligibility through Claim Eligibility Web Service (CEWS).

C. If eligible, properly and correctly accomplished PhilHealth Membership Registration Form (PMRF) shall be attached to the claim for updating of the member's profile. Claims without the PMRF shall be returned.

D. The Newborn Screening (NBS) filter card number shall be encoded and transmitted as part of electronic claims while the filter card sticker shall be attached to the lower right portion of the Claim Signature Form (CSF) as illustrated on Annex B. Claims that lack any of the two shall be denied. The filter card number shall be verified with the Newborn Screening Reference Center (NSRC). Claims with unregistered filter card number shall be denied while those with inconsistencies shall be returned to the facility.

E. If the newborn hearing screening test is done, the result of the test shall be attached to the claim (Annex C). Likewise, the result of the test (pass or refer) shall be encoded in the electronic claim form. Claims without the said results shall automatically have a deduction of Php 200 which is equivalent to the NHST component.

F. Starting July 1, 2019 (date of admission) claims with Newborn Hearing Screening Test shall also have an attached copy of Newborn Hearing Registry Card (Blue Form) as shown on Annex E. The registry number shall also be included during submission of electronic claims. Claims without any of them shall have a deduction of Php 200 which is equivalent to the NHST component.

G. The documents required as attachment for claims are listed on Annex F of this Circular.

H. Processing of claims for confinement abroad shall follow the existing rules and guidelines. The newborn screening filter card number and the newborn hearing screening registry number shall no longer be required for these types of claims.

VII. TRANSITION PERIOD FOR 6-PANEL NEWBORN SCREENING

Newborn Care Package with the **6-panel newborn screening** shall be claimed using the package code of **99432**. Claims shall be paid with the old rate (Php 1,750.00 or Php 1,550.00 whichever is applicable). However, starting **May 1, 2019** all infants born in accredited facilities shall be tested for expanded newborn screening panel. Consequently from thereon, claims with 6- panel test shall be denied. For clarification, several scenarios are elucidated in Annex F of this Circular.

VIII. MONITORING AND EVALUATION

The benefits delivery shall be anchored on PhilHealth Health Care Provider Performance Assessment System. All beneficiaries of the package who received newborn screening test shall be registered by the providers in the Newborn Screening Registry maintained by the NSRC while those with claims for newborn hearing screening shall be registered in the newborn hearing screening registry. The said registries shall be used as reference during monitoring.

IX. REPEALING CLAUSE

This Circular amends Sections VII and X of PhilHealth Circular 25-2015 (Social Health Insurance Coverage and Benefits of Women About to Give Birth Revision 1).

Provisions of other previous issuances inconsistent with this PhilHealth Circular are hereby amended, modified or repealed accordingly. All other rules and guidelines not contrary to this Circular shall remain in full force and in effect.

X. EFFECTIVITY

This circular shall take effect after 15 days following its publication in any newspaper of general circulation. It shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

XI. ANNEXES

Annex A - List of Disorders Included in the Expanded Newborn Screening Panel

Annex B - Sample Claim Signature Form (CSF) with Newborn Screening Filter Card Sticker

Annex C - Sample of Newborn Hearing Screening Results

Annex D - Sample of Newborn Hearing Screening Registry Card

Annex E - Table of Scenarios During Transition Period for the 6-Panel Newborn Screening Test

Annex F - Summary of Documents Required as Attachment to Newborn Care Package Claims

ROY B. FERRER, MD, MSc
Acting President and CEO

Date signed: 12/13/18

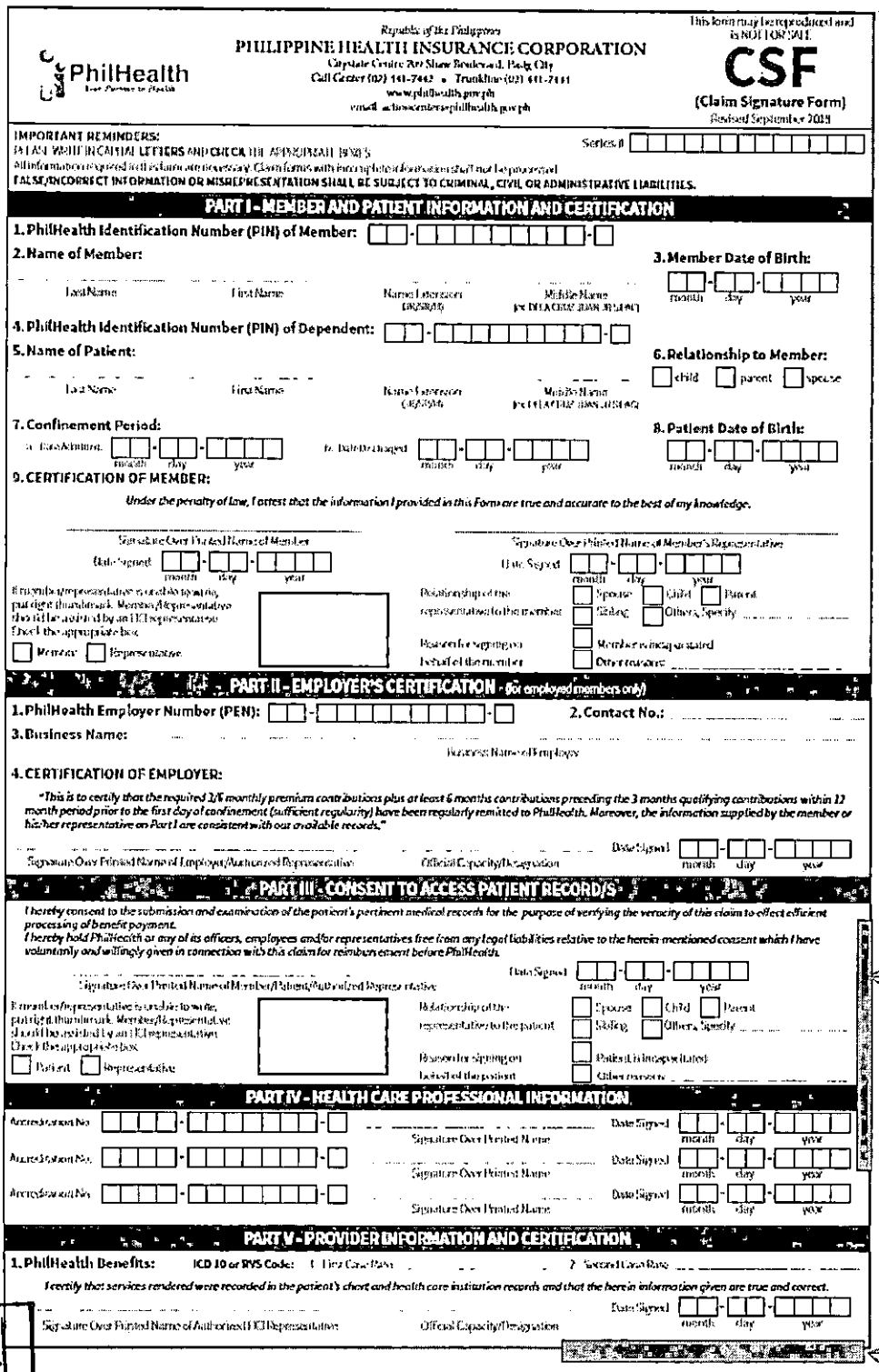
MASTER COPY
DC: mgs Date: 12/14/18

Annex A. List of Disorders Included in the Expanded Newborn Screening Panel (as of August 28, 2018)

Disorder Group	Disorder	Abbreviation	Metabolite Tested
Endocrine Disorder	Congenital Hypothyroidism	CH	Thyroid Stimulating Hormone (TSH)
	Congenital Adrenal Hyperplasia	CAH	17-hydroxy- progesterone (17 a-OHP)
Amino Acid Disorder	Homocystinuria	HCY	Methionine
	Hypermethioninemia/ Methionine Adenosine Transferase Deficiency	MAT	Methionine
	Maple Syrup Urine Disease	MSUD	Leucine
	Phenylketonuria	PKU	Phenylalanine
	Tyrosinemia Type I, II		Tyrosine
Fatty Acid Disorder	Camitine Palmioyltransferase I Deficiency	CPT 1	Camitine Palmioyltransferase I
	Camitine Palmioyltransferase II Deficiency	CPT 2	Hexadecanoylcarnitine
	Camitine Uptake Deficiency	CUD	Free carnitine
	Glutaric Acidemia Type II	GA II	Butyrylcarnitine
	Long Chain Hydroxyacyl- CoA Dehydrogenase Deficiency	LCHAD	Hydroxyhexadecanoylcarnitine (AC16OH)
	Medium Chain Hydroxyacyl-CoA Dehydrogenase Deficiency	MCAD	Octanoylcarnitine
	Short Chain Hydroxyacyl- CoA Dehydrogenase Deficiency	SCAD	Butyrylcanitine
	Very Long Chain Hydroxyacyl-CoA Dehydrogenase Deficiency	VLCAD	Tetradecanoylcarnitine
Organic Acid	3- Methylcrotnyl CoA Carboxylase Deficiency	3MCC	Hydroxyisovalerylcarnitine (AC5- OH)
	Glutaric Acidemia Type I	GA I	Glutarylcarnitine
	Isovaleric Acidemia	IVA	Isovalerylcarnitine
	Methylmalonic Acidemia	MMA	Propionylcarnitine
	Multiple Carboxylase Deficiency	MCD	Hydroxyisovalerylcarnitine
	Propionic Acidemia	PA	Propionylcarnitine
Urea Cycle Defect	Citrullinemia	CIT	Citrulline
Cystic Fibrosis	Cystic Fibrosis	CF	Immunoreactive Trypsine (IRT)
Hemoglobinopathies	Alpha Thalassemia	HgB	Hemoglobin
	Beta Thalassemia		
	Hemoglobin C		
	Hemoglobin D		
	Hemoglobin E		
Biotinidase Deficiency	Biotinidase Deficiency	BTND	Biotinidase
Others	Galactosemia	GAL	Total Galactose
	Glucos-6- Phosphate Dehydrogenase Deficiency	G6PD Def	G6PD enzyme activity

Source: Newborn Screening Reference Center

Annex B. Sample of Claims Summary Form



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CSF
(Claim Signature Form)
Revised September 2019

IMPORTANT REMINDERS:
PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES
All information required in this claim 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 (JR/SR/III), Middle Name (or MAIDEN NAME if FEMALE))
3. Member Date of Birth: (month - day - year)
4. PhilHealth Identification Number (PIN) of Dependent:
5. Name of Patient: (Last Name, First Name, Name Extension (JR/SR/III), Middle Name (or MAIDEN NAME if FEMALE))
6. Relationship to Member: child / parent / spouse
7. Confinement Period: a. Date Admitted; b. Date Discharged
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's representative is unable to write, put right thumbmark. Member's Representative should be assisted by an HCI 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 - (for employed members only)

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 2/4 monthly premium contributions plus at least 6 months contributions preceding the 3 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's representative is unable to write, put right thumbmark. Member's Representative should be assisted by an HCI 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 RVS 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 HCI Representative | Official Capacity/Designation | Date Signed (month - day - year)

Attach filter card sticker in any of these areas

MASTER COPY Date: 12/14/18 DC: mjs

Annex C. Sample of Newborn Hearing Screening Official Result

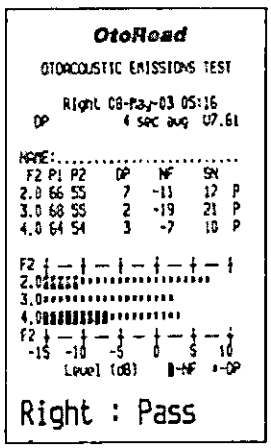
Form No. _____

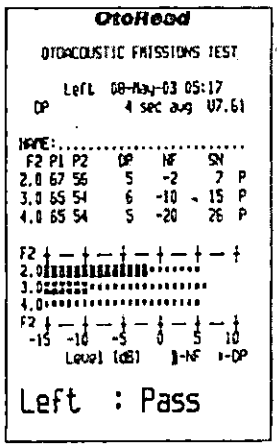
NAME OF NEWBORN HEARING SCREENING CENTER
ADDRESS, CONTACT NO., EMAIL

OTOACOUSTIC EMISSIONS (OAE)
OR
AUTOMATED AUDITORY BRAINSTEM RESPONSE (AABR)
Hearing Screening Results

Name of Patient: _____ Age/Sex: _____
Address & Tel. No.: _____ Date of Birth: _____
Referring Doctor: _____ Date Tested: _____ NHSRC Registry No.: _____

The hearing screening test was done using otoacoustic emissions (OAE) *or automated auditory brainstem response* test. Below are the results, please do not hesitate to get in touch with us if you have any question regarding the screening procedure or the results.





	* PASS	**REFER
RIGHT EAR:	X	
LEFT EAR:	X	

COMMENTS: _____

*PASS: Means that the hearing pathway from the ear canal to the cochlea is intact. This usually suggests normal development of speech and language unless there are other problems.

**REFER: Means that further evaluation and testing is needed to make sure that there is no hearing impairment. Earwax or a baby who is very active during the test may lead to a 'REFER' result. We recommend a repeat screen in 1-3 months time.

PLEASE SHOW THE RESULTS TO YOUR PHYSICIAN. Even if your baby passed the test, your child's doctor will decide whether a re-screen is needed (if your child is high risk for hearing loss) or if further evaluation is required.

PLEASE BE ADVISED THAT IT IS IMPORTANT TO CONSULT YOUR CHILD'S DOCTOR IF THERE IS ANY CHANGE OR PROBLEMS REGARDING YOUR CHILD'S HEARING.

MASTER COPY
DC: mjs Date: 12/14/18

_____
Consultant
Section of Audiology

_____
Screener
(Signature Over Printed Name)

Reference: Revised Manual of Operations of RA 9709, 2016

Annex D. Newborn Hearing Screening Reference Card

NEWBORN HEARING SCREENING | PATIENT CODE | FACILITY CODE

HEARING SCREENING CENTER
Name: _____
Address: _____

PHILHEALTH: ☐YES ☐NO | PHILHEALTH NO.: _____

DATE OF BIRTH: M M / D D / Y Y Y Y
TIME OF BIRTH: _____ pm/am BIRTH ORDER: _____

GENDER: ☐ Male ☐ Female

DATE OF SCREENING: M M / D D / Y Y Y Y

TYPE OF SCREENING: ☐ Initial ☐ Rescreen: _____ DATE

METHOD OF SCREENING: ☐ OAE ☐ AABR ☐ Others: _____

RESULT:	RIGHT	LEFT
Pass	☐	☐
Refer	☐	☐
Not Performed	☐	☐

BIRTH WEIGHT: _____ grams
GESTATION AGE: _____ weeks

RISK FACTORS FOR HEARING LOSS:
- ☐ 1 Hyperbilirubinemia requiring transfusion
- ☐ 2 Ventilation > 48 hours
- ☐ 3 NICU admission >48 hours
- ☐ 4 Ototoxic medication
- ☐ 5 Family history of permanent childhood hearing loss
- ☐ 6 Craniofacial anomalies with deformed pinna or ear canal
- ☐ 7 Features associated with syndrome? _____
- ☐ 8 In-utero infections? _____
- ☐ 9 NONE

NAME OF INFANT (if available): _____
NAME OF MOTHER: _____ (Last Name / First Name / Middle Name)
ADDRESS: _____ (House Number / Village / Barangay / City / Province)
PHONE: (_____) _____ **PHYSICIAN/DOCTOR:** _____

SCREENER
NAME: _____
SIGNATURE: _____

REGISTRY CARD NO: A0000307096

MASTER COPY
DC: mjs Date: 12/14/18

Annex E. Table of Examples to Illustrate Transition Period for the 6-Panel Newborn Screening Test

Scenario/Example:

Date of Publication of the Circular: December 20, 2018
Date of Effectivity of the Circular: January 5, 2019 (fifteen days after publication)
Last day of Transition Period: April 30, 2019

Newborn Services Performed	Date of Birth/Admission	Claims Filing	Remarks
• Complete Essential Newborn Care • Expanded Newborn Screening • Newborn Hearing Screening Test	December 20, 2018	File as Package Code 99432	Circular though published is not yet effective.
• Complete Essential Newborn Care • 6-panel Newborn Screening • Newborn Hearing Screening Test	December 20, 2018	File as Package Code 99432	Circular though published is not yet effective.
• Complete Essential Newborn Care • Expanded Newborn Screening • Newborn Hearing Screening Test	January 5, 2019	File as 99460	Circular is effective by January 5, 2019.
• Complete Essential Newborn Care • 6-panel Newborn Screening • Newborn Hearing Screening Test	January 5, 2019	File as 99432	Transition Period Although Circular is effective, only 6-panel NBS was done.
• Complete Essential Newborn Care • 6-panel Newborn Screening • Newborn Hearing Screening Test	April 30, 2019	File as 99432	Last day of Transition Period Only 6-panel NBS was done.
• Complete Essential Newborn Care • 6-panel Newborn Screening • Newborn Hearing Screening Test	May 1, 2019	Deny claim	Claims with 6-panel test shall be denied. All newborns should be tested for expanded NBS starting May 1, 2019.
• Complete Essential Newborn Care • Expanded Newborn Screening • Newborn Hearing Screening Test	May 1 , 2019	File as 99460	All newborns should be tested for expanded NBS starting May 1, 2019

Annex F. Summary of Documents Required as Attachment to Newborn Care Package Claims

1. Claims Signature Form (CSF) with attached Filter Card Sticker
2. Properly and correctly accomplished PhilHealth Membership Registration Form (PMRF)
3. Claim Form 2 – If applicable
4. Statement of Account
5. Result of Newborn Hearing Screening Test – If applicable
6. Newborn Hearing Screening Registry Card (Blue Form) – If applicable, starting June 1, 2019