



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH CIRCULAR

No. 2016-0014

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 3.0) AND SUPPLEMENTARY GUIDELINES FOR ALL CASE RATES

I. RATIONALE

As per *Rule I*, 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 setting certain provisions in the policy, the concerned specialty societies and other stakeholders have been consulted. This and future enhancements of All Case Rates policies reflect 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 2.0):

- A. Relative Value Scale (RVS) codes/ procedures with changes in case rate amount and /or conditions for claiming.
- B. Delisting of RVS codes/*procedures*
- C. RVS codes/ procedures that shall be claimed only once in a lifetime per eye
- D. Reimbursement policy for RVS codes 66820 and 66821
- E. RVS codes/*procedures* exempted from the 90 day single period of confinement rule
- F. Other supplementary guidelines
 - 1. *Reimbursement of ophthalmic surgical and laser procedures*
 - 2. *Intraocular lens (IOL)*
 - 3. *Cataract Pre-surgery Authorization (CPSA) limit*

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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.

A. RVS codes/procedures with changes in case rate amount and /or conditions for claiming.

RVS code	Description	(New) First Case Rate	Health Care Institution fee	Professional fee
17000	<i>Destruction by any method, including laser, w/ or w/o surgical curettement, a benign facial lesions or premalignant lesions in any location, or benign lesions other than vascular proliferative lesions, including local anesthesia; any number of lesions</i>	6,000	3,800	2,200
17106	<i>Destruction of cutaneous vascular proliferative lesions (e.g. laser technique)</i>	6,000	3,800	2,200
65205	<i>Removal of foreign body, external eye; conjunctival, superficial</i>	500	300	200
65772	<i>Corneal relaxing incision for correction of surgically induced astigmatism</i>	10,000	6,000	4,000

1. RVS code 17000 shall only be claimed relative to these conditions:

ICD 10 Code	Description/ Diagnosis	Maximum Number of sessions per patient	Interval in between procedures	Can only be performed by
B07	<i>Verruca vulgaris (located on the palms and soles and periungual areas)</i>	6	30 days	Diplomate/Fellow/ Consultant of Philippine Dermatological Society (PDS)
D22.0 D22.1	<i>Nevus of Ota</i>	6	90 days	

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

ICD 10 Code	Description/ Diagnosis	Maximum Number of sessions per patient	Interval in between procedures	Can only be performed by
B07	<i>Verruca vulgaris (plantar or periungual)</i>	6	30 days	Diplomate/ Fellow/ Consultant of Philippine Dermatological Society (PDS)
L71.9	<i>Rosacea (severe)</i>	6	30 days	
D18.0	<i>Hemangioma, any site Venous malformation Angioma NOS except Cherry angioma</i>	6	30 days	
Q82.5	<i>Congenital non-neoplastic naevus (portwine)</i>	6	30 days	

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3. RVS code 65205 (*Removal of foreign body, external eye; conjunctival, superficial*) can be performed by all accredited physicians. The operative record (with OR technique) shall be attached to the clinical chart for monitoring purposes.

Further, RVS codes 67400, 67405, 67412, 67413, 67414, 67415, 67420, 67430, 67440 and 67445 (*exploration, excision and decompression of orbit*) shall be reimbursed if performed by accredited specialists for trauma and maxillofacial surgery.

B. Delisting of RVS codes

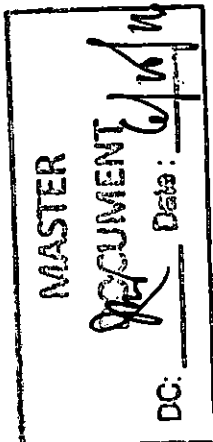
The following procedures are temporarily delisted until further notice as recommended by the medical specialty societies concerned. Hence, claims for these procedures shall be denied.

RVS Code	Description
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
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
50205	<i>Renal biopsy; by surgical exposure of kidney</i>
65420	<i>Excision or transposition of pterygium; without graft</i>
65771	<i>Radial keratotomy</i>
67042	<i>Vitrectomy, mechanical, pars plana approach; with radial optic nerve neurotomy (RON)</i>
67043	<i>Vitrectomy, mechanical, pars plana approach; with sheathotomy for branch retinal vein occlusion</i>
67044	<i>Vitrectomy, mechanical, pars plana approach; with macular translocation (limited by retinotomy and/or scleral imbrication)</i>
67045	<i>Vitrectomy, mechanical, pars plana approach; with macular translocation (total)</i>

C. 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



- To reiterate, the following RVS code 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. *It shall also include RVS code 66830.*

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"

D. 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)

- Claims for RVS codes 66820 and 66821 shall not be compensable if done less than 90 days after cataract surgery on the same eye. Both procedures can only be done once in a lifetime per eye.

To illustrate:

Claim	PREVIOUS CATARACT 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	Pay
2	RVS code 66987 Right eye November 1, 2014	RVS code 66820 Right eye June 15, 2015	Pay
3	RVS code 66987 Left eye April 1, 2016	RVS code 66820 Left eye July 1, 2016	Pay
4	RVS code 66987 Left eye April 5, 2016	RVS code 66820 Left eye July 1, 2016	Deny claim

- RVS 66820 and 66821 shall be exempted from the laterality rule. For bilateral discission procedures (either RVS 66820 or 66821) done in one operative session or with less than one day interval (within same or different confinements), the second discission procedure shall be paid at 50% of the case rate. However, if there is at least one day interval between procedures (within same or different confinements), the second discission procedure shall be paid the full case rate.

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To illustrate:

Case	CLAIM Procedure/Date performed	Remarks
1	<p><u>First Case Rate:</u> RVS code 66821 Right eye June 15, 2015</p> <p><u>Second Case Rate:</u> RVS code 66821 Left eye June 15, 2015</p>	Pay first case rate full and 50% for second case rate
2	<p><u>First Case Rate:</u> RVS code 66821 Right eye July 1, 2016</p> <p><u>First Case Rate:</u> RVS code 66821 Left eye July 3, 2016</p>	Pay full case rate for both claims

3. Both RVS codes 66820 and 66821 shall automatically be subjected to post-audit.

E. RVS codes/procedures exempted from the 90-day single period of confinement rule

RVS code	Description	Condition/Rules	Can only be performed by
67036	Vitrectomy, mechanical, pars plana approach	<p>1. Exempted from the 90 day Single Period of Confinement rule for the following medical indications only:</p> <p>a. H43.1 (Vitreous haemorrhage)</p> <p>b. H44.0 (Purulent endophthalmitis)</p> <p>2. A justification to support the performance of the procedure shall be submitted in filing of claims for cases done by the same surgeon who performed the ocular surgery that led to its complication. Otherwise, the claim shall be denied.</p> <p>3. Subject to Automatic Post-Audit</p>	<p>1. Medical Specialist</p> <p>a. Philippine Academy of Ophthalmology (PAO)</p> <p>b. trained in EENT</p> <p>or</p> <p>2. General Practitioner with completed residency training in Ophthalmology</p>
67049	Vitrectomy, mechanical pars plana approach, with removal of dropped IOL	<p>1. If vitrectomy is done in one confinement with cataract extraction, PhilHealth shall reimburse vitrectomy only. If vitrectomy and cataract extraction are performed in separate confinements, both procedures shall be reimbursed.</p>	<p>Medical Specialist</p> <p>a. Philippine Academy of Ophthalmology (PAO)</p>
67050	Vitrectomy, mechanical pars plana approach; with phacofragmentation for dropped lens nucleus	<p>2. Subject to Automatic Post-Audit</p>	<p>b. trained in EENT</p>

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F. Other Supplementary Guidelines

1. *Ophthalmic surgical (includes cataract surgeries) and ophthalmic laser procedures shall be reimbursed when performed by an accredited General Practitioner with Completed Residency Training in Ophthalmology (PhilHealth Accreditation Number starting with 1501 and 1503) or by a Medical Specialist of PAO or a Medical Specialist trained in Eye, Ear, Nose, Throat (EENT) (PhilHealth Accreditation Number starting with 1304 and 1314, respectively) unless otherwise specified.*
2. *A General Practitioner with completed residency training shall submit the certified true copy of the certificate of completed residency training in Ophthalmology to the concerned PRO for evaluation and tagging in the accreditation database.*
3. *The removal of corneal, corneo-scleral and conjunctival sutures cannot be claimed using the following RVS codes:*

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

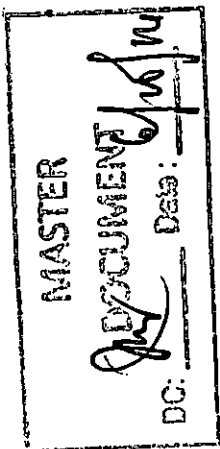
4. *The Food and Drug Administration Philippines - registered intraocular lens (IOL) sticker or box used in the cataract surgery shall be attached to Claim Form 2 for claiming the following procedures:*

RVS Code	Description
66982	<i>Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, 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</i>
66983	<i>Intracapsular cataract extraction w/ insertion of intraocular lens prosthesis (one stage procedure)</i>
66984	<i>Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., irrigation and aspiration)</i>
66985	<i>Insertion of intraocular lens prosthesis, not associated with cataract removal</i>
66986	<i>Exchange of intraocular lens</i>
66987	<i>Extracapsular cataract removal w/ insertion of intraocular lens prosthesis (one stage procedure), (e.g., phacoemulsification)</i>

In transition, the IOL sticker or box should be labeled with but not limited to: 1) product or brand name; 2) model or reference code; 3) manufacturer; and serial number until August 31, 2016 (1 out of 3 labels should be present and serial number). Thereafter, all three (3) labels and serial number should be present. Otherwise, the claim shall be denied.

As is, one (1) IOL sticker shall be placed on the operative record and shall be part of the chart. This shall be checked during monitoring.

5. *To reiterate, for cataract surgeries covered by the Cataract Pre-surgery Authorization (CPSA), PhilHealth shall authorize only up to a maximum of fifty (50) approved 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 except for those performed by residents-in-training under the eye surgeon's supervision in accredited government or private HCI with a*



Philippine Board of Ophthalmology accredited residency training program. The patients of residents-in -training not subject to limit shall only include non-private, service and NBB eligible patients.

To illustrate:

Dr. Juan Dela Cruz, an accredited health care professional has the following requests for Cataract Pre-Surgery Authorization:

Date of contemplated surgery	Classification of HCI	Category of patient	Number of approved CPSA	Included in the limit per health care professional? Yes or No
August 5, 2015	Private hospital	Private	9	Yes
August 6, 2015	Government hospital	Private	10	Yes
August 9, 2015	Private ASC	Private	5	Yes
August 11, 2015	Private hospital	Private	9	Yes
August 15, 2015	Government hospital with no accredited residency training in Ophthalmology	Non-private	5	Yes
August 17, 2015	Private ASC	Sponsored member of PhilHealth	2	Yes
August 19, 2015	Private ASC	Sponsored member of PhilHealth	2	Yes
August 20, 2015	Private hospital with accredited residency training in Ophthalmology	Service patient as part of training program, with consultant signing for patients of residents	5	No
August 22, 2015	Government hospital with accredited residency training in Ophthalmology	Sponsored member of PhilHealth as part of training program, with consultant signing for patients of residents	11	No
August 23, 2015	Private hospital	Private	8	Yes
August 25, 2015	Private ASC	Private	1	Request is denied because Dr. Dela Cruz already exceeded the limit of 50 CPSAs per month that are subject to the limit.

Total No. of Approved CPSA: 66
 Total No. of CPSA not subject to limit: 16
 Total No. of Surgeries for August: 66

6. To reiterate, CPSA shall no longer be required in cases of childhood and secondary (e.g. traumatic, glaucomatous) cataracts. The clinical abstract (original or certified true copy) or a completely and properly filled out Claim Form 3 (page 1) shall be attached to CF2 for monitoring and evaluation. Otherwise, the claim shall be returned to sender.

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IV. TRANSITORY PROVISION

Claims for ophthalmic surgical and ophthalmic laser procedures by EENT specialists performed starting July 15, 2015 onwards shall be reimbursed subject to existing rules and regulations.

V. 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.

VI. 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.

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

The new provisions of this Circular shall take effect for claims with admission dates starting July 1, 2016 unless otherwise specified. 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.

IX. ANNEX

New case rate amount for selected procedures listed in Annex 2 – List of Procedure Case Rates (Revision 3.0) pdf file and online inquiry “Search Case Rates” utility shall be available at www.philhealth.gov.ph

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ALEXANDER A. PABULLA
President and CEO
Date signed: 5/3/2018

ANNEX 2 – LIST OF PROCEDURE CASE RATES (REVISION 3.0) AND SUPPLEMENTARY GUIDELINES FOR ALL CASE RATES