

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 027-2014

TO : ALL PHILHEALTH MEMBERS, ACCREDITED HEALTH CARE PROVIDERS, PHILHEALTH REGIONAL OFFICES (PROs), AND ALL OTHERS CONCERNED

SUBJECT : ACR POLICY NO. 5 --- POLICY AMENDMENT ON PROCEDURES AND MEDICAL CONDITIONS ALLOWED IN DIFFERENT TYPES OF HEALTH CARE INSTITUTIONS AND ADDENDUM TO PROCEDURE CASE RATE

I. RATIONALE

Consistent with the Department of Health (DOH) Administrative Order No. 2012-0012 (Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines) and as clarified by DOH that any hospital can perform procedures with any RVU provided that the hospitals are capable of handling such cases by having the following: (1) Competent, qualified staff and expert to perform such procedure and; (2) Necessary equipment and adequate space or facility for clinical and ancillary services¹, the Corporation hereby amends the health care institutions restrictions prescribed in PhilHealth Circular No. 35, s-2013.

This circular further amends PhilHealth Circular No. 35, s-2013 expanding the list of procedures exempted from the rule on single period of confinement (SPC) through the inclusion of intensity-modulated radiation therapy (IMRT).

These are in response to the need of PhilHealth members to access health care services and for greater efficiency in the delivery of health care services provided by capable PhilHealth accredited health care institutions. The Corporation continues to give priority and value to patient safety and quality care as specified under the Patient Care standards of the Benchbook that clinical services provided by facilities should be appropriate to patients' needs and should be consistent with the organization's service capability and role in the community. As such, all accredited facilities should have the necessary facility, equipment, supplies and human resources to provide the complete standard treatment of care to patients.

In order to facilitate the proper implementation of the All Case Rates policy, the following policies are hereby issued.

¹Excerpt of letter received from Atty. Nicolas B. Lutero, DOH Assistant Secretary – Bureau of Health Facilities and Services, dated June 30, 2014 addressed to Atty. Alexander A. Padilla, PhilHealth President and Chief Executive Officer regarding hospital performing procedures with any relative value unit (RVU).

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II. GENERAL GUIDELINES

- A. All accredited health care institutions (HCI) should give utmost priority and value to patient safety and quality care.
- B. Per PhilHealth Circular No. 010, s-2014 re: The New Accreditation Process for Health Care Professionals and Guidelines for Credentialing and Privileging of Professionals, credentialing and privileging of health care professionals shall be done by the health care institutions where they are affiliated. All health care institutions must establish the mechanism to verify the capabilities, qualifications and competencies of their affiliated health care professionals. Consideration on the training of the attending physician or surgeon shall be the basis of the performance of the procedures vis-a-vis the technical requirements in the performance of the procedure.
- C. Performance of procedures or management beyond service capability of the HCI shall be monitored and shall be considered a violation of the performance commitment of the HCI and the professional.

III. SPECIFIC GUIDELINES

- A. Health Care Institutions (HCI)
 - 1. Levels 1, 2 and 3 Hospitals
 - a. Procedure Case Rates
 - i. The Corporation shall reimburse any compensable procedure performed by Levels 1, 2 and 3 hospitals based on the HCI's capability and credentialing and privileging of professionals as provided in PhilHealth Circular No. 010, s-2014.
 - ii. The Corporation shall only reimburse claims for the following procedures if performed in an accredited health care institution duly licensed by DOH for such service/s:
 - 1. Radiation Therapy (RVS 77401)
 - 2. Hemodialysis (RVS 90935)
 - 3. Dialysis other than hemodialysis (RVS 90945)
 - 4. Intensity modulated radiation therapy (RVS 77418)
 - b. Condition (Medical) Case Rates
 - i. The Corporation shall reimburse claims for Stroke – Hemorrhagic managed by Levels 1, 2, and 3 hospitals.
 - 2. Ambulatory surgical clinics (ASC)
 - a. The Corporation shall reimburse any compensable day surgeries and outpatient procedures performed by ASCs based on the HCI's capability and credentialing and privileging of professionals as provided in PhilHealth Circular No. 010, s-2014.

Day surgeries, also known as ambulatory or outpatient surgeries, are services that include elective (non-emergency) surgical procedures ranging from minor to major operations whether requiring local, regional or general anesthesia, where patients are safely sent home within the same day for post-operative care (DOH Administrative Order No. 183, s-2004).

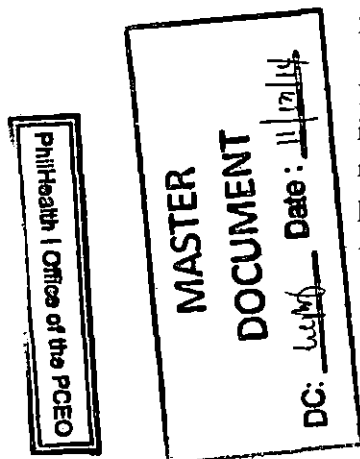


Table 1. Revised List of Procedures and Medical Conditions Compensable in Different Types of Health Care Institutions

	Procedure/Medical Condition	Level/Type of Health Care Institution
PROCEDURE		
1	Procedures with RVU 200 and below	Levels 1, 2 and 3 hospitals (according to facility capability)
2	Procedures with RVU 201-500	
3	Procedures with RVU 501 and above	
4	Day surgeries and outpatient procedures regardless of RVU	Accredited ambulatory surgical clinics (ASC)(according to facility capability)
5	Radiation Therapy (RVS 77401), and Intensity Modulated Radiation Therapy (RVS 77418)	Health care institutions accredited for radiation therapy
6	Hemodialysis (RVS 90935), Dialysis other than hemodialysis (90945)	Health care institutions accredited for dialysis
MEDICAL CONDITION		
7	Stroke - Hemorrhagic	Levels 1, 2 and 3 hospitals

The abovementioned rules for HCIs shall amend Table 3. List of Procedures and Medical Conditions re: List of Procedures and Medical Conditions Allowed in Different Types of Health Care Institutions of PhilHealth Circular No. 35, s- 2013.

B. Procedure Case Rate

1. Intensity Modulated Radiation Therapy (IMRT)

RVS CODE	DESCRIPTION	FIRST CASE RATE		
		Case Rate	Professional Fee	Health Care Institution Fee
77418	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC per session	5,680	1,680	4,000

- a. IMRT shall be exempted from the 50% rule on second case rate and shall be paid the full case rate amount even as second case rate. The HCI fee and PF shall follow the first case rate distribution for the procedure.
- b. Claims of multiple sessions of IMRT shall be reimbursed even if claimed as second case rate subject to other reimbursement rules (eg., 45 days limit).
- c. Single Period of Confinement
IMRT shall be exempted from the rule on single period of confinement and may be availed of at any time subject to other reimbursement rules.
- d. Forty-Five Days Benefit Limit
 - i. One IMRT session is equivalent to one day deduction from the 45 days allowable benefit per year.
 - ii. If the procedure is done during a confinement, whether in the same HCI or not, only the total number of confinement days shall be deducted from the 45 days total allowable benefit for the beneficiary.
- e. If an admitted patient is sent to another HCI for IMRT, a separate claim shall be filed by the HCI that performed the IMRT. The HCI shall be reimbursed the full IMRT case rate amount.

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- f. Accredited HCIs duly licensed by DOH to perform IMRT shall be reimbursed 100% of the IMRT case rate.
- g. Filling Out of Claim Form 2 for IMRT
 - i. The HCI may claim for IMRT sessions done in a month in a single Claim Form 2.
 - ii. Filling out of Item No. 7. Discharge Diagnosis/es
In claiming for IMRT, the HCI shall place the diagnosis, applicable ICD 10 code/s, related procedure as “Intensity Modulated Radiation Therapy” or “IMRT”, RVS Code “77418”, date of procedure/s “mm-dd-yyyy” and laterality (if applicable). (See example)
 - iii. Filling out of Item No. 9. PhilHealth Benefits
RVS code for IMRT should be written as (a.) First Case Rate or (b.) Second Case Rate, whichever is applicable to the claim application. (See example)

Example:

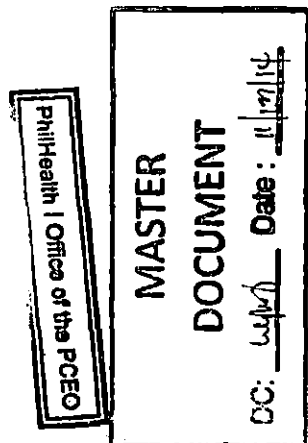
If a facility is claiming for IMRT sessions for Malignant neoplasm of prostate done on December 1 - 7, 2014, then Item No. 7 of PhilHealth Claim Form 2 should be filled out as follows.

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	Left	Right	Both	
		ii. IMRT	77418	12-02-2014	Left	Right	Both	
		iii. IMRT	77418	12-03-2014	Left	Right	Both	
b.		i. IMRT	77418	12-04-2014	Left	Right	Both	
		ii. IMRT	77418	12-05-2014	Left	Right	Both	
		iii. IMRT	77418	12-06-2014	Left	Right	Both	
c.		i. IMRT	77418	12-07-2014	Left	Right	Both	
		ii.			Left	Right	Both	
		iii.			Left	Right	Both	
d.		i.			Left	Right	Both	
		ii.			Left	Right	Both	
		iii.			Left	Right	Both	

And, Item No. 9 of PhilHealth Claim Form 2 should be filled out as follows.

9. PhilHealth Benefits	
ICD 10 or RVS Code: a. First Case Rate	77418
b. Second Case Rate	

- h. IMRT and radiation therapy (Cobalt or Linear Accelerator) performed on the same day as the following procedures shall be reimbursed the full case rate subject to other reimbursement rules. The equivalent deductions shall be made to the 45 days benefit limit of the beneficiary.
 - i. Blood transfusion, outpatient (RVS Code: 36430)
 - ii. Brachytherapy (RVS Codes: 77761, 77776, 77781, 77789)
 - iii. Chemotherapy (RVS Code: 96408)
 - iv. Dialysis other than hemodialysis (peritoneal dialysis) (RVS Code: 90945)
 - v. Hemodialysis (RVS Code: 90935)



IV. PROCESSING OF CLAIMS AFFECTED BY THIS CIRCULAR

A. Claims for admissions starting December 2, 2014.

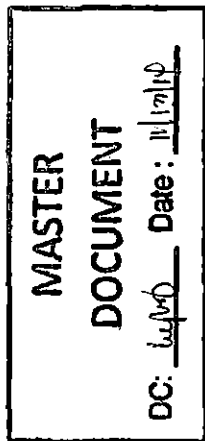
Health care institutions affected by this Circular should deduct applicable PhilHealth benefits from the total actual charges (HCI and professional fees) prior to discharge of the patient/member starting **December 2, 2014**. Claims shall be filed within 60 calendar days from the date of discharge.

B. Claims for admissions from January 1, 2014 up to December 1, 2014

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

C. Direct filing of claims

1. 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** can be directly filed by members. Submission of claims shall be allowed until **January 31, 2015**.
2. Directly filed claims must include a waiver issued by the health care institution that the member paid the full amount for the confinement/session and no PhilHealth deductions were made (see Annex 1 of PhilHealth Circular No. 020, s. 2014 for waiver form) and other mandatory requirements for direct filing as specified in Item III. Rules on Direct Filing of Claims of PhilHealth Circular No. 020, s.2014.
3. These claims shall be processed and paid following the rules contained in this Circular and other applicable all case rates rules.

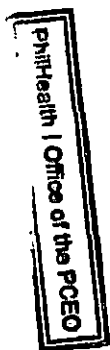


V. MONITORING AND EVALUATION

All accredited health care providers shall be subjected to monitoring and evaluation of the Corporation pursuant to Section 16 of Republic Act (RA) No. 7875, as amended by RA No. 9241 and RA No. 10606 and PhilHealth Circular No. 10, s-2014 re: The New Accreditation Process of Health Care Professionals and Guidelines for Credentialing and Privileging of Professionals.

PhilHealth through its regional offices shall undertake mechanisms such as facility visit and medical post-audit to monitor and assess the performance of health care providers. These mechanisms shall ensure that both health care institution and professional comply with the credentialing and privileging policy agreed on by both parties.

Also, providers shall be monitored on their compliance to this Circular and violations shall be dealt with in accordance with the provisions of RA No. 7875 as amended by RA No.



9241 and RA No. 10606 and PhilHealth Circular No. 10 s. 2014 and other pertinent issuances. The penalties to these violations shall be charged to future claims of the healthcare institutions or as determined by the Corporation.

VI. REPEALING CLAUSE

All provisions of previous issuances that are inconsistent with any provisions of this Circular are hereby amended/modified/or repealed accordingly.

VII. SEPARABILITY CLAUSE

In the event that a part or provision of this Circular is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

VIII. EFFECTIVITY

This Circular shall take effect for all admissions starting **December 2, 2014**. It shall be published in any newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.


ALEXANDER ALPADILLA

President and CEO

Date Signed: _____

11/12/14

