

Annex C - List of Excluded Benefits

Code	Description
A97.2	SEVERE DENGUE; SEVERE DENGUE FEVER; SEVERE DENGUE HAEMORRHAGIC FEVER
A98.4	EBOLA VIRUS DISEASE
B20.6	HIV DISEASE RESULTING IN PNEUMOCYSTIS CARINII PNEUMONIA
I21.9	ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED [OR DURATION OF <4 WEEKS] KILLIPS I; ACUTE MYOCARDIAL INFARCTION NOS [OR DURATION OF <4 WEEKS] KILLIPS I
I60.0	SUBARACHNOID HAEMORRHAGE FROM CAROTID SIPHON AND BIFURCATION
I60.1	SUBARACHNOID HAEMORRHAGE FROM MIDDLE CEREBRAL ARTERY
I60.2	SUBARACHNOID HAEMORRHAGE FROM ANTERIOR COMMUNICATING ARTERY
I60.3	SUBARACHNOID HAEMORRHAGE FROM POSTERIOR COMMUNICATING ARTERY
I60.4	SUBARACHNOID HAEMORRHAGE FROM BASILAR ARTERY
I60.5	SUBARACHNOID HAEMORRHAGE FROM VERTEBRAL ARTERY
I60.6	SUBARACHNOID HAEMORRHAGE FROM OTHER INTRACRANIAL ARTERIES; MULTIPLE INVOLVEMENT OF INTRACRANIAL ARTERIES
I60.7	SUBARACHNOID HAEMORRHAGE FROM INTRACRANIAL ARTERY, UNSPECIFIED; CONGENITAL RUPTURED BERRY ANEURYSM NOS; SUBARACHNOID HAEMORRHAGE FROM CEREBRAL ARTERY NOS; SUBARACHNOID HAEMORRHAGE FROM COMMUNICATING ARTERY NOS
I60.8	OTHER SUBARACHNOID HAEMORRHAGE; MENINGEAL HAEMORRHAGE; RUPTURE OF CEREBRAL ARTERIOVENOUS MALFORMATION
I60.9	SUBARACHNOID HAEMORRHAGE, UNSPECIFIED
I61.0	INTRACEREBRAL HAEMORRHAGE IN HEMISPHERE, SUBCORTICAL; DEEP INTRACEREBRAL HAEMORRHAGE
I61.1	INTRACEREBRAL HAEMORRHAGE IN HEMISPHERE, CORTICAL; CEREBRAL LOBE HAEMORRHAGE; SUPERFICIAL INTRACEREBRAL HAEMORRHAGE
I61.2	INTRACEREBRAL HAEMORRHAGE IN HEMISPHERE, UNSPECIFIED
I61.3	INTRACEREBRAL HAEMORRHAGE IN BRAIN STEM
I61.4	INTRACEREBRAL HAEMORRHAGE IN CEREBELLUM
I61.5	INTRACEREBRAL HAEMORRHAGE, INTRAVENTRICULAR
I61.6	INTRACEREBRAL HAEMORRHAGE, MULTIPLE LOCALIZED
I61.8	OTHER INTRACEREBRAL HAEMORRHAGE
I61.9	INTRACEREBRAL HAEMORRHAGE, UNSPECIFIED
I62.0	ACUTE SUBDURAL HAEMORRHAGE; NONTRAUMATIC SUBDURAL HAEMORRHAGE
I62.1	NONTRAUMATIC EXTRADURAL HAEMORRHAGE; NONTRAUMATIC EPIDURAL HAEMORRHAGE
I62.9	INTRACRANIAL HAEMORRHAGE (NONTRAUMATIC), UNSPECIFIED
I63.0	CEREBRAL INFARCTION DUE TO THROMBOSIS OF PRECEREBRAL ARTERIES
I63.1	CEREBRAL INFARCTION DUE TO EMBOLISM OF PRECEREBRAL ARTERIES
I63.2	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF PRECEREBRAL ARTERIES
I63.3	CEREBRAL INFARCTION DUE TO THROMBOSIS OF CEREBRAL ARTERIES
I63.4	CEREBRAL INFARCTION DUE TO EMBOLISM OF CEREBRAL ARTERIES
I63.5	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF CEREBRAL ARTERIES
I63.6	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC
I63.8	OTHER CEREBRAL INFARCTION
I63.9	CEREBRAL INFARCTION, UNSPECIFIED
I63.9+G46.7*	OTHER LACUNAR SYNDROME IN UNSPECIFIED CEREBRAL INFARCTION
I64	STROKE, NOT SPECIFIED AS HEMORRHAGE OR INFARCTION
J12.03	ADENOVIRAL PNEUMONIA, HIGH RISK
J12.13	RESPIRATORY SYNCYTIAL VIRUS PNEUMONIA, HIGH RISK
J12.23	PARAINFLUENZA VIRUS PNEUMONIA, HIGH RISK
J12.33	HUMAN METAPNEUMOVIRUS PNEUMONIA, HIGH RISK
J12.8, B97.2	MERS-COV Package
J12.93	VIRAL PNEUMONIA, HIGH RISK
J13.3	PNEUMONIA [BRONCHOPNEUMONIA] DUE TO STREPTOCOCCUS PNEUMONIAE, HIGH RISK
J14.3	PNEUMONIA [BRONCHOPNEUMONIA] DUE TO HAEMOPHILUS INFLUENZAE, HIGH RISK
J15.03	PNEUMONIA DUE TO KLEBSIELLA PNEUMONIAE, HIGH RISK

Annex C - List of Excluded Benefits

Code	Description
J15.13	PNEUMONIA DUE TO PSEUDOMONAS, HIGH RISK
J15.23	PNEUMONIA DUE TO STAPHYLOCOCCUS, HIGH RISK
J15.33	PNEUMONIA DUE TO STREPTOCOCCUS, GROUP B, HIGH RISK
J15.43	PNEUMONIA DUE TO OTHER STREPTOCOCCI, HIGH RISK
J15.53	PNEUMONIA DUE TO ESCHERICHIA COLI, HIGH RISK
J15.63	PNEUMONIA DUE TO OTHER AEROBIC GRAM-NEGATIVE BACTERIA; PNEUMONIA DUE TO SERRATIA MARCESCENS, HIGH RISK
J15.73	PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE, HIGH RISK
J15.93	BACTERIAL PNEUMONIA [BRONCHOPNEUMONIA], HIGH RISK
J16.03	CHLAMYDIAL PNEUMONIA, HIGH RISK
J18.03	BRONCHOPNEUMONIA, HIGH RISK
J18.13	LOBAR PNEUMONIA, HIGH RISK
J18.23	HYPOSTATIC PNEUMONIA, HIGH RISK
J18.93	COMMUNITY-ACQUIRED PNEUMONIA IV (THIS CLASSIFICATION UTILIZED THE AMERICAN THORACIC SOCIETY RECOMMENDATION. THIS IS EQUIVALENT TO CAP, HIGH RISK IN THE PHILIPPINE CLINICAL PRACTICE GUIDELINES ON THE DIAGNOSIS, EMPIRIC MANAGEMENT, AND PREVENTION OF COMMUNI
J18.99, Y95	NOSOCOMIAL PNEUMONIA
J45.90	BRONCHIAL ASTHMA IN ACUTE EXACERBATION
MHG1	GENERAL MENTAL HEALTH SERVICES - TRANCHE 1
MHG2	GENERAL MENTAL HEALTH SERVICES - TRANCHE 2
MHS1	SPECIALTY MENTAL HEALTH SERVICES - TRANCHE 1
MHS2	SPECIALTY MENTAL HEALTH SERVICES - TRANCHE 2
P36.9	BACTERIAL SEPSIS OF NEWBORN, UNSPECIFIED
U04.9	SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
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)
90935	HEMODIALYSIS PROCEDURE
96408*	CHEMOTHERAPY ADMINISTRATION (only for liver, lung, ovarian and prostate cancers)
96440*	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS (only for liver, lung, ovarian and prostate cancers)
C19AT1	FACILITY BASED COVID 19 RAPID ANTIGEN TEST
c19CI	COVID19 COMMUNITY ISOLATION PACKAGE
c19CIS	ADMISSIONS THAT WERE REFERRED TO THE CIU FROM HIGHER LEVEL FACILITY FOR STEP DOWN CARE
c19HI	COVID 19 HOME ISOLATION BENEFIT PACKAGE
C19IP1	MODERATE COVID-19 WITHOUT PNEUMONIA WITH RISK FACTORS FOR PROGRESSION (ADULT)
C19IP2	MODERATE COVID-19 WITH PNEUMONIA (ADULT)
C19IP3	SEVERE COVID-19 (ADULT)
C19IP4	CRITICAL COVID-19 (ADULT)
C19PP1	MILD COVID-19 WITH RISK FACTOR (PEDIATRIC AGE GROUPS)
C19PP2	MODERATE COVID-19 WITH PNEUMONIA (PEDIATRIC AGE GROUPS)
C19PP3	SEVERE COVID-19 (PEDIATRIC AGE GROUPS)
C19PP4	CRITICAL COVID-19 (PEDIATRIC AGE GROUPS)
C19T1	ALL SERVICES AND SUPPLIES FOR THE TESTING ARE PROVIDED BY THE TESTING LABORATORY
C19T2	TEST KITS ARE DONATED TO THE TESTING LABORATORY
C19T3	TEST KITS ARE DONATED TO THE TESTING LABORATORY, COST OF RUNNING THE LABORATORY AND THE RT-PCR MACHINE FOR TESTING ARE SUBSIDIZED BY THE GOVERNMENT
c19X1	ALL SERVICES AND SUPPLIES FOR TESTING ARE PROCURED AND PROVIDED BY THE TESTING LABORATORY
c19X2	PCR CARTRIDGES ARE DONATED TO THE TESTING LABORATORY
c19X3	PCR CARTRIDGES ARE DONATED TO THE TESTING LABORATORY; THE COST OF RUNNING THE CARTRIDGE-BASED PCR TEST IS SUBSIDIZED BY THE GOVERNMENT
MDP01	MEDICAL DETOXIFICATION PACKAGE

Annex C - List of Excluded Benefits

Code	Description
RFRHD11	21 DAY SECONDARY PROPHYLAXIS WITH PENICILLIN G BENZATHINE (BENZATHINE BENZYL PENICILLIN), TRANCHE 1
RFRHD12	21 DAY SECONDARY PROPHYLAXIS WITH PENICILLIN G BENZATHINE (BENZATHINE BENZYL PENICILLIN), TRANCHE 2
RFRHD21	28 DAY SECONDARY PROPHYLAXIS WITH PENICILLIN G BENZATHINE (BENZATHINE BENZYL PENICILLIN), TRANCHE 1
RFRHD22	28 DAY SECONDARY PROPHYLAXIS WITH PENICILLIN G BENZATHINE (BENZATHINE BENZYL PENICILLIN), TRANCHE 2
RFRHD31	ORAL SECONDARY PROPHYLAXIS WITH PENOXYMETHYL PENICILLIN (PENICILLIN V) (AS POTASSIUM SALT) OR ERYTHROMYCIN, TRANCHE 1
RFRHD32	ORAL SECONDARY PROPHYLAXIS WITH PENOXYMETHYL PENICILLIN (PENICILLIN V) (AS POTASSIUM SALT) OR ERYTHROMYCIN, TRANCHE 2
Z001	Z BENEFITS FOR ACUTE LYMPHOCYTIC LEUKEMIA
Z002	Z BENEFITS FOR BREAST CANCER
Z003	Z BENEFITS FOR PROSTATE CANCER
Z004	Z BENEFITS FOR KIDNEY TRANSPLANTATION
Z005	Z BENEFITS FOR CORONARY ARTERY BYPASS GRAFT SURGERY
Z006	Z BENEFITS FOR TETRALOGY OF FALLOT SURGERY
Z007	Z BENEFITS FOR VENTRICULAR SEPTAL DEFECT CLOSURE
Z008	CERVICAL CANCER CHEMORADIATION WITH COBALT AND LOW DOSE BRACHYTHERAPY OR PRIMARY SURGERY
Z009	CERVICAL CANCER CHEMORADIATION WITH LINEAR ACCELERATOR AND HIGH DOSE BRACHYTHERAPY
Z010	Z BENEFITS FOR MOBILITY, ORTHOSIS, PROSTHESIS HELP (ZMORPH)
Z011	Z BENEFITS FOR SELECTED ORTHOPEDIC IMPLANTS
Z012	PERITONEAL DIALYSIS (PD) FIRST Z BENEFIT
Z013	Z BENEFITS FOR COLON CANCER
Z014	Z BENEFITS FOR RECTAL CANCER
Z015	EXPANDED ZMORPH
Z016	Z BENEFITS FOR PREMATURE OR SMALL NEWBORNS
Z017	Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITY
Z18	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT
Z019	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT
Z020	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY
	PHILHEALTH KONSULTA PACKAGE