



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 008 - 2015

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

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

I. RATIONALE

The list of surgical or procedure case rates was published as Annex 2 of PhilHealth Circular 35 s. 2013. It was also uploaded in the PhilHealth website (www.philhealth.gov.ph). Since its digital publication, it has become the norm to refer in Annex 2 to make the reimbursable amount for a particular confinement predictable, transparent, and accurate. However, there have been necessary enhancements to the All Case Rates (ACR) policy that were published with their own corresponding annexes.

To adequately guide both the health care providers and the patients in searching for the appropriate reimbursement for their case, a more systematic approach was developed by the Corporation that further leveraged the convenience that can be provided by information management. Further, this approach harmonized and consolidated the different annexes into a single, more intuitive or user-friendly guide.

Hence, Annex 2 - List of Procedure Case Rates (Revision 1.0) shall be the updated version of compensable procedures for hospitals, ambulatory surgical clinics and selected facilities. This shall be accessible on-line thru our website via the embedded "Search Case Rates" function that may be downloaded in the PDF form by our members and health care providers.

PhilHealth shall continuously promote adequate information dissemination to empower both the health care provider and the member. Therefore, the succeeding enhancements in the ACR annexes shall be through an advisory and shall be numerically labeled (e.g., "Revision 1.0").

II. SCOPE

This Circular shall cover the following:

- A. Revisions in Annex 2 – List of Procedure Case Rates
 - 1. Inclusion of titles and subtitles per procedure
 - 2. Amendments to package codes and descriptions as per PC 22 – 2014: Social Health Insurance Coverage and Benefits for Women About to Give Birth

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- 3. Corrections to the typographical errors in some procedural descriptions
- 4. Delisting of Relative Value Scale (RVS) codes based on previously published and approved Circulars
- B. Changes in case rate amount
- C. Procedures with additional condition for claiming reimbursement
- D. Temporary delisting of selected RVS Codes
- E. Other supplementary guidelines for all case rates

III. GUIDELINES

A. Annex 2 - List of Procedure Case Rates (Revision 1.0) shall now be used for reference by accredited health care providers and PhilHealth members/dependents in claiming for PhilHealth reimbursements.

1. Inclusion of titles and subtitles per procedure in Annex 2: List of Procedure Case Rates

Example:

Integumentary System
Skin, Subcutaneous and Accessory Structures

RVS code	Burns, Local Treatment
16010	Dressings and/or debridement, initial or subsequent
16035	Escharotomy
16040	Excision burn wound, w/o skin grafting, employing alloplastic dressing (e.g., synthetic mesh), any anatomic site

2. Amendments to package codes and descriptions

Annex 2. List of Procedure Case Rates of PC 35 s. 2013		Annex 2. List of Procedure Case Rates (Revision 1.0)	
Package/RVS code	Description	Package/RVS code	Description
59400	Routine obstetric care including antepartum care, vaginal delivery and/or postpartum care (Normal Spontaneous Delivery Package) for hospitals	NSD01	Essential health services during intrapartum period including intrapartum monitoring, normal delivery and postpartum care (Normal Spontaneous Delivery Package)
59401	Routine Obstetric care including prenatal, delivery and newborn services of non-hospital facilities (Maternity Care Package)	MCP01	Essential health services during antenatal, intrapartum and postpartum period including antenatal care, intrapartum monitoring, normal delivery postpartum care (Maternity Care Package)
N/A	N/A	ANC01	Essential services during antenatal period (Antenatal Care Package)

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N/A	N/A	ANC02	Antenatal care services with intrapartum monitoring or labor watch (without delivery)
59403	Undelivered cases (baby delivered in referral facility) in non-hospital facilities	59403	Intrapartum monitoring or labor watch (without delivery)
99432	Normal Newborn Care Package	99432	Newborn Care Package

3. Corrections to the typographical errors in some procedural descriptions

Example:

RVS code	Description	Corrected Description
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)

4. Delisted RVS codes in Annex 2 based on published Circulars

RVS code	Description	PhilHealth Circular
65760	Keratomileusis (Laser-Assisted in Situ Keratomileusis)	PC 28 – 2014
59402	Routine obstetric care including antepartum care, vaginal delivery and/or postpartum care for hospitals; with bilateral tubal ligation)	PC 22 – 2014

B. RVS codes with changes in case rate amount

RVS code	Description	(New) Case Rate	Health Care Institution fee	Professional fee
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

C. Procedures with additional condition for claiming reimbursement

RVS code	Description	Remarks
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal w/ mechanical	It cannot be claimed unless done in combination with penetrating keratoplasty (any of the following RVS

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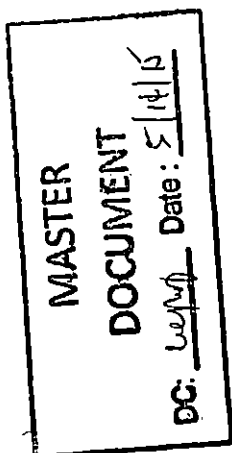
	vitrectomy	codes 65710, 65730, 65750, 65755)
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	
To reiterate, RVS codes 67010, 67005, 65710, 65730, 65750, 65755 cannot be claimed as second case rate.		

D. Temporary delisting of selected RVS Codes

RVS code	Description
17110	Destruction by any method of flat warts or molluscum contagiosum, milia, all lesions.
68530	Removal of foreign body or dacryolith, lacrimal passages

E. Other supplementary guidelines for all case rates

1. The procedure being claimed should be written and related to the condition/s enumerated in the discharge diagnosis/es in item 7 of Claim Form 2 (CF 2).
2. The first and second case rates (if applicable) shall be written in item 9 of CF 2.
3. Hospitals (Level 1 to 3) and ambulatory surgical clinics (ASCs) shall be allowed to claim for second case rates listed in Annex 3 of PhilHealth Circular No. 35, s-2013 subject to its applicable rules.
4. Claims for less than 24-hour confinement for medical or without procedural managements shall be denied.
5. For repetitive procedures listed in ACR, only one session shall be reimbursed per day.
6. Anesthesia record, operative technique and doctor's/nurse's notes shall no longer be submitted along with the claim forms during claims filing for all procedures. Instead, it may be requested and/or checked during monitoring. The certified true copy of the doctor's/nurse's notes are still required in filing of claims for Resuscitation Package.
7. It is reiterated that only health care institutions (HCIs) with DOH license or PhilHealth recognized certificates and have the capability to perform a procedure and/or medically manage a case should file for reimbursement.
8. The Statement of Account (SOA) shall reflect the total charges minus the PhilHealth benefit for both the HCI fee and professional fee/s. Part III item A of Claim Form 2: Certification of Consumption of Benefits and Consent to Access Patient Record/s shall at all times be consistent with that of the SOA of the patient.
9. RVS code 16010 (Dressings and/or debridement, initial or subsequent) shall only apply to local treatment of burns.
10. RVS code 59409 [Vaginal Delivery only (with episiotomy); also referred to as complicated vaginal delivery]. This code shall be used for deliveries done vaginally for mothers with medical conditions or other indications that exempt them from the normal spontaneous delivery package. The following are the accepted indications and should be written in item 7 of CF 2:
 - a. Preterm deliveries O60.1
 - b. Multiple deliveries O84.0
 - c. Maternal distress during delivery (unstable vital signs) O75.0
 - d. Delayed delivery after rupture of membranes O75.6



- e. Abnormality in uterine contraction O62.4
- f. Prolonged labor O63.-
- g. Precipitous delivery O62.3
- h. Labor complicated by fetal distress O68.-
- i. Labor complicated by cord complication O69.-
- j. Third degree perineal laceration during delivery O70.2
- k. Fourth degree perineal laceration during delivery O70.3
- l. Stillbirth (as per PC 23 s. 2006)

11. The following RVS codes for ophthalmologic procedures shall be claimed only once per eye:

RVS code	Description
66840	Removal of lens material; aspiration technique, one or more stages
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (e.g. phacoemulsification), w/ aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, for dislocated lens
66940	Removal of lens material; extracapsular
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g. irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g. iris expansion device, suture support for intraocular lens, or primary posterior capsulorhexis) or performed on patients in the amblyogenic developmental stage
66983	Intracapsular cataract extraction w/ insertion of intraocular lens prosthesis (one stage procedure)
66984	Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., irrigation and aspiration)
66987	Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., phacoemulsification)

12. Future revisions in the annexes of PhilHealth Circular 35 s.2013 may be through a PhilHealth advisory and shall be published in any newspaper of general circulation.

13. The provisions of the PhilHealth Advisory 04-02-2015 shall form part of the policies of All Case Rates.

IV. MONITORING AND EVALUATION

The health care provider shall be subjected to the rules on monitoring and evaluation of performance as provided for in PhilHealth Circular No. 54, s-2012: Provider Engagement through Accreditation and Contracting for Health Services (PEACHeS) and PhilHealth Circular No. 031-2014 re: Health Care Provider Performance Assessment System (HCP PAS).

Violations shall be dealt with accordingly and the Corporation reserves the right to rectify any prejudicial financial charges of the HCI to ultimately redound back to the patient and/or the Corporation.

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This Circular shall be reviewed annually and as necessary.

V. REPEALING CLAUSE

All provisions of previous issuances, circulars, and directives that are inconsistent with any of the provisions of this Circular for this particular circumstance wherein the same is exclusively applicable, are hereby amended, modified or repealed accordingly.

VI. 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.

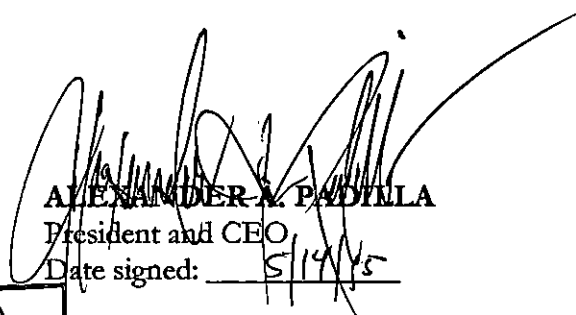
VII. EFFECTIVITY

This Circular shall take effect on June 1, 2015. 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.

Temporary delisted RVS codes and change in rates shall take effect for claims performed on June 1, 2015 and onwards.

VIII. ANNEX

Annex 2. List of Procedure Case Rates (Revision 1.0) available at www.philhealth.gov.ph


ALEXANDER A. PADILLA
President and CEO
Date signed: 5/14/15

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