

CLARIFICATION ON PHILHEALTH'S NEWBORN CARE PACKAGE AND NORMAL SPONTANEOUS DELIVERY AND MATERNITY CARE PACKAGE

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A. NEWBORN CARE PACKAGE (Circular Nos. 24 s. 2006 and 20 s. 2007)

1) Newborn Care Package (NCP) may be availed by any qualified PhilHealth dependent delivered in accredited hospitals and non-hospital facilities for MCP that are certified as a newborn screening facility.

- a. Qualified dependents include babies delivered via cesarean section, breech extraction or vaginal deliveries.
- b. Claim for NCP is independent from the mother's claim for delivery.
 - i. Therefore, a claim can be filed for a baby's NCP even if the mother's delivery is not covered by PhilHealth. For this reason, babies of 5th and subsequent normal deliveries are also qualified for NCP.
 - ii. Baby's claim need not be attached to mother's claim for delivery.
 - iii. Moreover, the only required premium for dependents of Employed and Individually Paying members is three (3) months of contribution within the immediate six (6) months prior to delivery.

2) Newborn screening test, BCG and Hepatitis B immunization may be given on outpatient basis since normal newborn babies can be sent home as soon as possible.

- a. The following are considered as incomplete provision of services: 1) Immunization done in private doctors' clinics and 2) Newborn screening test done in another facility. In these cases, the member may be advised to file directly with PhilHealth.
- b. The claims for NCP must only be submitted after completion of provision of said required services (newborn screening test, BCG and Hepatitis B immunization) if provided in RHU.

3) Resuscitation is a series of actions (e.g., suctioning, administration of oxygen) to establish normal breathing, heart rate, color, tone and response of an infant with an abnormal vital signs or low Apgar score.

- a. Normal babies require no resuscitation.
- b. Resuscitation is required only for newborns with abnormal breathing 1 minute after delivery or newborns with Apgar scores below 7. If performed, resuscitation of the newborn should be included in Part IV c item No. 3 of PhilHealth Claim Form 2.

4) Claims for NCP are exempted from the submission of Statement of Accounts.

5) Since home deliveries are not covered for NSD, MCP or Newborn Care Package, members are advised to deliver only in PhilHealth-accredited facilities.

6) Rural Health Units and Health centers are encouraged to apply for a separate accreditation as a provider of the maternity care package so they can be reimbursed expenses for the MCP and NCP.

B. NORMAL SPONTANEOUS DELIVERY AND MATERNITY CARE PACKAGE (Circular No. 20 s. 2008)

1) Normal Spontaneous Delivery (NSD) Package is the benefit provided by PhilHealth for the coverage of normal deliveries of the first four births in accredited hospitals. On the other hand, PhilHealth benefit for the coverage of the first four births in accredited non-hospital facilities (e.g., lying-in clinics, birthing homes, midwife-managed clinics) is termed Maternity Care Package or MCP.

2) With the implementation of the extended coverage of normal deliveries of the first four births, the case rate for the NSD and Maternity Care Package remains the same at 4,500 pesos per case including 2,000 pesos for professional fee in accredited hospitals.

3) Maternity Care Package covers the following services: prenatal care, delivery, post-partum care and family planning. Newborn care services that are previously covered by the MCP may now be covered separately thru the Newborn Care Package as per PhilHealth Circular No. 20 series of 2007.

C. ERRATUM

1) The Relative Value Unit for the treatment of incomplete abortions that are completed surgically (RVS Code 59812) remains at 40 and not 60 as listed in PhilHealth Circular No. 20 series of 2008.

CODE DESCRIPTIVE TERMS

RVU 59812 Treatment of incomplete abortion completed surgically 40

The provisions of previous Circulars, Office Orders and other related issuances that are not inconsistent with any provisions of this Circular remain in effect.

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(SGD.) DR. REY B. AQUINO

President and CEO

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