



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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www.philhealth.gov.ph



PHILHEALTH CIRCULAR

No. 012 - 2015

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

SUBJECT : ANNEX 2 – LIST OF PROCEDURES CASE RATES (REVISION 2.0) AND SUPPLEMENTARY GUIDELINES FOR ALL CASE RATES

I. RATIONALE

As per Sections 35 (objective) and 36 (functions) of the revised IRR of RA 7875 as amended by RA 9241 and 10606, “the National Health Insurance Program aims to provide its members with responsive benefit packages. In view of this, the Corporation shall continuously endeavor to improve its benefit package to meet the needs of its members”.

In the future enhancements of All Case Rates policies, the possibility of several changes shall be reflected to adapt to the diversified scopes of professional practice and prevailing clinical setting.

II. SCOPE

This Circular shall cover the following revisions for selected procedures listed in Annex 2 – List of Procedure Case Rates (Revision 1.0).

- A. Relative Value Scale (RVS) codes/ procedures with changes in case rate amount and /or conditions for claiming.
- B. RVS codes/ procedures that shall be claimed only once in a lifetime per eye
- C. Reimbursement policy for RVS codes 66820 and 66821
- D. RVS Codes exempted from the 90 day single period of confinement rule
- E. Temporary Delisting of Additional RVS Codes
- F. Other Supplementary Guidelines

III. GUIDELINES

The selected procedures listed herein shall now be used for reference by accredited health care providers and PhilHealth members/dependents in claiming for PhilHealth reimbursements.

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A. Procedures with changes in case rate amount

RVS code	Description	(New) First Case Rate	Health Care Institution fee	Professional fee
65222	Removal of foreign body, external eye; cornea, with slit lamp	4,180	2,500	1,680
17106	Destruction of Cutaneous Vascular Proliferative Lesions (e.g. Laser Technique)	6,000	3,800	2,200

1. Conditions for claiming RVS code 17106 [Destruction of Cutaneous Vascular Proliferative Lesions (e.g. Laser Technique)].

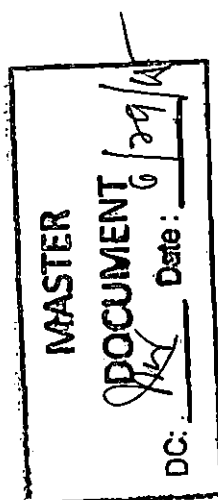
RVS code 17106 shall only be claimed relative to the following conditions:

ICD 10	Description	Maximum Number of sessions per patient	Interval in between procedures	Can only be performed by
D18.0	Hemangioma, any site Angioma NOS	6	30 days	Diplomate/Fellow/ Consultant of Philippine Dermatological Society (PDS)
Q82.5	Congenital non-neoplastic naevus (portwine)	6	30 days	Diplomate/Fellow/ Consultant of Philippine Dermatological Society (PDS)

B. RVS codes/ procedures that shall be claimed only once in a lifetime per eye

1. The following procedures shall only be reimbursed once in a lifetime per eye.

RVS code	Description
	Removal of Eye
65091	Evisceration of ocular contents; w/o implant
65093	Evisceration of ocular contents; w/ implant
65101	Enucleation of eye; w/o implant
65103	Enucleation of eye; w/ implant, muscles not attached to implant
65105	Enucleation of eye; w/ implant, muscles attached to implant
65110	Exenteration of orbit without skin graft, removal of orbital contents; only
65112	Exenteration of orbit without skin graft, removal of orbital contents; w/ therapeutic removal of bone
65114	Exenteration of orbit without skin graft, removal of orbital contents; w/ muscle or myocutaneous flap



2. To reiterate, the following RVS codes 66840, 66850, 66852, 66920, 66930, 66940, 66982, 66983, 66984, and 66987 under "Removal Cataract" shall be claimed only once in a lifetime per eye as listed in Annex 2 – List of Procedure Case Rates (Revision 1.0) of PhilHealth Circular No. 008 – 2015.

To illustrate:

Patient A

RVS code	Laterality	Date performed	Remarks
66983	Right eye	June 1, 2015	Pay
66983	Left eye	June 3, 2015	Pay
66840	Right eye	September 5, 2015	Denied, under the same group of "Removal Cataract"

Patient B

RVS code	Laterality	Date performed	Remarks
65101	Left eye	September 4, 2014	Pay
65101	Right eye	July 11, 2015	Pay
65103	Left eye	November 6, 2015	Denied, under the same group of "Removal of Eye"

C. Reimbursement policy for RVS codes 66820 and 66821

RVS code	Description
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)

1. Claims for RVS 66820 and 66821 shall not be compensable if done less than 180 days after cataract surgery on the same eye

To illustrate:

Claim	PREVIOUS SURGERIES Procedure/Date performed	CLAIM Procedure/Date performed	REMARKS
1	RVS code 66987 Right eye November 1, 2014	RVS code 66820 Right eye February 15, 2015	Deny claim
2	RVS code 66987 Right eye November 1, 2014	RVS code 66820 Right eye June 15, 2015	Pay

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2. The rule on laterality applies for both RVS 66820 and 66821.

To illustrate:

	CLAIM Procedure/Date performed	Remarks
Case 1	<u>First case rate</u> RVS code 66821 Right eye June 15, 2015	Pay first case rate full and 50% for second case rate
	<u>Second case rate</u> RVS code 66821 Left eye June 15, 2015	

3. Both RVS codes 66820 and 66821 are covered by the rule on single period of confinement. Thus, claims for either of the RVS codes done on the same eye shall not be reimbursed if done within 90 days of each other.
4. Both RVS codes 66820 and 66821 shall automatically be subjected to post-audit.

To illustrate:

Case	PREVIOUS CLAIM Procedure/Date performed	CLAIM Procedure/Date performed	Remarks
1	RVS code 66820 Right eye April 10, 2015	RVS code 66820 Right eye June 15, 2015	Deny
2	RVS code 66821 Right eye January 10, 2015	RVS code 66821 Right eye June 15, 2015	Pay
3	RVS code 66820 Right eye January 10, 2015	RVS code 66821 Right eye June 15, 2015	Pay
4	RVS code 66821 Right eye January 10, 2015	RVS code 66820 Right eye June 15, 2015	Pay

- D. RVS Codes exempted from the 90 day single period of confinement rule.

RVS Code	Description	Conditions/Rules	Can only be performed by
67036	Vitrectomy, mechanical, pars plana approach	1. Exempted from the 90 day Single Period of Confinement rule for the following medical indications only:	1. Medical Specialist of the Philippine Academy of Ophthalmology (PAO)

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RVS Code	Description	Conditions/Rules	Can only be performed by
		a. H43.1 (Vitreous Haemorrhage) b. H44.0 (Purulent endophthalmitis) 2. The procedure should not be done by the same surgeon who performed the ocular surgery that led to the complication. Otherwise, the claim shall be denied. 3. Subject to Automatic Post-Audit	OR 2. General Practitioner with completed residency training in Ophthalmology
67049	Vitrectomy, mechanical, pars plana approach, with removal of dropped IOL	1. PhilHealth shall only reimburse the Vitrectomy procedure if done in one sitting with cataract surgery. 2. Subject to Automatic Post-Audit	Retina Specialist of the Vitreo-Retinal Society of the Philippines (VRSP) of PAO
67050	Vitrectomy, mechanical, pars plana approach; with phacofragmentation for dropped lens material	1. PhilHealth shall only reimburse the Vitrectomy procedure if done in one sitting with cataract surgery. 2. Subject to Automatic Post-Audit	Retina Specialists of the Vitreo-Retinal Society of the Philippines (VRSP) of PAO

E. Temporary Delisting of Additional RVS Codes

RVS Code	Description
17000	Destruction by any method, including laser, w/ or w/o surgical curettement, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; any number of lesions
17100	Destruction by any method including laser of benign skin lesions other than cutaneous vascular proliferative lesions on any area other than the face, including local anesthesia; any number of lesions
17200	Electrosurgical destruction of multiple fibrocutaneous tags; all lesions
11050	Paring or curettement of benign hyperkeratotic skin lesion w/ or w/o chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) w/ or w/o local anesthesia; single lesion
11051	Paring or curettement of benign hyperkeratotic skin lesion w/ or w/o chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) w/ or w/o local anesthesia; two to four lesions

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RVS Code	Description
11052	Paring or curettement of benign hyperkeratotic skin lesion w/ or w/o chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) w/ or w/o local anesthesia; more than four lesions

F. Other Supplementary Guidelines

1. Ophthalmic surgical (includes cataract surgeries) and ophthalmic laser procedures shall be reimbursed only when performed by an accredited General Practitioner with Completed Residency Training in Ophthalmology (PhilHealth Accreditation Number starting with 1501) and Medical Specialist of the PAO (PhilHealth Accreditation Number starting with 1304).
2. The removal of corneal, corneo-scleral and conjunctival sutures cannot be claimed using the following RVS Codes:

RVS Code	Description
65222	Removal of foreign body, external eye; cornea, with slit lamp
65205	Removal of foreign body, external eye; conjunctival, superficial
65210	Removal of foreign body, external eye; subconjunctival or scleral, with slit lamp

3. One of the intraocular lens (IOL) stickers (with serial number) used in cataract surgery shall be placed on the lower right hand corner of the CF2 (Please see attached sample). Absence of such will cause denial of the claim. Another IOL sticker should be placed on the OR technique and shall be part of the chart. This shall be checked during monitoring.
4. For cataract surgeries covered by the Cataract Pre-surgery Authorization (CPSA), PhilHealth shall authorize only up to a maximum of fifty (50) requests for pre-surgery authorization per PhilHealth-accredited eye surgeon per month not exceeding ten (10) scheduled surgeries per day per PhilHealth-accredited eye surgeon.

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).

This Circular shall be reviewed periodically and as necessary.

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.

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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.

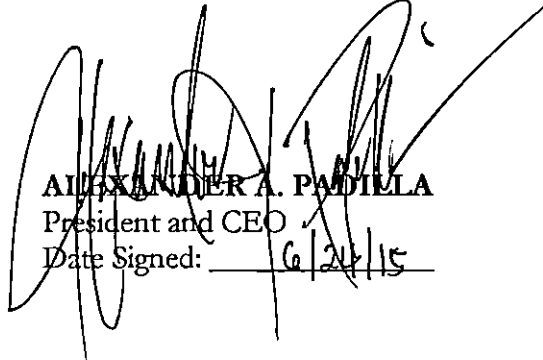
VII. EFFECTIVITY

This Circular shall take effect for admissions effective July 15, 2015 and onwards. 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.

However, for Section III item F.4, it shall become effective August 1, 2015 and onwards.

VIII. ANNEX

New case rate amount for selected procedures listed in Annex 2 – List of Procedure Case Rates (Revision 2.0) pdf file and on-line inquiry “Search Case Rates” utility shall be available at www.philhealth.gov.ph



ALEXANDER A. PADILLA
President and CEO
Date Signed: 6/24/15

MASTER DOCUMENT
DC: 6/19/15
Date: 6/19/15

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Series # _____

IMPORTANT REMINDERS:
PLEASE WRITE IN CAPITAL LETTERS AND CHECK THE APPROPRIATE BOXES.
This form together with other supporting documents should be filed within sixty (60) calendar days from date of discharge.
All information, fields and tick boxes required in this form are necessary. Claim forms with incomplete information shall not be processed.
FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

PART I - HEALTH CARE INSTITUTION (HCI) INFORMATION

1. PhilHealth Accreditation Number (PAN) of Health Care Institution: 0,0,0,0,0,0,1,0

2. Name of Health Care Institution: PHILIPPINE GENERAL HOSPITAL

3. Address: Taft Avenue ERMATA MANILA Province _____
Building Number and Street Name City/Municipality

PART II - PATIENT CONFINEMENT INFORMATION

1. Name of Patient: DELA CRUZ JUANA AQUINO
Last Name First Name Name Extension (JRS/111) Middle Name (example: DELA CRUZ JUAN JR SRAC)

2. Was patient referred by another Health Care Institution (HCI)?
 NO YES
Name of Referring Health Care Institution _____ Building Number and Street Name City/Municipality Province Zip Code

3. Confinement Period: a. Date Admitted: 0,8 - 1,5 - 2,0,1,5 b. Time Admitted: 0,9 : 0,0 AM PM
month day year hour min
c. Date Discharged: 0,8 - 1,5 - 2,0,1,5 d. Time Discharged: 1,2 : 0,0 AM PM
month day year hour min

4. Patient Disposition: (select only 1)
 a. Improved e. Expired. Date: _____ Time: _____ AM PM
 b. Recovered f. Transferred/Referred _____
 c. Home/Discharged Against Medical Advice Name of Referral Health Care Institution
 d. Abandoned Building Number and Street Name City/Municipality Province Zip Code

5. Type of Accommodation: Private Non-Private (Charity/Service) Reason/s for referral/transfer: _____

6. Admission Diagnosis/es: SENILE MATURE CATARACT OS

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. <u>CATARACT OS</u>	<u>H25.90</u>	i. <u>PHACOLYSIS</u>	<u>66987</u>	<u>08-15-2015</u>	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
		ii. <u>WI RIOL OS</u>			<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
c. _____	_____	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
d. _____	_____	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

8. Special Considerations:

a. For the following repetitive procedures, check box that applies and enumerate the procedure/session dates (mm-dd-yyyy). For chemotherapy, see guidelines.

<input type="checkbox"/> Hemodialysis	_____	<input type="checkbox"/> Blood Transfusion	_____
<input type="checkbox"/> Peritoneal Dialysis	_____	<input type="checkbox"/> Brachytherapy	_____
<input type="checkbox"/> Radiotherapy (LINAC)	_____	<input type="checkbox"/> Chemotherapy	_____
<input type="checkbox"/> Radiotherapy (COBALT)	_____	<input type="checkbox"/> Simple Debridement	_____

b. For Z-Benefit Package Z-Benefit Package Code: _____

c. For MCP Package (enumerate four dates (mm-dd-yyyy) of pre-natal check-ups)
1 _____ 2 _____ 3 _____ 4 _____

d. For TB DOTS Package Intensive Phase Maintenance Phase

e. For Annual Bsc Package (write the dates (mm-dd-yyyy) when the following doses of vaccine were given) NOTE Anti Rabies Vaccine (ARV), Rabies Immunoglobulin (RIG)
Day 0 ARV _____ Day 3 ARV _____ Day 7 ARV _____ RIG _____ Others (Specify) _____

f. For Newborn Care Package Essential Newborn Care Newborn Hearing Screening Test Newborn Screening Test For Newborn Screening, please attach NBS Filter Sticker here
For Essential Newborn Care, (check applicable boxes)
 Immediate crying of newborn Timely cord clamping Weighing of the newborn ECG vaccination Hepatitis B vaccination
 Early skin-to-skin contact Eye prophylaxis Vitamin K administration Non-separation of mother/baby for early breastfeeding initiation

g. For Outpatient HIV/AIDS Treatment Package Laboratory Number: _____

9. PhilHealth Benefits
ICD 10 or RVS Code: a. First Case Rate 66987 b. Second Case Rate _____

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