

**[ PHIC PHILHEALTH CIRCULAR NO. 09, S. 2004,  
March 12, 2004 ]**

**AMENDMENT TO PHILHEALTH CIRCULAR NO. 24 & 25, SERIES OF  
2003**

1. Pregnancy-related cases covered by the sufficient regularity rule for Individually Paying Program (IPP) members include all primary conditions with the following ICD-10 codes:

- O30.0 Twin pregnancy
- O30.9 Multiple gestation, unspecified
- O40 Polyhydramnios
- O47 False labour
- O48 Prolonged pregnancy
- O80 Single spontaneous delivery
- O81 Single delivery by forceps and vacuum extractor
- O82.0 Delivery by elective caesarean section (Repeat CS not otherwise specified)
- O82.8 Other single delivery by caesarean section
- O82.9 Delivery by caesarean section, unspecified
- O83 Other assisted single delivery
- O84 Multiple delivery

2. All claims for medically necessary care of the newborns of mothers covered by the NSD package in hospitals shall be reimbursable and classified as an ordinary medical case type. The following are considered as "medically necessary":

- a. Cord care
- b. Care to prevent eye infections
- c. Care to prevent bleeding problems
- d. Care for babies at risk for infection
- e. Care for babies at risk for blood sugar abnormality
- f. Nationally accepted screening tests for inborn errors of metabolism

Note: Currently no test (letter f) is compensable as there has been no declaration of national acceptance for any screening tests. Only upon the declaration of national acceptance and as concurred and acknowledged by PhilHealth shall any test/s be covered.

Claim applications for newborn care shall be attached to the mother's claim for the