

Revision of Cataract Pre-Surgery Authorization Checklist (CPSA) Adult Cataract

To ensure adherence to the updated guidelines, PhilHealth hereby informs all accredited healthcare providers and healthcare professionals of the recent revision to the Cataract Pre-Surgery Authorization (CPSA) Adult Cataract Checklist.

Please be reminded that all healthcare professionals are strictly prohibited from engaging in any form of unethical practices for the purpose of claiming reimbursement for cataract surgeries. Any violation of this policy will result in appropriate sanctions and penalties.

The revised CPSA checklist is provided in Annex A.

For assistance or more information, please contact the PhilHealth Action Center at (02) 8662-2588 or visit any PhilHealth Regional Office or Local Health Insurance Office.

(Sgd.) EDWIN M. MERCADO, MD, MHA, MMSc
Acting President and Chief Executive Officer

	Republic of the Philippines PHILIPPINE HEALTH INSURANCE CORPORATION Citystate Centre, 709 Shaw Boulevard, Pasig City (02) 8441-7442 www.philhealth.gov.ph PhilHealthOfficial teamphilhealth	
Part II. Non-Clinical Information		
1. Date of contemplated operation (day/month/year)		
2. Name and address of hospital/ASC	Accreditation number:	
3. Name of PhilHealth accredited physician	Accreditation number: Contact no/s:	
4. Contact number/s of patient or relative		
5. Mode of referral/contact (pls. check appropriate box)	<input type="checkbox"/> Walk-in <input type="checkbox"/> Referred by another physician <input type="checkbox"/> Referred by another health professional <input type="checkbox"/> Referred by family/relatives <input type="checkbox"/> Others, please specify: _____	
6. Name of physician who evaluated this patient		
7. Name of physician who will perform follow-up on this patient.		
8. Patient is to be operated in a mission activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I hereby certify that the above-mentioned information is true and correct. <i>Further, I declare that I did not engage in any form of unethical practices such as but not limited to recruitment of patients or engaging with seekers for purposes of claiming reimbursement from PhilHealth. I understand that any false statements made herein may result in the denial of this PhilHealth claim, and I may be subject to administrative, criminal, or civil liability as provided by law.</i>		
Printed name & signature of PhilHealth-accredited physician who will perform the procedure	Printed name & signature of Patient	Date accomplished

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Annex A		
Date: _____		
Patient: _____ <small>(Surname) (First name) (Middle name)</small>	Birthday (mm/dd/yy): _____	
Address of Patient: _____	Phone: _____	
Name of PhilHealth Member: _____	PhilHealth ID no. _____	
PhilHealth membership category (pls. check appropriate box)		
DIRECT CONTRIBUTOR <input type="checkbox"/> Employed Private <input type="checkbox"/> Employed Government <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Self Earning Individual <input type="checkbox"/> Foreign National <input type="checkbox"/> Kasambahay <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Lifetime Member <input type="checkbox"/> Filipino with Dual Citizenship <input type="checkbox"/> Family Driver	INDIRECT CONTRIBUTOR <input type="checkbox"/> Listahanan <input type="checkbox"/> 4Ps/MCCT <input type="checkbox"/> Senior Citizen <input type="checkbox"/> PAMANA <input type="checkbox"/> KIA/KIPO <input type="checkbox"/> LGU-sponsored <input type="checkbox"/> NGA-sponsored <input type="checkbox"/> Private-sponsored <input type="checkbox"/> Person with Disability <input type="checkbox"/> Bangsamoro/Normalization	
Pre-Cataract Surgery Authorization Checklist (Adult Cataract)		
Part I. Clinical Information		
1. Presence of lens opacity	Please check appropriate box <input type="checkbox"/> Right eye <input type="checkbox"/> Left eye	
2. Complete Diagnosis		
3. Procedure		
4. Pre-operative Best Corrected Visual Acuity (BCVA)	Right Eye	Left Eye
5. Uncorrected Visual Acuity	Right Eye	Left Eye
6. Refraction	Right Eye	Left Eye
7. Cardio-pulmonary clearance done	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state reason/s.

*BCVA is the measure of best acuity while wearing corrective lenses.