



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

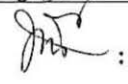
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Healthline 441-7442 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)



June 13, 2012

**PHILHEALTH CIRCULAR**

No. 030, s-2012

TO  : **ALL PHILHEALTH MEMBERS, ACCREDITED AND CONTRACTED HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES AND ALL OTHERS CONCERNED**

SUBJECT : **Case Type Z Benefit Package for Acute Lymphocytic (Lymphoblastic) Leukemia (ALL), Breast Cancer, Prostate Cancer and Kidney Transplant**

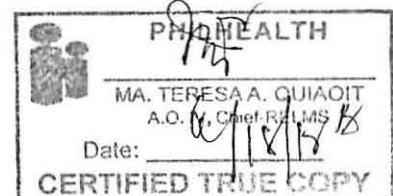
**I. BACKGROUND**

Pursuant to PhilHealth Board Resolution No. 1629 s. 2012, and PhilHealth Circular No. 029 s. 2012, "Governing Policies on PhilHealth Benefit Package for Case Type Z", the services and rates of the initial list of conditions under the Case Type Z benefit are hereby prescribed.

The illnesses and their stages/risk classification included in the initial implementation (phase 1) of the Case Type Z benefit are as follows: standard risk acute lymphocytic (lymphoblastic) leukemia (ALL) in children, early stage breast cancer, low to intermediate prostate cancer and end stage renal disease requiring kidney transplant (low risk).

**II. RULES FOR IDENTIFIED CASE TYPE Z**

- A. Only newly diagnosed cases of acute lymphocytic (lymphoblastic) leukemia in children, breast cancer and prostate cancer shall be covered under the benefit package. For kidney transplant, only those that fit the inclusion criteria enumerated shall be covered.
- B. The member must have paid at least three months of premium contributions within the immediate six months prior to the month of request for pre-authorization. For sponsored and OFW members and those individually paying members covered by a policy contract, the eligibility shall be based on the validity period of their membership cards/policy contracts.
- C. Pre-authorization from PhilHealth based on the approved selections criteria per specific Case Type Z shall be required prior to availment of services. All requests for pre-authorization shall be approved/disapproved at the level of the Benefits Administration Section of the PhilHealth Regional Office.
- D. The diagnosis during pre-authorization shall be the basis for reimbursement.
- E. No balance billing (NBB) policy shall be applied for eligible sponsored program members and their qualified dependents. Negotiated fixed co-pay shall be applied for eligible non-sponsored members and their qualified dependents. In no instance shall the fixed co-pay exceed the package rate.



- F. The professional fees shall be 15% of the package.
- G. Patients enrolled in the Case Type Z benefit will only be deducted five (5) days from the 45 days annual benefit limit regardless of the actual length of stay of the patient in the hospital. Such deductions shall be made on the current year and no deductions shall be made in the succeeding year. In cases where the remaining annual benefit limit is less than five (5) days, the member shall remain eligible to avail of the Case Type Z benefit.
- H. Any complication/s arising during the hospital stay for the particular primary Z condition shall be part of the package.
- I. Hospital confinements due to other causes as determined by the primary condition shall be paid separately.
- J. All rates are inclusive of government taxes.
- K. Rules on pooling of professional fees for government facilities shall still apply.
- L. In cases when the patient expires anytime during the course of treatment or the patient is lost to follow up, the payment schedule for the specific treatment phase shall still be released as long as the patient has received the scheduled treatment. The remaining tranches shall not be paid.
- M. A compilation of clinical guidelines/treatment protocols/clinical pathways shall be reflected in a separate issuance. The mandatory and other services of the specific Case Type Z conditions shall be given according to the scheduled protocols.

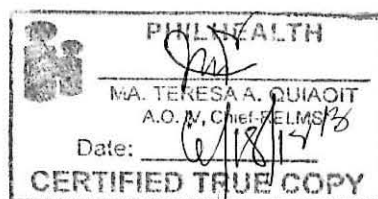
### III. CASE TYPE Z

#### A. Standard Risk Acute Lymphocytic (lymphoblastic) Leukemia for Children

1. The package code is **Z001** which includes the following ICD-10 and RVS codes:

ICD 10	MANAGEMENT/ PROCEDURES	CODES
C91.0, M9821/3	Chemotherapy	96408, 36488, 36481, 36640, 36660, 36510, 96450, 96542

2. The package rate shall be P210,000 for the entire course of treatment for three (3) years.
3. Selection criteria for ALL:
- Signed Member Empowerment (ME) Form
  - Age 1 to less than 10 years old
  - White blood cell count  $<50,000/\mu\text{L}$
  - No CNS leukemia at diagnosis
  - There should be no testicular involvement of male patient at diagnosis
  - WHO Classification: B or T lymphoblastic leukemia immunophenotype (mature B-cell ALL or Burkitt leukemia are excluded)

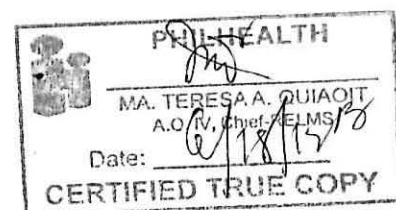


4. The approved protocols on ALL contained in the compilation (as stated in the rules for identified Case Type Z) shall reflect the mandatory and other services as indicated in the table below.

MANDATORY SERVICES	OTHER SERVICES
a) Chemotherapy—vincristine, L-asparaginase, methotrexate (IV, IT and oral), 6-mercaptopurine, cyclophosphamide, cytarabine (IV and IT), etoposide, doxorubicin, b) Other drugs: dexamethasone, prednisone, folinic acid c) Antiemetics - ondansetron, metoclopramide d) Emergency medicines when necessary, such as epinephrine e) Pain medication —tramadol, morphine, and others f) Sedatives (prior to procedure): midazolam, nalbuphine, propofol, atropine, ketamine g) Laboratory & diagnostic procedures during the course of the treatment, including but not limited to: bone marrow examination with immunophenotyping, CSF analysis and cytospin, CBC, PT/PTT, BUN/Creatinine, ALT, bilirubin, uric acid, serum electrolytes, serum phosphorous, urinalysis, Chest X-ray, 2-D echocardiography, and abdominal ultrasound h) Blood support—cross matching, screening, and processing	a) Laboratory & diagnostic procedures as indicated, including but not limited to: blood/urine culture & sensitivity and other culture and sensitivity analyses b) Antimicrobials/antifungals depending on the sensitivity pattern of the particular contracted hospitals which includes the following (if indicated) : meropenem, vancomycin, ceftazidime, ciprofloxacin, cefipime, piperacillin, tazobactam, fluconazole, amphotericin

5. The payment for this package shall be two hundred ten thousand pesos (P210,000) for 3 years for the complete course of care which shall be given in three (3) tranches as follows:

MODE OF PAYMENT	AMOUNT	FILING SCHEDULE
1 <sup>st</sup> tranche (Z0011)	P140,000.00	Within 60 days upon discharge after the 1 <sup>st</sup> induction phase
2 <sup>nd</sup> tranche (Z0012)	P35,000.00	Within 60 days after the 3 <sup>rd</sup> maintenance cycle
3 <sup>rd</sup> tranche (Z0013)	P35,000.00	Within 60 days after the 8 <sup>th</sup> maintenance cycle



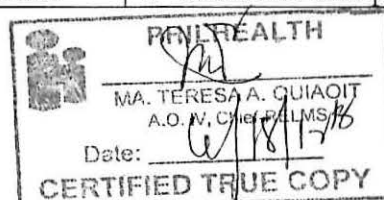
## B. Early Stage Breast Cancer (Stage 0 to III-A)

- The package code is **Z002** which includes the following ICD-10 and RVS codes:

ICD 10	MANAGEMENT/PROCEDURES	CODES
D05 C50.0- C50.9	A. Surgery	
	1. Mastectomy	99256, 99360, 19160, 19162, 19180, 19182, 19200, 19220, 19240, 76360, 76003, 76095, 76096, 76393
	2. Lumpectomy	19120, 19125
	B. Radiation Therapy	77401, 77418, 77421, 77261
	C. Histopathology	88331, 88332, 88174
	D. Chemotherapy	96408, 96440, 96445, 96450, 36488, 36481

- The package rate shall be P100,000 for the entire course of treatment.
- Selection criteria for breast cancer:
  - Signed Member Empowerment (ME) Form
  - Clinical and TNM Staging:
    - Stage 0 TisN0M0
    - Stage IA T1N0M0
    - Stage IB T0, T1N1M0
    - Stage IIA T0, T1N1M0 or T2N0M0
    - Stage IIB T2N1M0 or T3N0M0
    - Stage IIIA T0, T1, T2N2M0 or T3N1N2M0
- Stage IIIA becoming IIIB post-surgery which may require radiotherapy is included in this package.
- The approved protocols on breast cancer contained in the compilation (as stated in the rules for identified case type Z) shall reflect the mandatory and other services as indicated in the table below.

MANDATORY SERVICES	OTHER SERVICES
1. Baseline CBC, creatinine, FBS, calcium, AST/ALT, and ECG are done in preparation for treatment.	1. Other drugs— dexamethasone, ranitidine, diphenhydramine
2. Alkaline phosphatase, chest x-ray, abdominal ultrasound	2. Other diagnostic and laboratory procedures as indicated e.g. bone scan if the patient has symptoms related to bone or if there is elevated alkaline phosphatase level; CT scan of whole abdomen if abdominal ultrasound is inconclusive but there are symptoms referable to the abdominal organs.
3. CP clearance and surgery	3. Blood support—cross matching, screening, processing
4. Other diagnostic and laboratory procedures such as Estrogen Receptor/Progesterone Receptor (ER/PR) assay, HER2/neu expression, histopath/cytology, liver ultrasound, creatinine	4. Radiation therapy when
5. Chemotherapy: <ol style="list-style-type: none"> <li>For favorable risk profile breast cancers— Doxorubicin/Cyclophosphamide (AC)</li> <li>For unfavorable risk profile breast</li> </ol>	



cancers- Doxorubicin, Cyclophosphamide, Docetaxel or Paclitaxel (ACT)	indicated
6. Hormonotherapy – For ER (+)/PR(+)/(-): if indicated, Tamoxifen or Aromatase Inhibitor Letrozole	5. Fluorouracil and Methotrexate, if indicated
7. Antiemetics- ondansetron, metoclopramide	6. Granulocyte stimulating factor and antibiotics, if indicated

6. Reconstructive surgery shall not be covered under the Case Type Z.
7. The payment for this package shall be one hundred thousand pesos (100,000) for one year only for the complete course of first line surgical and anti-cancer drug care with radiotherapy when indicated which shall be given in two (2) tranches as follows:

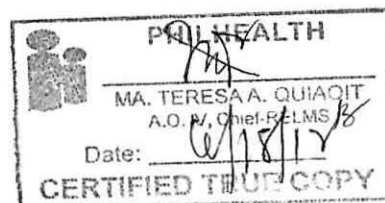
MODE OF PAYMENT	AMOUNT	FILING SCHEDULE
1 <sup>st</sup> tranche (Z0021)	P75,000.00	Within 60 days after discharge from surgery
2 <sup>nd</sup> tranche (Z0022)	P25,000.00	Within 60 days upon completion of last cycle of chemotherapy for Stage I to IIIA or upon completion of surgery for Stage 0

### C. Low to Intermediate Risk Prostate Cancer Requiring Prostatectomy

1. The package code is **Z003** which includes the following ICD-10 and RVS codes:

ICD 10	MANAGEMENT/ PROCEDURES	CODES
C61	Surgery	99256, 99360, 55801, 55810, 55812, 55815 55821, 55831, 55840, 55842, 55845, 55859, 55866, 55873, 55700
	Radiation therapy	77418, 77750, 77776, 77781, 77789, 55860, 55862, 55865

2. The package rate shall be P100,000 for the entire course of treatment.
3. Selections criteria for prostate cancer:
- Signed ME Form
  - Male patients age up to 70 years old
  - Clinical stage (T1a-T2c), PSA level 10 to 20 ng/ml, Tumor Grade (*Gleason's score of 2-7*)
    - Low risk: T1-T2a and Gleason score 2-6, and PSA <10 ng/ml
    - Intermediate risk: T2b to T2c, Gleason score of 7, and PSA 10-20 ng/ml
  - Localized prostate cancer
  - No uncontrolled co-morbid conditions



4. The approved protocols on prostate cancer contained in the compilation (as stated in the rules for identified case type Z) shall reflect the mandatory and other services as indicated in the table below.

MANDATORY SERVICES	OTHER SERVICES
a) Prostatic specific antigen (PSA) b) Chest x-ray, bone scan, CT scan of pelvis and abdomen as indicated. c) Laboratory test (creatinine, FBS, calcium, alkaline phosphatase, AST/ALT, CBC, electrolytes, ECG, cholesterol, HDL, LDL, TG) d) CP clearance e) Surgery: <ul style="list-style-type: none"> <li>• Radical prostatectomy with orchiectomy</li> <li>• Laparoscopic prostatectomy (ideally as the standard procedure of choice) with orchiectomy</li> </ul>	a) Radiation therapy when indicated b) Other diagnostic procedures (as needed) - abdominal ultrasound, core needle biopsy c. Anti-androgen drugs, if indicated goserelin, bicalutamide, flutamide, leuporelin*

\* Particularly given if no orchiectomy was done or when after orchiectomy disease progresses needing more hormone intervention

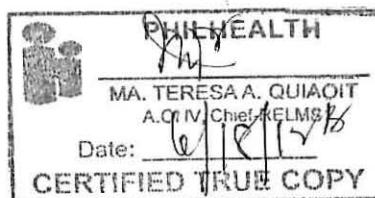
5. The payment for this package shall be one hundred thousand pesos (100,000) for one year only for the complete course of care, which shall be given in full upon discharge provided that any and all additional necessary treatment modalities will be given if indicated.

#### D. End Stage Renal Disease Eligible for Kidney Transplant (Low Risk)

1. The package code is **Z004** which includes the following ICD-10 and RVS codes:

ICD 10	MANAGEMENT/ PROCEDURES	CODES
N18.0	Surgery	50320, 50340, 50360, 50365, 50370, 50200
	Clearance	99256, 99360, 43234, 43235, 44388, 45355, 45378, 50200

2. The package rate shall be P600,000 for the entire course of treatment.
3. Selection criteria for kidney transplant:
- Signed ME Form
  - Age >10 and <70 years
  - Single organ transplant
  - Patient on chronic dialysis because of end stage renal disease or patient for pre-emptive kidney transplantation with the following:
    - The potential recipient should have an irreversible renal disease that has been progressive over the previous 6 –12 months.
    - The recipient's measured (nuclear scan) glomerular filtration rate, 24-hour urine creatinine clearance or calculated glomerular filtration rate should be less than 20 ml/min /1.73m<sup>2</sup> in diabetics or less than 15 ml/min /1.73m<sup>2</sup> in patients with non-diabetic renal disease
  - Low immunologic risk defined as:





- i. Past Panel Reactive Antibody (PRA) less than or equal to 20%
    - ii. Primary kidney transplant (no previous solid organ transplant)
    - iii. No donor specific antibody (DSA) in the potential recipient
    - iv. At least 1 HLA-DR match
  - f. Potential recipient has no previous history of cancer (except basal cell skin cancer), should be HIV negative, Hepatitis B surface antigen negative, and Hepatitis C antibody negative
  - g. Transplant candidate who is CMV-negative cannot receive an organ from a CMV-positive donor.
  - h. Absence of current severe illness (Congestive heart failure Class 3-4, liver cirrhosis (findings of small liver with coarse granular/heterogeneous echo pattern with signs of portal hypertension), chronic lung disease requiring oxygen, etc)
  - i. Absence of the following: hemi-paralysis because of stroke, leg amputation because of peripheral vascular disease or diabetes, mental retardation such that informed consent cannot be made, and substance abuse for at least 6 months prior to start of transplant work-up.
  - j. Eligible patient for kidney transplant must have a certification from the social service of the hospital that they can maintain anti-rejection medicines for the next three (3) years.
4. The approved protocols on kidney transplant contained in the compilation (as stated in the rules for identified case type Z) shall reflect the mandatory and other services as indicated in the table below.

MANDATORY SERVICES	OTHER SERVICES
a) CP-clearance for donor (if indicated) and recipient b) Pre-Transplant evaluation/labs (Phases 1, 2, 3 and 4) for donor and recipient candidates c) Transplantation Surgery with living donor or deceased donor d) Hemodialysis or Peritoneal dialysis during admission for transplantation e) Immunosuppressant induction therapy f) Immunologic risk- At least 1 Donor Recipient match, Primary kidney transplant, Single organ transplant, PRA <20% • Immunosuppression options: 1. Calcineurin inhibitor + mycophenolate + prednisone with or without induction a. Cyclosporine + mycophenolate mofetil or mycophenolate sodium + prednisone b. Tacrolimus + mycophenolate mofetil or mycophenolate sodium + prednisone 2. Calcineurin inhibitor + mTOR inhibitor + prednisone with or without induction a. Low-dose Cyclosporine + Sirolimus + prednisone	a) Graft renal biopsy of recipient if indicated b) Chest CT-scan c) Dipyridamole sestamibi scan d) Endoscopy e) Colonoscopy f) Pulmonary function test <div data-bbox="959 1280 1351 1487" data-label="Image"> </div>

<ul style="list-style-type: none"> <li>a. Low-dose Cyclosporine + Sirolimus + prednisone</li> <li>b. Low-dose Cyclosporine + Everolimus + prednisone</li> <li>3. Calcineurin inhibitor + azathioprine + prednisone with or without induction</li> <li>g) Induction therapies <ul style="list-style-type: none"> <li>1. Interleukin-2 receptor blockers Basiliximab 20mg IV x 2 doses</li> <li>1. Lymphocyte depleting agents <ul style="list-style-type: none"> <li>a. Alemtuzumab 30 mg IV dose</li> <li>b. Rabbit antithymocyte globulin 1-1.5mg/kg/day x 3 doses</li> </ul> </li> </ul> </li> <li>i) Anti-rejection therapy <ul style="list-style-type: none"> <li>1. Methylprednisolone 500mg IV/day x 3 days</li> </ul> </li> <li>j) Post-transplant monitoring of donor and recipient</li> </ul>	
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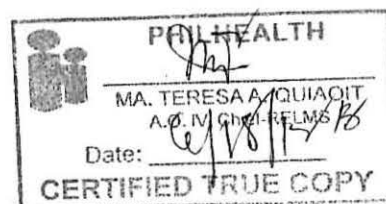
5. The payment for this package shall be six hundred thousand pesos (600,000) for one year only for the complete course of care. which shall be given in three (3) tranches as follows:

MODE OF PAYMENT	AMOUNT	FILING SCHEDULE
1 <sup>st</sup> tranche (Z0031)	P550,000	Within 60 days upon discharge of recipient after the transplantation
2 <sup>nd</sup> tranche (Z0032)	P50,000	Ninety (90) days after the transplantation

6. Those who will avail of this package shall not be eligible for package for dialysis or transplantation benefits in the next five (5) years.
7. All laboratories for medical evaluation of donor and transplant candidates shall be performed in the transplant facility. In cases where the transplant facility is not capable to provide a specific laboratory test indicated either under Mandatory or Other Services, such facility must contract with another licensed facility wherein such laboratory test is available. In such a case, the transplant facility shall pay the contracted facility for the services provided. In no case shall the patient be required to pay out of pocket for such outsourced services.

#### IV. CLAIMS FILING

All claims shall be filed by the contracted hospitals on behalf of the patient through Z claims provided that requirements are met based on the filing schedule for the Z conditions to be articulated in a separate issuance. During the transition period while the information system for the Case Type Z, pre-authorization and filing of claims shall be done manually. Guidelines for filing of claims shall be issued in a separate circular.





## V. EFFECTIVITY

This Circular shall take effect for all approved pre-authorizations starting June 21, 2012. This shall be published in any newspaper of general circulation and deposited thereof with the National Administrative Register at the University of the Philippines Law Center.

Please be guided accordingly.

  
**DR. EDUARDO P. BANZON**

President and CEO

Date signed: 6/18/2012

