

TAMANG SAGOT

PhilHealth Circular No. 027 - 2014

ACR POLICY NO. 5 – Policy Revision on Procedures and Medical Conditions Allowed in Different Types of Health Care Institutions and Addendum to Procedure Case Rate

1. What is ACR Policy No. 5?

ACR Policy No. 5 contains policy revisions to the following PhilHealth Circular No. 35, s-2013 provisions:

- a. Procedures and Medical Conditions Compensable in Different Types of Health Care Institutions (Levels 1, 2, 3 Hospitals and Ambulatory Surgical Clinics [ASC])
- b. Reimbursement rules for Intensity Modulated Radiation Therapy (IMRT)

2. Where can patients avail IMRT PhilHealth benefits?

IMRT sessions may be reimbursed by PhilHealth members/patients if done in an accredited HCI duly licensed by DOH to perform IMRT (eg. Primary care facility licensed by DOH to perform IMRT)

3. How can an HCI file a single claim for a month's worth of IMRT sessions?

In claiming for multiple IMRT sessions, HCIs should fill out Item No. 7 of PhilHealth Claim Form 2 as follows:

a. IMRT claim for a month

If a facility is claiming for IMRT sessions for Malignant neoplasm of prostate done December 1 - 31, 2014, then Item No. 7 of PhilHealth Claim Form 2 should be filled out as follows. All inclusive dates of IMRT sessions (31 sessions) shall be reimbursed by PhilHealth and 31 days shall be deducted from the 45 days benefit limit.

Illustration 1:

7. Discharge Diagnosis/ es (Use additional CF2 if necessary):							
Diagnosis	ICD-10 Code/s	Related Procedure/s (if there's any)	RVS Code	Date of Procedure	Laterality (check applicable boxes)		
a. Malignant neoplasm of prostate	C61	i. IMRT	77418	12-01-2014 to	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		ii.		12-31-2014	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		iii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
b.		i.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		ii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both
		iii.			<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Both

b. IMRT claim for a week

If a facility is claiming for IMRT sessions for Malignant neoplasm of prostate done December 1 - 7, 2014, then Item No. 7 of PhilHealth Claim Form 2 should be filled out as shown in the body of this Circular or as follows. All inclusive dates of IMRT sessions (7 sessions) shall be reimbursed by PhilHealth and 7 days shall be deducted from the 45 days benefit limit.

Illustration 2:

7. Discharge Diagnosis/es (Use additional CF2 if necessary):							
Diagnosis	ICD-10 Code/s	Related Procedure/s (if there's any)	RVS Code	Date of Procedure	Laterality (check applicable boxes)		
a. Malignant neoplasm of prostate	C61	i. IMRT	77418	12-01-2014 to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ii.		12-07-2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		iii.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.		i.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ii.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		iii.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- c. IMRT claim for certain days in a single claim should be separated by a comma, and PhilHealth shall only reimburse the specified dates.

If a facility is claiming for IMRT sessions for Malignant neoplasm of prostate done on December 1 and 3, 2014, then Item No. 7 of PhilHealth Claim Form 2 should be filled out as follows. For this sample claim, 2 IMRT sessions shall be reimbursed by PhilHealth and 2 days shall be deducted from the 45 days benefit limit.

Illustration 3:

7. Discharge Diagnosis/es (Use additional CF2 if necessary):							
Diagnosis	ICD-10 Code/s	Related Procedure/s (if there's any)	RVS Code	Date of Procedure	Laterality (check applicable boxes)		
a. Malignant neoplasm of prostate	C61	i. IMRT	77418	12-01, 03-2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ii.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		iii.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.		i.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ii.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		iii.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What will happen to the claim if Item no. 7 and 9 of PhilHealth Claim Form 2 is not properly filled out?

The claim shall be returned to the sender (RTS) for proper filling out of the form. HCIs and members alike should make sure that the claim forms are properly and completely filled out to avoid delay in the processing of the claim.

5. For IMRT sessions done on the same day with the following procedures: blood transfusion (outpatient), brachytherapy, chemotherapy, hemodialysis, peritoneal dialysis, what does “equivalent deductions” mean?

Equivalent deductions mean that the number of days to be deducted would depend upon the combination of procedures.

- Example 1: If the claim is for **one session of IMRT** and **one cycle of chemotherapy**, the equivalent deduction would be **3 days** (1 day for IMRT and 2 days for chemotherapy). The 3 days shall be deducted from the 45 day benefit allowance of the member.
- Example 2: If the claim is for **3 sessions of IMRT** and **1 session of brachytherapy**, the equivalent deduction would be **4 days** (3 for the 3 sessions of IMRT and 1 for the one session of brachytherapy). The 4 days shall be deducted from the 45 day benefit allowance of the member.

6. Processing of claims for admissions from January 1, 2014 up to December 1, 2014 affected by the Revised List of Procedures and Medical Conditions Compensable in Different Types of Health Care Institutions.

- a. Previously denied claims due to the HCI restrictions (Procedures and Medical Conditions Allowed in Different Types of Health Care Institutions) set forth by PhilHealth Circular No. 35, s-2013 shall be processed based on PC 35, s-2013 rules, can file a Motion for Reconsideration (MR) provided the applicable case rate amount based on the new rules set by this Circular has been deducted from the total actual charges (both the HCI and professional fees) upon discharge.

HCI action prior to this Circular	PhilHealth action on the claim prior to this Circular	Action to be taken by HCI by virtue of this Circular
HCI deducted 100% of case rate from the patient's total actual bill (HCI and Professional fee charges)	Denied due to procedure not allowed in HCI by virtue of PC 35, s-2013	File Motion for Reconsideration (MR) for full payment of the case rate

➔ Part III.A. CERTIFICATION OF CONSUMPTION OF BENEFITS of PhilHealth Claim Form 2 should be properly and completely filled out by the HCIs.

- b. Government health care institutions that did not file a claim but applied the No Balance Billing (NBB) policy to eligible PhilHealth member/patient may file a claim until **January 31, 2015**. Part III.A. CERTIFICATION OF CONSUMPTION OF BENEFITS of PhilHealth Claim Form 2 should be properly and completely filled out by the HCIs and shall reflect that the patient did not incur any out of pocket expense. It shall be processed and paid following the rules contained in this Circular and other applicable all case rates rules.

HCI action prior to this Circular	PhilHealth action on the claim prior to this Circular	Action to be taken by HCI by virtue of this Circular
HCI applied no balance billing and the patient did not incur any out of pocket expense and claim was not filed to PhilHealth	NA	File Motion for Reconsideration (MR) for full payment of the case rate

7. What should members do if their case is affected by this Circular and no PhilHealth deduction was made from the total actual hospitalization charges?

Claims of members for cases affected by this Circular where the HCI did not deduct any PhilHealth benefit upon discharge with **admission dates** from **January 1, 2014** up to **December 1, 2014** may directly file their PhilHealth claims until **January 31, 2015** to any PhilHealth office by submitting the following:

- a. PhilHealth Claim Form 1 - completely and properly filled-out by the member, and employer (if employed)
- b. PhilHealth Claim Form 2 - completely and properly filled-out by the hospital. Members may get this from the hospital where their procedure was done and ask the hospital to fill out the form.
- c. PhilHealth Claim Form 3 - completely and properly filled-out by the hospital. Members may get this from the hospital where their procedure was done and ask the hospital to fill out the form. In lieu of CF 3, the following are acceptable alternatives (to be requested from the hospital): photocopy of chart, clinical abstract, etc.
- d. Other documents as needed such as but not limited to proof of premium contribution, records of operative or surgical technique (to be requested from the hospital) and anesthesia (to be requested from the hospital).
- e. Waiver issued by the health care institution that the member paid the full mount for the confinement and no PhilHealth deductions were made (Please see Annex 1 and 2 of PhilHealth Circular No. 20, s-2014 for the waiver form and guidelines on how to accomplish the form.)

8. Can HCIs reclassified to Level 1 Hospitals (based on PhilHealth Circular No. 025-2014) request for adjustment of their claims?

By virtue of PhilHealth Circular 025-2014 re: Revised PhilHealth Category of Health Care Institutions (HCIs) and Compensable Benefits in Primary Care Facilities (PFC) (1st Revision), claims for admissions by HCIs reclassified to Level 1 or claims of members admitted in HCIs reclassified to Level 1 reimbursed by the Corporation with 70% of the case rate may request for adjustment.