



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

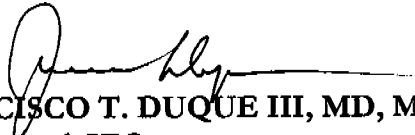
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TO : ALL ACCREDITED PROFESSIONAL AND
INSTITUTIONAL HEALTH CARE PROVIDERS,
CLAIMS PROCESSING DEPARTMENTS – NATIONAL
CAPITAL REGION AND PHILHEALTH REGIONAL
OFFICES AND ALL OTHERS CONCERNED

SUBJECT : PRESCRIBING THE GROUND RULES FOR
RELATIVE VALUE SCALE (RVS) 2001

To properly guide all concerned in the implementation of the **Relative Value Scale (RVS) 2001**, PhilHealth hereby prescribe its ground rules for your reference and perusal.

Attached please find said ground rules for your strict compliance.


FRANCISCO T. DUQUE III, MD, MSc
President and CEO

GROUND RULES FOR RELATIVE VALUE SCALE (RVS) 2001

A. GENERAL:

1. The relative value units, code numbers, and procedural terminologies listed in the Relative Value Scale 2001 are for application by the Philippine Health Insurance Corporation. The RVU Oversight Committee shall continuously update the scale.
2. Operating room and anesthesia record/s shall at all times be mandatory for all surgical procedures being claimed. All claims filed with lacking documentary requirements shall be returned to hospital for completion and should be complied within 60 days from receipt.
3. Only procedures listed in the Relative Value Scale 2001 manual shall be compensated. All other procedures not listed therein shall not be reimbursed unless approved by the Corporation as addendum to the scale. On the other hand, procedures included in the scale maybe delisted if found non-compensable by the Corporation after diligent studies.

B. SURGEON'S FEE AND SERVICES COVERED:

1. The peso equivalent per relative value unit (RVU) of the surgical procedure shall be 40 pesos.
2. Any operation with a unit value above 400 shall be paid the maximum of 16,000 pesos.
3. All payments for professional fee are governed by the rule of single period of confinement/ per availment.
4. Two or more surgical procedures done in one sitting or through a single incision performed by one or more physicians shall be compensated using the procedure with the highest value unit.
5. All surgeries performed on different dates shall be compensated at their respective value units but the total amount should not surpass the benefit cap set by the Corporation.
6. PhilHealth compensation for the listed procedures shall cover the various services (preoperative, intraoperative, and postoperative) associated with the operation.

Specifically, services included in this global surgical package when provided by the physician who performs the surgery are: preoperative visits before the surgery; intraoperative services that are normally a usual and necessary part of a surgical procedure, postoperative services provided by the surgeon within *90 days* of the surgery and follow-up visits provided during this time by the surgeon that are related to recovery from the surgery.

Postoperative services identified as part of the global package are:

- a. Dressing changes;
- b. Local incision care;
- c. Removal of operative packs, removal of cutaneous sutures, staples, lines, wires, tubes, drains, casts, and splints;
- d. Insertion, irrigation, and removal of urinary catheters;
- e. Routine peripheral intravenous lines and nasogastric and rectal tubes, and;
- f. Change and removal of tracheostomy tubes.

7. Separate payment is allowed for co-management of the patient when treatments of complications require expertise beyond that of the surgeon.

C. ANESTHESIOLOGIST'S FEE:

1. For the anesthesiologist, the fee shall be 30% of the surgeon's fee, the maximum of which is 5,000 pesos. The payment for postsurgical pain management shall be included in the anesthesiologist's fee.

D. OPERATING ROOM FEE:

1. Payment for Operating Room fee shall be as follows:

Relative Value Unit (RVU)	Primary Hospital	Secondary Hospital	Tertiary Hospital
RVU of 30 and below	P385	P670	P1,060
RVU of 31 to 80	--	P1,140	P1,350
RVU of 81 and above	--	P2,160	P3,490

E. CASE TYPING:

1. Surgical procedures shall be classified as follows:

- a. **Ordinary** : procedures with RVU of **80 and below**
- b. **Intensive** : procedures with RVU of **81 – 200**
- c. **Catastrophic** : procedures with RVU **above 201**

2. For multiple surgical procedures, case type shall be based on the procedure with the highest Relative Value Unit (RVU).

3. In situations where the case type for the surgical procedures and medical diagnoses are not consistent, the higher case type shall prevail.