



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
 Healthline 637-9999 www.philhealth.gov.ph



PHILHEALTH CIRCULAR

No. 16 series of 2008

TO: day ACCREDITED INSTITUTIONAL AND PROFESSIONAL HEALTH CARE PROVIDERS, MEMBERS OF THE NATIONAL HEALTH INSURANCE PROGRAM AND ALL OTHERS CONCERNED

SUBJECT: Implementation of PhilHealth Package for Voluntary Surgical Contraception Procedures

Pursuant to PhilHealth Board Resolution Number 919 series of 2006, tubal ligation and vasectomy procedures shall be paid on a case payment basis. The following are the rules on the new package:

A) Case Payment

- 1) This benefit uses case payment scheme wherein each voluntary surgical contraception procedure shall be paid a fixed amount of **4,000 pesos**.
- 2) Procedures covered under this package shall include:

RVS Code	Description
55250	Vasectomy, including no-scalpel vasectomy (NSV)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach

- 3) This new payment scheme applies to all accredited hospitals (primary, secondary and tertiary hospitals) and ambulatory surgical clinics (ASC), whether done in an outpatient or inpatient setup regardless of number of days of confinement.
- 4) Availment of this package shall be charged 1 day from 45-days limit per calendar year.

B) Coverage and Limitations

- 1) The case rate of 4,000 pesos is divided into two components:

COMPONENTS:	AMOUNT:
a) <u>Healthcare facility fee component</u> to cover all applicable health facility charges inclusive of any of the following: <ul style="list-style-type: none"> • Room and board • Drugs and medicines used during surgery or confinement • X-ray, laboratory and other ancillary procedures • Supplies used during surgery or confinement • Use of special rooms e.g., operating room, recovery room 	3,000 pesos
b) <u>Physician fee component</u> to cover any of the following: <ul style="list-style-type: none"> • Family planning counseling and client assessment • Intraoperative services including provision of anesthesia • Postoperative consultation within 90 days from day of surgery including dressing changes, local incision care, removal of sutures, management of complications that do not require hospitalisation 	1,000 pesos

- 2) No separate anesthesiologists' fees are covered by this package.
- 3) No additional payment shall be given for voluntary surgical contraception procedures performed with other PhilHealth-covered surgeries (e.g., tubal ligations performed with vaginal delivery or cesarean sections, prostatectomy with vasectomy).

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Philippine Health Insurance Corporation
 RECORDS & LIBRARY MNGT. SECTION
Maria Teresa A. Quiaoit *PS*
 Administrative Officer IV, Chief - RELMS
 Date: 7/16/08
CERTIFIED TRUE COPY

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C) Claims Filing

- 1) Facilities are required to submit the following:
 - a) PhilHealth Claim Forms 1 and 2;
 - b) Operating Room Record/Operative Technique, and;
 - c) Other documents required by PhilHealth such as Member Data Record (MDR), proof of premium payment, PhilHealth ID (see Circular 6 s. 2006).
- 2) Parts III, IV and V of PhilHealth Claim Form 2 shall no longer be filled up.
- 3) In cases where members are required by hospitals to buy drugs, medicines and supplies or requested to seek out other necessary services (laboratory procedures) from other facilities, reimbursement to members shall be allowed, provided that:
 - a) The facility cannot provide the necessary items and services covered by the benefit.
 - b) These items and services are used during day of surgery and/or confinement.
 - c) Official receipts and/or other purchase documents are submitted.
 - d) The reimbursement to members depends on the actual cost of the receipts submitted but not more than the difference between the maximum benefit and the facility reimbursement
 - e) The facility acknowledges that the cost of benefits and services it provided is less than the maximum benefit by appropriately filling-up item 12 of Part I of Form 2.
 - f) In such cases, facility is required to fill up Parts III, IV and V of PhilHealth Claim Form 2 and submit a copy of Statement of Account (SA).

D) Premium Requirements

- 1) Employed members and Individually Paying Members (IPM) enrolled by Organized Groups through the KaSAPI must have paid at least three (3) months of premium within the immediate six (6) months prior to the month of availment.
- 2) Individually Paying Members (IPM), including IPMs under the Group Enrollment Scheme, availing of these surgeries and procedures are required to comply with the rule on sufficient regularity of premium contributions: a member should have at least nine (9) months of premium payment within the immediate twelve (12) months prior to surgery or procedure.
- 3) Sponsored and Overseas Workers Program members are entitled to the package if the date of availment falls within the validity period of their membership as stated in the ID card/enhanced Member Data Record.
- 4) Non-paying members or their dependents shall be entitled to avail of the package upon presentation of members' PhilHealth ID.

E) Effectivity

- 1) The case payment for tubal ligation and vasectomy shall be implemented for all claims with availment or date of admission starting **October 1, 2008**.

The provisions of previous Circulars, Office Orders and other related issuances that are inconsistent with any provisions of this Circular are hereby revised or repealed accordingly,

For the information and guidance of all concerned.

Lorna O. Fajardo
LORNA O. FAJARDO
Acting President and CEO
Date signed: JUL 15 2008

