

**TAMANG SAGOT**  
PhilHealth Circular No. 008 - 2015

**Subject: ANNEX 2 - LIST OF PROCEDURE CASE RATES (REVISION 1.0) AND  
SUPPLEMENTARY GUIDELINES FOR ALL CASE RATES**

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**1. What is Annex 2 of PhilHealth Circular No. 35, s. 2013?**

Annex 2 of PhilHealth Circular No. 25, s-2013 is the list of all compensable procedures reimbursed by the Corporation and their corresponding rates implemented beginning January 1, 2014.

**2. What is new in this PC 008 - 2015?**

This Circular contains the following revisions in Annex 2 – List of Procedure Case Rates

- a) Inclusion of titles and subtitles per procedure
- b) Amendments to package codes and descriptions as per PC 22 – 2014: Social Health Insurance Coverage and Benefits for Women About to Give Birth
- c) Corrections to the typographical errors in some procedural descriptions
- d) Delisting of Relative Value Scale (RVS) codes based on previously published and approved Circulars
- e) Changes in case rate amount
- f) Procedures with additional condition for claiming reimbursement
- g) Temporary delisting of selected RVS Codes
- h) Other supplementary guidelines for all case rates.

**3. What are the RVS codes with changes in case rate amount?**

The following RVS codes with new case rate amounts are applicable as First Case Rate. For the procedures listed as Second Case Rates e.g. code 65205, please refer to the “Search Case Rates” utility for the computed case rate amount available at the PhilHealth website.

<b>RVS code</b>	<b>Description</b>	<b>(New) Case Rate</b>	<b>Health Care Institution fee</b>	<b>Professional fee</b>
75757	Angiography, fluorescein (eye)	3,500	3,000	500
65205	Removal of foreign body, external eye; conjunctival, superficial	3,500	2,500	1,000
65210	Removal of foreign body, external eye; subconjunctival or scleral, with slit lamp	4,500	2,500	2,000
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal w/ mechanical vitrectomy	45,000	24,000	21,000

**4. What is the new rule for claiming RVS codes 67010 and 67005?**

<b>RVS code</b>	<b>Description</b>	<b>Remarks</b>
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal w/ mechanical vitrectomy	It cannot be claimed unless done in combination with penetrating keratoplasty (any of the following RVS codes 65710, 65730, 65750, 65755)
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	
To reiterate, RVS codes 67010, 67005, 65710, 65730, 65750, 65755 cannot be claimed as second case rate.		

RVS codes 67010 and 67005 are both eye procedures. It can be claimed as First Case Rate only if performed in combination with penetrating keratoplasty. However, the RVS codes mentioned above cannot be claimed as Second Case Rate.

**5. What is the effect of temporary delisted RVS codes?**

RVS codes 17110 and 68530 are temporary delisted in Annex 2 and will not be compensable.

**6. What does it mean by “for repetitive procedures, only one session shall be reimbursed per day?”**

This is applicable for those repetitive procedures listed in claim form 2 performed in one day.

Example:

<b>Item</b>	<b>First Case Rate</b>	<b>Second Case Rate</b>	<b>Remarks</b>
1	Hemodialysis	Hemodialysis	Pay First Case Rate
2	Radiotherapy LINAC	Radiotherapy Cobalt or LINAC	Pay First Case Rate
3	IMRT	IMRT	Pay First Case Rate
4	Hemodialysis	Blood transfusion	Pay both

**7. When will this be implemented?**

This will be implemented and effective for June 1, 2015 admissions and onwards.

**8. Where can we get the latest copy of Annex 2?**

The latest Annex 2 with the revisions may be accessed thru the PhilHealth website: [www.philhealth.gov.ph](http://www.philhealth.gov.ph)