



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
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**PHILHEALTH CIRCULAR**

No. 28, s - 2009

**TO : ALL ACCREDITED HEALTH CARE PROVIDERS, MEMBERS OF PHILHEALTH, PHILHEALTH PERSONNEL AND ALL OTHERS CONCERNED**

**SUBJECT : Additional Procedures Requiring Nine Months of Premium Payment Prior to Availment of Individually Paying Members**

Pursuant to PhilHealth Board Resolution Number 1281 series of 2009, selected surgical procedures and services shall be added to the existing list of procedures requiring sufficient regularity of premium payment enumerated in the annex of *Circular No. 36 series of 2006*.

1. The newly listed procedures that shall require nine (9) months of premium payment twelve (12) months prior to the month of benefit availment is listed in the annex (*List of Additional Procedures and Services Requiring 9 Months of Premium Payment*) of this Circular.
2. This rule shall apply only to Individually Paying Members (IPM) and their dependents including IPM's under the Group Enrolment Scheme. Exempted from this rule are IPM's enrolled by Organized Groups through the KaSAPI Program.
3. This Circular shall take effect for all claims with admission dates starting **January 1, 2010**. The eligibility status of IPM's as per contribution history starting January 2009 shall be treated as follows:

CASE	1 <sup>st</sup> Quarter 2009	2 <sup>nd</sup> Quarter 2009	3 <sup>rd</sup> Quarter 2009	4 <sup>th</sup> Quarter 2009	Availment January 2010
A	Paid	Paid	Paid	Paid	Eligible
B	Paid	No payment	Paid	Paid	Eligible
C	Paid	Paid	Paid	No payment	Eligible
D	No payment	No payment	Paid	Paid	Not eligible

4. For multiple surgical procedures wherein 1 procedure is covered by the rule on sufficient regularity of premium payment, the required nine (9) months of premium payment prior to availment shall still apply.
5. The complete list of procedures, i.e., *the existing procedures of Circular 36, s-2006 plus the additional procedures listed in this Circular*, requiring sufficient regularity of premium payment for IPMs starting 1 January 2010 may be downloaded at the PhilHealth website: [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

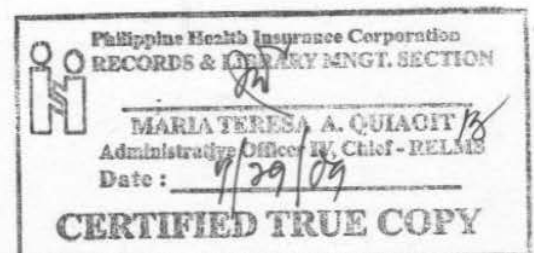
All other provisions of previous issuances remain in full force and effect.

Please be guided accordingly.

**DR. REY B. AQUINO**

President and CEO

Date signed: 9/29/09



## ANNEX

## LIST OF ADDITIONAL PROCEDURES AND SERVICES REQUIRING 9 MONTHS OF PREMIUM PAYMENT

CODE	DESCRIPTIVE TERM
15820	Blepharoplasty, lower eyelid
15822	Blepharoplasty, upper eyelid;
15823	with excessive skin weighting down lid
20520	Removal of foreign body in muscle or tendon sheath
29870	Arthroscopy, knee, diagnostic, w/ or w/o synovial biopsy
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29874	for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	synovectomy, limited (e.g., plica or shelf resection)
29876	synovectomy, major, two or more compartments (e.g., medial or lateral)
29877	debridement/shaving of articular cartilage (chondroplasty)
29879	abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling
30020	Drainage abscess or hematoma, nasal septum
31630	w/ tracheal or bronchial dilation or closed reduction of fracture
31636	diagnostic, (flexible or rigid), w/ placement of bronchial stents
31641	w/ destruction of tumor or relief of stenosis by any method other than excision (e.g., laser)
31643	w/ placement of catheters for intracavitary radioelement application
46250	Hemorrhoidectomy, external, complete
46255	Hemorrhoidectomy, internal and external, simple;
46257	w/ fissurectomy
46258	w/ fistulectomy, w/ or w/o fissurectomy
46260	Hemorrhoidectomy, internal and external, complex or extensive;
46261	w/ fissurectomy
46262	w/ fistulectomy, w/ or w/o fissurectomy
47560	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy
47561	with guided transhepatic cholangiography, with biopsy
47562	cholecystectomy (any method)
47563	cholecystectomy with cholangiography
47564	cholecystectomy with exploration of common duct
47570	cholecystoenterostomy
47600	Cholecystectomy;
47605	w/ cholangiography
47610	Cholecystectomy w/ exploration of common duct;
47612	w/ choledochenterostomy
47620	w/ transduodenal sphincterotomy or sphincteroplasty, w/ or w/o cholangiography
49495	Repair initial inguinal hernia, under age 6 months, w/ or w/o hydrocelectomy; reducible
49496	incarcerated
49497	strangulated
49500	Repair initial inguinal hernia, age 6 months to under 5 years, w/ or w/o hydrocelectomy; reducible
49501	incarcerated
49502	strangulated
49505	Repair initial inguinal hernia, age 5 years or over; reducible
49507	incarcerated
49509	strangulated
49520	Repair recurrent inguinal hernia, any age; reducible
49521	incarcerated
49522	strangulated
49525	Repair inguinal hernia, sliding, any age
49540	Repair lumbar hernia
49550	Repair initial femoral hernia, any age, reducible;
49553	incarcerated
49554	strangulated
49555	Repair recurrent femoral hernia; reducible
49557	incarcerated
49558	strangulated
49560	Repair initial incisional hernia; reducible
49561	incarcerated
49562	strangulated
49565	Repair recurrent incisional hernia; reducible
49566	incarcerated

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CODE	DESCRIPTIVE TERM
49567	strangulated
49570	Repair epigastric hernia (e.g., preperitoneal fat); reducible
49572	incarcerated
49573	strangulated
49580	Repair umbilical hernia, under age 5 years; reducible
49582	incarcerated
49583	strangulated
49585	Repair umbilical hernia, age 5 years or over; reducible
49587	incarcerated
49588	strangulated
49590	Repair spigelian hernia
49600	Repair of small omphalocele, w/ primary closure
49605	Repair large omphalocele or gastroschisis; w/ or w/o prosthesis
49606	w/ removal of prosthesis, final reduction and closure, in operating room
49610	Repair of omphalocele (Gross type operation); first stage
49611	second stage
49650	Laparoscopy, surgical; repair of initial inguinal hernia
49651	repair of recurrent inguinal hernia
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, w/ or w/o dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50590	Lithotripsy, extracorporeal shock wave
52649	High intensity focused ultrasound (HIFU) of the prostate including transurethral resection of the prostate (TURP)
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy i.e. Transurethral Microwave Thermotherapy (TUMT)
53852	by radiofrequency ablation i.e., Transurethral Needle Ablation (TUNA), transurethral laser incision of the prostate (TULIP)
55859	Transperineal placement of needles, catheters or pellets into prostate for interstitial radioelement application, with or without cystoscopy, ultrasound or CT scan guidance
55873	Cryosurgical ablation of the prostate (cryotherapy of the prostate)
57155	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy
57510	Cauterization of cervix; any method
58346	Insertion of heyman capsules for brachytherapy
58555	Hysteroscopy, diagnostic
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	with lysis of intrauterine adhesions (any method)
58560	with division or resection of intrauterine septum (any method)
58561	with removal of leiomyomata
58562	with removal of impacted foreign body
58563	with endometrial ablation (e.g., endometrial resection, electrosurgical ablation thermoablation)
58565	with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
59525	Subtotal or total hysterectomy after cesarean delivery
59612	Vaginal delivery only, after previous cesarean delivery (w/ or w/o episiotomy)
59814	Manual vacuum aspiration for spontaneous abortion
60240	Thyroidectomy, total or complete
60252	Thyroidectomy, total or subtotal for malignancy; w/ limited neck dissection
60254	w/ radical neck dissection
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid
60270	Thyroidectomy, including substernal thyroid gland; sternal split or transhoracic approach
60271	cervical approach
65760	Keratomeiosis
66825	Repositioning of intraocular lens prosthesis, requiring an incision
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) w/ corneo-scleral section, w/ or w/o iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	Removal of lens material; aspiration technique, one or more stages
66850	phacoemulsification technique (mechanical or ultrasonic) (e.g., phacoemulsification), w/ aspiration
66852	pars plana approach, with or without vitrectomy
66920	intracapsular
66930	intracapsular, for dislocated lens
66940	extracapsular
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal



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CODE	DESCRIPTIVE TERM
67010	subtotal removal w/ mechanical vitrectomy
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
67025	Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), w/ or w/o aspiration
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
67030	Dissection of vitreous strands (w/o removal), pars plana approach
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)
67036	Vitrectomy, mechanical, pars plana approach;
67038	w/ epiretinal membrane stripping
67039	w/ focal endolaser photocoagulation
67040	w/ endolaser panretinal photocoagulation
67041	Vitrectomy, mechanical, pars plana approach; with internal limiting membrane (ILM) peeling
67042	with radial optic nerve neurotomy (RON)
67043	with sheathotomy for branch retinal vein occlusion
67044	with macular translocation (limited by retinotomy and/or scleral imbrication)
67045	with macular translocation (total)
67046	with removal of subretinal membranes
67047	with removal of choroidal neovascular membrane
67048	with endodrainage of subretinal hemorrhage (with or without tPA injection)
67049	with removal of dropped IOL
67050	with phacofragmentation for dropped lens material
67051	with internal tamponade with air, gas, silicone oil, perfluorocarbon liquid
67052	with insertion of scleral fixated intraocular lens, with or without anterior vitrectomy
67900	Repair of brow ptosis (supraciliary, midforehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material
67902	frontalis muscle technique with fascial sling (includes obtaining fascia)
67903	(tarso) levator resection or advancement, internal approach
67904	(tarso) levator resection or advancement, external approach
67906	superior rectus technique with fascial sling (includes obtaining fascia)
67908	conjunctivo-tarso-Muller's muscle-levator resection (Fasanella-Servat type)
67911	Repair of lid retraction (eyelid recession); without spacer
67912	Correction of lagophthalmos, with implantation of upper eyelid load
67914	Repair of ectropion: suture
67915	thermocauterization
67916	blepharoplasty, excision tarsal wedge
67917	blepharoplasty, extensive (e.g., Kuhnt-Szymanowski or tarsal strip operations)
67921	Repair of entropion; suture
67922	thermocauterization
67923	blepharoplasty, excision tarsal wedge
67924	blepharoplasty, extensive (e.g., Wheeler operation)
67950	Canthoplasty (reconstruction of canthus)
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	over one-fourth of lid margin
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage
67973	total eyelid, lower, one stage or first stage
67974	total eyelid, upper, one stage or first stage
67975	second stage
68330	Repair of symblepharon; conjunctivoplasty, without graft
68335	with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	division of symblepharon, with or without insertion of conformer or contact lens
75600	Aortography, thoracic, radiological supervision and interpretation
75625	Aortography, abdominal, radiological supervision and interpretation
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, radiological supervision and interpretation
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity, radiological supervision and interpretation
75650	Angiography, cervicocerebral, radiological supervision and interpretation
75658	Angiography, brachial retrograde, radiological supervision and interpretation

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**LIST OF ADDITIONAL PROCEDURES AND SERVICES REQUIRING 9 MONTHS OF PREMIUM PAYMENT**

CODE	DESCRIPTIVE TERM
75660	Angiography, external carotid, unilateral, selective, radiological supervision and interpretation
75662	Angiography, external carotid, bilateral, selective, radiological supervision and interpretation
75665	Angiography, cerebral, radiological supervision and interpretation
75671	Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation
75676	Angiography, carotid, cervical, unilateral, radiological supervision and interpretation
75680	Angiography, carotid, cervical, bilateral, radiological supervision and interpretation
75685	Angiography, vertebral, cervical and/or intracranial, radiological supervision and interpretation
75705	Angiography, spinal, radiological supervision and interpretation
75710	Angiography, extremity, unilateral, radiological supervision and interpretation
75716	Angiography, extremity, bilateral, radiological supervision and interpretation
75722	Angiography, renal, unilateral, radiological supervision and interpretation
75724	Angiography, renal, bilateral, radiological supervision and interpretation
75726	Angiography, visceral, radiological supervision and interpretation
75731	Angiography, adrenal, unilateral, radiological supervision and interpretation
75733	Angiography, adrenal, bilateral, radiological supervision and interpretation
75736	Angiography, pelvis, radiological supervision and interpretation
75741	Angiography, pulmonary, unilateral, radiological supervision and interpretation
75743	Angiography, pulmonary, bilateral, radiological supervision and interpretation
75746	Angiography, pulmonary, nonselective, radiological supervision and interpretation
75756	Angiography, internal mammary, radiological supervision and interpretation
75757	Angiography, fluorescein (eye)
75790	Angiography, arteriovenous shunt (e.g., dialysis patient), radiological supervision and interpretation
75801	Lymphangiography, extremity, unilateral, radiological supervision and interpretation
75803	Lymphangiography, extremity, bilateral, radiological supervision and interpretation
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation
75810	Splenoportography, radiological supervision and interpretation
75820	Venography, extremity, unilateral or bilateral, radiological supervision and interpretation
75825	Venography, caval, inferior, radiological supervision and interpretation
75827	Venography, caval, superior, radiological supervision and interpretation
75831	Venography, renal, unilateral, radiological supervision and interpretation
75833	Venography, renal, bilateral, radiological supervision and interpretation
75840	Venography, adrenal, unilateral, radiological supervision and interpretation
75842	Venography, adrenal, bilateral, radiological supervision and interpretation
75860	Venography, venous sinus (e.g., petrosal and inferior sagittal) or jugular, radiological supervision and interpretation
75870	Venography, superior sagittal sinus, radiological supervision and interpretation
75872	Venography, epidural, radiological supervision and interpretation
75880	Venography, orbital, radiological supervision and interpretation
75885	Percutaneous transhepatic portography, radiological supervision and interpretation
75889	Hepatic venography, radiological supervision and interpretation
77261	Therapeutic radiology treatment planning; simple, intermediate or complex, (Only one may be reported for a given course of therapy)
79000	Radiopharmaceutical (radioactive iodine) therapy
79005	Radiopharmaceutical ablation of gland for thyroid carcinoma or metastases of thyroid carcinoma
79200	Radiopharmaceutical therapy, by intracavitary administration
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration
79403	Radiopharmaceutical therapy, by radiolabeled monoclonal antibody by intravenous infusion
79440	Radiopharmaceutical therapy, by intra-articular administration
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), 1 or more phototherapy exposure session

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