

## Annex C - List of Excluded Benefits from 50% Adjustment

Code	Description	First Case Rate			Second Case Rate			Primary Care Facilities - Infirmaries/Dispensaries		
		Case Rate	Health Facility Fee	Professional Fee	Case Rate	Health Facility Fee	Professional Fee	Case Rate	Health Facility Fee	Professional Fee
A97.2	SEVERE DENGUE; SEVERE DENGUE FEVER; SEVER DENGUE HAEMORRHAGIC FEVER	47,000.00	32,900.00	14,100.00	-	-	-	-	-	-
A98.4*	EBOLA VIRUS DISEASE	110,000.00	90,400.00	19,600.00	-	-	-	-	-	-
B20.6	HIV DISEASE RESULTING IN PNEUMOCYSTIS CARINII PNEUMONIA	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
I21.0**	ACUTE TRANSMURAL MYOCARDIAL INFARCTION OF ANTERIOR WALL [OR DURATION OF <4 WEEKS] KILLIPS STAGE UNSPECIFIED; ACUTE TRANSMURAL INFARCTION OF ANTERIOR WALL NOS [OR DURATION OF <4 WEEKS] KILLIPS STAGE UNSPECIFIED; ACUTE ANTEROAPICAL TRANSMURAL INFARCTION [OR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I21.1**	ACUTE TRANSMURAL MYOCARDIAL INFARCTION OF INFERIOR WALL [OR DURATION OF <4 WEEKS] KILLIPS I; ACUTE TRANSMURAL INFARCTION OF DIAPHRAGMATIC WALL [OR DURATION OF <4 WEEKS] KILLIPS I; ACUTE TRANSMURAL INFARCTION OF INFERIOR WALL NOS [OR DURATION OF <4 WEEKS]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I21.2**	ACUTE TRANSMURAL MYOCARDIAL INFARCTION OF OTHER SITES [OR DURATION OF <4 WEEKS] KILLIPS II; ACUTE APICAL-LATERAL TRANSMURAL INFARCTION [OR DURATION OF <4 WEEKS] KILLIPS II; ACUTE BASAL-LATERAL TRANSMURAL INFARCTION [OR DURATION OF <4 WEEKS] KILLIPS I	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I21.3**	ACUTE TRANSMURAL MYOCARDIAL INFARCTION OF UNSPECIFIED SITE; TRANSMURAL MYOCARDIAL INFARCTION NOS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I21.4**	ACUTE SUBENDOCARDIAL MYOCARDIAL INFARCTION; NONTRANSMURAL MYOCARDIAL INFARCTION NOS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I21.9**	ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED [OR DURATION OF <4 WEEKS] KILLIPS I; ACUTE MYOCARDIAL INFARCTION NOS [OR DURATION OF <4 WEEKS] KILLIPS I	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I22.0**	SUBSEQUENT MYOCARDIAL INFARCTION OF ANTERIOR WALL; ACUTE SUBSEQUENT INFARCTION OF ANTERIOR WALL NOS; ACUTE SUBSEQUENT INFARCTION OF ANTEROAPICAL WALL; ACUTE SUBSEQUENT INFARCTION OF ANTEROLATERAL WALL; ACUTE SUBSEQUENT INFARCTION OF ANTEROSEPTAL WALL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I22.1**	SUBSEQUENT MYOCARDIAL INFARCTION OF INFERIOR WALL; ACUTE SUBSEQUENT INFARCTION OF DIAPHRAGMATIC WALL; ACUTE SUBSEQUENT INFARCTION OF INFERIOR WALL NOS; ACUTE SUBSEQUENT INFARCTION OF INFEROLATERAL WALL; ACUTE SUBSEQUENT INFARCTION OF INFEROPOSTERIOR WALL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I22.8**	SUBSEQUENT MYOCARDIAL INFARCTION OF OTHER SITES; ACUTE MYOCARDIAL INFARCTION OF APICAL-LATERAL WALL; ACUTE MYOCARDIAL INFARCTION OF BASAL-LATERAL WALL; ACUTE MYOCARDIAL INFARCTION OF HIGH LATERAL WALL; ACUTE MYOCARDIAL INFARCTION OF LATERAL WALL NOS; ACUTE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I22.9**	SUBSEQUENT MYOCARDIAL INFARCTION OF UNSPECIFIED SITE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
I60.0	SUBARACHNOID HAEMORRHAGE FROM CAROTID SIPHON AND BIFURCATION	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I60.1	SUBARACHNOID HAEMORRHAGE FROM MIDDLE CEREBRAL ARTERY	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I60.2	SUBARACHNOID HAEMORRHAGE FROM ANTERIOR COMMUNICATING ARTERY	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I60.3	SUBARACHNOID HAEMORRHAGE FROM POSTERIOR COMMUNICATING ARTERY	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I60.4	SUBARACHNOID HAEMORRHAGE FROM BASILAR ARTERY	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I60.5	SUBARACHNOID HAEMORRHAGE FROM VERTEBRAL ARTERY	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I60.6	SUBARACHNOID HAEMORRHAGE FROM OTHER INTRACRANIAL ARTERIES; MULTIPLE INVOLVEMENT OF INTRACRANIAL ARTERIES	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
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	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I60.8	OTHER SUBARACHNOID HAEMORRHAGE; MENINGEAL HAEMORRHAGE; RUPTURE OF CEREBRAL ARTERIOVENOUS MALFORMATION	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I60.9	SUBARACHNOID HAEMORRHAGE, UNSPECIFIED	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00

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I61.0	INTRACEREBRAL HAEMORRHAGE IN HEMISPHERE, SUBCORTICAL; DEEP INTRACEREBRAL HAEMORRHAGE	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I61.1	INTRACEREBRAL HAEMORRHAGE IN HEMISPHERE, CORTICAL; CEREBRAL LOBE HAEMORRHAGE; SUPERFICIAL INTRACEREBRAL HAEMORRHAGE	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I61.2	INTRACEREBRAL HAEMORRHAGE IN HEMISPHERE, UNSPECIFIED	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I61.3	INTRACEREBRAL HAEMORRHAGE IN BRAIN STEM	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I61.4	INTRACEREBRAL HAEMORRHAGE IN CEREBELLUM	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I61.5	INTRACEREBRAL HAEMORRHAGE, INTRAVENTRICULAR	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I61.6	INTRACEREBRAL HAEMORRHAGE, MULTIPLE LOCALIZED	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I61.8	OTHER INTRACEREBRAL HAEMORRHAGE	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I61.9	INTRACEREBRAL HAEMORRHAGE, UNSPECIFIED	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I62.0	ACUTE SUBDURAL HAEMORRHAGE; NONTRAUMATIC SUBDURAL HAEMORRHAGE	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I62.1	NONTRAUMATIC EXTRADURAL HAEMORRHAGE; NONTRAUMATIC EPIDURAL HAEMORRHAGE	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I62.9	INTRACRANIAL HAEMORRHAGE (NONTRAUMATIC), UNSPECIFIED	80,000.00	56,000.00	24,000.00	-	-	-	38,000.00	26,600.00	11,400.00
I63.0	CEREBRAL INFARCTION DUE TO THROMBOSIS OF PRECEREBRAL ARTERIES	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
I63.1	CEREBRAL INFARCTION DUE TO EMBOLISM OF PRECEREBRAL ARTERIES	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
I63.2	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF PRECEREBRAL ARTERIES	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
I63.3	CEREBRAL INFARCTION DUE TO THROMBOSIS OF CEREBRAL ARTERIES	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
I63.4	CEREBRAL INFARCTION DUE TO EMBOLISM OF CEREBRAL ARTERIES	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
I63.5	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF CEREBRAL ARTERIES	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
I63.6	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
I63.8	OTHER CEREBRAL INFARCTION	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
I63.9	CEREBRAL INFARCTION, UNSPECIFIED	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
I63.9+G46.7*	OTHER LACUNAR SYNDROME IN UNSPECIFIED CEREBRAL INFARCTION	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
I64	STROKE, NOT SPECIFIED AS HEMORRHAGE OR INFARCTION	76,000.00	53,200.00	22,800.00	-	-	-	28,000.00	19,600.00	8,400.00
J12.03	ADENOVIRAL PNEUMONIA, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J12.13	RESPIRATORY SYNCYTIAL VIRUS PNEUMONIA, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J12.23	PARAINFLUENZA VIRUS PNEUMONIA, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J12.33	HUMAN METAPNEUMOVIRUS PNEUMONIA, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J12.93	VIRAL PNEUMONIA, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J13.3	PNEUMONIA [BRONCHOPNEUMONIA] DUE TO STREPTOCOCCUS PNEUMONIAE, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J14.3	PNEUMONIA [BRONCHOPNEUMONIA] DUE TO HAEMOPHILUS INFLUENZAE, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J15.03	PNEUMONIA DUE TO KLEBSIELLA PNEUMONIAE, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J15.13	PNEUMONIA DUE TO PSEUDOMONAS, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J15.23	PNEUMONIA DUE TO STAPHYLOCOCCUS, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J15.33	PNEUMONIA DUE TO STREPTOCOCCUS, GROUP B, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J15.43	PNEUMONIA DUE TO OTHER STREPTOCOCCI, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J15.53	PNEUMONIA DUE TO ESCHERICHIA COLI, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J15.63	PNEUMONIA DUE TO OTHER AEROBIC GRAM-NEGATIVE BACTERIA; PNEUMONIA DUE TO SERRATIA MARCESCENS, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J15.73	PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J15.93	BACTERIAL PNEUMONIA [BRONCHOPNEUMONIA], HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J16.03	CHLAMYDIAL PNEUMONIA, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J18.03	BRONCHOPNEUMONIA, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J18.13	LOBAR PNEUMONIA, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J18.23	HYPOSTATIC PNEUMONIA, HIGH RISK	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
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	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-
J18.99, Y95	NOSOCOMIAL PNEUMONIA	90,100.00	63,070.00	27,030.00	-	-	-	-	-	-

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		Case Rate	Health Facility Fee	Professional Fee	Case Rate	Health Facility Fee	Professional Fee	Case Rate	Health Facility Fee	Professional Fee
J45.00	PREDOMINANTLY ALLERGIC ASTHMA; ALLERGIC BRONCHITIS NOS; ALLERGIC RHINITIS WITH ASTHMA; ATOPIC ASTHMA; EXTRINSIC ALLERGIC ASTHMA; HAY FEVER WITH ASTHMA; IN ACUTE EXACERBATION	22,488.00	15,741.60	6,746.40	-	-	-	9,000.00	6,300.00	2,700.00
J45.10	NONALLERGIC ASTHMA; IDIOSYNCRATIC ASTHMA; INTRINSIC NONALLERGIC ASTHMA, IN ACUTE EXACERBATION	22,488.00	15,741.60	6,746.40	-	-	-	9,000.00	6,300.00	2,700.00
J45.80	MIXED ASTHMA, IN ACUTE EXACERBATION	22,488.00	15,741.60	6,746.40	-	-	-	9,000.00	6,300.00	2,700.00
J45.90	BRONCHIAL ASTHMA IN ACUTE EXACERBATION	22,488.00	15,741.60	6,746.40	-	-	-	9,000.00	6,300.00	2,700.00
J46	STATUS ASTHMATICUS; ACUTE SEVERE ASTHMA	22,488.00	15,741.60	6,746.40	-	-	-	9,000.00	6,300.00	2,700.00
P36.0	SEPSIS OF NEWBORN DUE TO STREPTOCOCCUS, GROUP B	25,793.00	18,055.10	7,737.90	-	-	-	11,700.00	8,190.00	3,510.00
P36.1	SEPSIS OF NEWBORN DUE TO OTHER AND UNSPECIFIED STREPTOCOCCI	25,793.00	18,055.10	7,737.90	-	-	-	11,700.00	8,190.00	3,510.00
P36.2	SEPSIS OF NEWBORN DUE TO STAPHYLOCOCCUS AUREUS	25,793.00	18,055.10	7,737.90	-	-	-	11,700.00	8,190.00	3,510.00
P36.3	SEPSIS OF NEWBORN DUE TO OTHER AND UNSPECIFIED STAPHYLOCOCCI	25,793.00	18,055.10	7,737.90	-	-	-	11,700.00	8,190.00	3,510.00
P36.4	SEPSIS OF NEWBORN DUE TO ESCHERICHIA COLI	25,793.00	18,055.10	7,737.90	-	-	-	11,700.00	8,190.00	3,510.00
P36.5	SEPSIS OF NEWBORN DUE TO ANAEROBES	25,793.00	18,055.10	7,737.90	-	-	-	11,700.00	8,190.00	3,510.00
P36.8	OTHER BACTERIAL SEPSIS OF NEWBORN	25,793.00	18,055.10	7,737.90	-	-	-	11,700.00	8,190.00	3,510.00
P36.9	BACTERIAL SEPSIS OF NEWBORN, UNSPECIFIED	25,793.00	18,055.10	7,737.90	-	-	-	11,700.00	8,190.00	3,510.00
P37.5	NEONATAL CANDIDIASIS	25,793.00	18,055.10	7,737.90	-	-	-	11,700.00	8,190.00	3,510.00
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	16,000.00	9,600.00	6,400.00	8,000.00	1,600.00	6,400.00	-	-	-
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (E.G., PHACOEMULSIFICATION), W/ ASPIRATION	16,000.00	9,600.00	6,400.00	8,000.00	1,600.00	6,400.00	-	-	-
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	16,000.00	9,600.00	6,400.00	8,000.00	1,600.00	6,400.00	-	-	-
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	16,000.00	9,600.00	6,400.00	8,000.00	1,600.00	6,400.00	-	-	-
66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	16,000.00	9,600.00	6,400.00	8,000.00	1,600.00	6,400.00	-	-	-
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR	16,000.00	9,600.00	6,400.00	8,000.00	1,600.00	6,400.00	-	-	-
66982	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	16,000.00	9,600.00	6,400.00	8,000.00	1,600.00	6,400.00	-	-	-
66983	INTRACAPSULAR CATARACT EXTRACTION W/ INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)	16,000.00	9,600.00	6,400.00	16,000.00	9,600.00	6,400.00	-	-	-
66984	EXTRACAPSULAR CATARACT REMOVAL W/ INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), (E.G., IRRIGATION AND ASPIRATION)	16,000.00	9,600.00	6,400.00	16,000.00	9,600.00	6,400.00	-	-	-
66987	EXTRACAPSULAR CATARACT REMOVAL W/ INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), (E.G., PHACOEMULSIFICATION)	16,000.00	9,600.00	6,400.00	16,000.00	9,600.00	6,400.00	-	-	-
90935	HEMODIALYSIS PROCEDURE	6,350.00	6,000.00	350.00	6,350.00	6,000.00	350.00	6,350.00	6,000.00	350.00
C19AT1	FACILITY BASED COVID 19 RAPID ANTIGEN TEST	500.00	-	-	-	-	-	500.00	-	-
C19CI	COVID19 COMMUNITY ISOLATION PACKAGE	22,449.00	-	-	-	-	-	-	-	-
C19CIS	ADMISSIONS THAT WERE REFERRED TO THE CIU FROM HIGHER LEVEL FACILITY FOR STEP DOWN CARE	22,449.00	-	-	-	-	-	-	-	-
C19HI	COVID 19 HOME ISOLATION BENEFIT PACKAGE	5,917.00	-	-	-	-	-	5,917.00	-	-
C19IP1	MODERATE COVID-19 WITHOUT PNEUMONIA WITH RISK FACTORS FOR PROGRESSION (ADULT)	55,000.00	-	-	-	-	-	-	-	-
C19IP2	MODERATE COVID-19 WITH PNEUMONIA (ADULT)	157,000.00	-	-	-	-	-	-	-	-
C19IP3	SEVERE COVID-19 (ADULT)	250,000.00	-	-	-	-	-	-	-	-
C19IP4	CRITICAL COVID-19 (ADULT)	590,000.00	-	-	-	-	-	-	-	-
C19PP1	MILD COVID-19 WITH RISK FACTOR (PEDIATRIC AGE GROUPS)	51,000.00	-	-	-	-	-	-	-	-
C19PP2	MODERATE COVID-19 WITH PNEUMONIA (PEDIATRIC AGE GROUPS)	92,500.00	-	-	-	-	-	-	-	-
C19PP3	SEVERE COVID-19 (PEDIATRIC AGE GROUPS)	230,000.00	-	-	-	-	-	-	-	-
C19PP4	CRITICAL COVID-19 (PEDIATRIC AGE GROUPS)	275,000.00	-	-	-	-	-	-	-	-
C19T1	ALL SERVICES AND SUPPLIES FOR THE TESTING ARE PROVIDED BY THE TESTING LABORATORY	2,800.00	-	-	-	-	-	2,800.00	-	-
C19T2	TEST KITS ARE DONATED TO THE TESTING LABORATORY	1,200.00	-	-	-	-	-	1,200.00	-	-
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	800.00	-	-	-	-	-	800.00	-	-
C19X1	ALL SERVICES AND SUPPLIES FOR TESTING ARE PROCURED AND PROVIDED BY THE TESTING LABORATORY	2,450.00	-	-	-	-	-	2,450.00	-	-

Code	Description	First Case Rate			Second Case Rate			Primary Care Facilities - Infirmaries/Dispensaries		
		Case Rate	Health Facility Fee	Professional Fee	Case Rate	Health Facility Fee	Professional Fee	Case Rate	Health Facility Fee	Professional Fee
C19X2	PCR CARTRIDGES ARE DONATED TO THE TESTING LABORATORY	700.00	-	-	-	-	-	700.00	-	-
C19X3	PCR CARTRIDGES ARE DONATED TO THE TESTING LABORATORY; THE COST OF RUNNING THE CARTRIDGE-BASED PCR TEST IS SUBSIDIZED BY THE GOVERNMENT	500.00	-	-	-	-	-	500.00	-	-
MDP01	MEDICAL DETOXIFICATION PACKAGE	10,000.00	7,500.00	2,500.00	-	-	-	-	-	-

**Code with \*** EVD extended package payment shall be based as stipulated in PC 005-2015

**Code with \*\*** Shall be reimbursed following the succeeding benefit schedule

Code	Description	Case Rate	Health Facility Fee	Professional Fee
IHDAMIA	PERCUTANEOUS CORONARY INTERVENTION (PCI)	523,853.00	366,697.10	157,155.90
IHDAMIB	FIBRINOLYSIS	133,500.00	93,450.00	40,050.00
IHDAMIC	EMERGENCY MEDICAL SERVICES WITH COORDINATED REFERRAL AND INTERFACILITY TRANSFER	21,900.00	15,330.00	6,570.00
IHDAMID	CARDIAC REHABILITATION	66,140.00	46,298.00	19,842.00
IHDAMIG	CORONARY ANGIOGRAM AND MEDICAL MANAGEMENT WITHOUT ANGIOPLASTY	197,000.00	137,900.00	59,100.00

Z Benefit Packages

Z Benefits Package Code	Description	Package Rate
Z0011	ACUTE LYMPHOCYTIC LEUKEMIA - TRANCH 1	300,000.00
Z0012	ACUTE LYMPHOCYTIC LEUKEMIA - TRANCH 2	125,000.00
Z0013	ACUTE LYMPHOCYTIC LEUKEMIA - TRANCH 3	75,000.00
Z003	PROSTATE CANCER	100,000.00
Z0041	KIDNEY TRANSPLANTATION - TRANCH 1	550,000.00
Z0042	KIDNEY TRANSPLANTATION - TRANCH 2	50,000.00
Z0050	CORONARY ARTERY BYPASS GRAFT SURGERY - TRANCH 1 & TRANCH 2	550,000.00
Z0051	CORONARY ARTERY BYPASS GRAFT SURGERY - TRANCH 1	500,000.00
Z0052	CORONARY ARTERY BYPASS GRAFT SURGERY - TRANCH 2	50,000.00
Z0061	TETRALOGY OF FALLOT - TRANCH 1	270,000.00
Z0062	TETRALOGY OF FALLOT - TRANCH 2	50,000.00
Z0071	VENTRICULAR SEPTRAL DEFECT - TRANCH 1	200,000.00
Z0072	VENTRICULAR SEPTRAL DEFECT - TRANCH 2	50,000.00
Z0081	CERVICAL CANCER - LOW DOSE BRACHYTHERAPY - TRANCH 1	100,000.00
Z0082	CERVICAL CANCER - LOW DOSE BRACHYTHERAPY - TRANCH 2	20,000.00
Z0091	CERVICAL CANCER - HIGH DOSE BRACHYTHERAPY - TRANCH 1	125,000.00
Z0092	CERVICAL CANCER - HIGH DOSE BRACHYTHERAPY - TRANCH 2	50,000.00
Z0101	Z BENEFITS FOR MOBILITY, ORTHOSIS, PROSTHESIS HELP FOR RIGHT LOWER LIMB PROSTHESIS	15,000.00
Z0102	Z BENEFITS FOR MOBILITY, ORTHOSIS, PROSTHESIS HELP FOR LEFT LOWER LIMB PROSTHESIS	15,000.00
Z0103	Z BENEFITS FOR MOBILITY, ORTHOSIS, PROSTHESIS HELP FOR BOTH RIGHT AND LEFT LOWER LIMB PROSTHESIS	30,000.00
Z010A	Z BENEFITS FOR MOBILITY, ORTHOSIS, PROSTHESIS HELP FOR THE FITTING OF EXTERNAL LOWER LIMB PROSTHESIS BELOW THE KNEE (RIGHT)	15,000.00
Z010B	Z BENEFITS FOR MOBILITY, ORTHOSIS, PROSTHESIS HELP FOR THE FITTING OF EXTERNAL LOWER LIMB PROSTHESIS BELOW THE KNEE (LEFT)	15,000.00
Z010C	Z BENEFITS FOR MOBILITY, ORTHOSIS, PROSTHESIS HELP FOR THE FITTING OF EXTERNAL LOWER LIMB PROSTHESIS BELOW THE KNEE (RIGHT AND LEFT)	30,000.00
Z011A	SELECTED ORTHOPEDIC IMPLANTS - TOTAL HIP PROSTHESIS, CEMENTED	103,400.00
Z011A	SELECTED ORTHOPEDIC IMPLANTS - TOTAL HIP PROSTHESIS, CEMENTED	103,400.00
Z011A1	SELECTED ORTHOPEDIC IMPLANTS - RIGHT TOTAL HIP PROSTHESIS, CEMENTED	103,400.00
Z011A2	SELECTED ORTHOPEDIC IMPLANTS - LEFT TOTAL HIP PROSTHESIS, CEMENTED	103,400.00
Z011A3	SELECTED ORTHOPEDIC IMPLANTS - BOTH RIGHT AND LEFT TOTAL HIP PROSTHESIS, CEMENTED	206,800.00
Z011B	SELECTED ORTHOPEDIC IMPLANTS - TOTAL HIP PROSTHESIS, CEMENTLESS	169,400.00
Z011B	SELECTED ORTHOPEDIC IMPLANTS - TOTAL HIP PROSTHESIS, CEMENTLESS	169,400.00
Z011B1	SELECTED ORTHOPEDIC IMPLANTS - RIGHT TOTAL HIP PROSTHESIS, CEMENTLESS	169,400.00
Z011B2	SELECTED ORTHOPEDIC IMPLANTS - LEFT TOTAL HIP PROSTHESIS, CEMENTLESS	169,400.00
Z011B3	SELECTED ORTHOPEDIC IMPLANTS - BOTH RIGHT AND LEFT TOTAL HIP PROSTHESIS, CEMENTLESS	338,800.00
Z011C	SELECTED ORTHOPEDIC IMPLANTS - PARTIAL HIP PROSTHESIS, BIPOLAR	73,180.00
Z011C1	SELECTED ORTHOPEDIC IMPLANTS - RIGHT PARTIAL HIP PROSTHESIS, BIPOLAR	73,180.00
Z011C2	SELECTED ORTHOPEDIC IMPLANTS - LEFT PARTIAL HIP PROSTHESIS, BIPOLAR	73,180.00
Z011C3	SELECTED ORTHOPEDIC IMPLANTS - BOTH RIGHT AND LEFT PARTIAL HIP PROSTHESIS, BIPOLAR	146,360.00

Z Benefits Package Code	Description	Package Rate
Z011D	SELECTED ORTHOPEDIC IMPLANTS - MULTIPLE SCREW FIXATION (MSF)	61,500.00
Z011D1	SELECTED ORTHOPEDIC IMPLANTS - RIGHT MULTIPLE SCREW FIXATION (MSF)	61,500.00
Z011D2	SELECTED ORTHOPEDIC IMPLANTS - LEFT MULTIPLE SCREW FIXATION	61,500.00
Z011D3	SELECTED ORTHOPEDIC IMPLANTS - BOTH RIGHT AND LEFT, MULTIPLE SCREW FIXATION	123,000.00
Z011E	SELECTED ORTHOPEDIC IMPLANTS - COMPRESSION HIP SCREW SET (CHS)	69,000.00
Z011E1	SELECTED ORTHOPEDIC IMPLANTS - RIGHT COMPRESSION HIP SCREW SET (CHS)	69,000.00
Z011E2	SELECTED ORTHOPEDIC IMPLANTS - LEFT COMPRESSION HIP SCREW SET (CHS)	69,000.00
Z011E3	SELECTED ORTHOPEDIC IMPLANTS - BOTH RIGHT AND LEFT COMPRESSION HIP SCREW SET (CHS)	138,000.00
Z011F	SELECTED ORTHOPEDIC IMPLANTS - PROXIMAL FEMORAL LOCKED PLATE (PFLP)	71,000.00
Z011F1	SELECTED ORTHOPEDIC IMPLANTS - RIGHT PROXIMAL FEMORAL LOCKED PLATE (PFLP)	71,000.00
Z011F2	SELECTED ORTHOPEDIC IMPLANTS - LEFT PROXIMAL FEMORAL LOCKED PLATE (PFLP)	71,000.00
Z011F3	SELECTED ORTHOPEDIC IMPLANTS - BOTH RIGHT AND LEFT PROXIMAL FEMORAL LOCKED PLATE (PFLP)	142,000.00
Z011G	SELECTED ORTHOPEDIC IMPLANTS - INTRAMEDULLARY NAIL WITH INTERLOCKING SCREWS	48,740.00
Z011G1	SELECTED ORTHOPEDIC IMPLANTS - RIGHT INTRAMEDULLARY NAIL WITH INTERLOCKING SCREWS	48,740.00
Z011G1	SELECTED ORTHOPEDIC IMPLANTS - INTRAMEDULLARY NAIL WITH INTERLOCKING SCREWS - FEMUR	48,740.00
Z011G2	SELECTED ORTHOPEDIC IMPLANTS - LEFT INTRAMEDULLARY NAIL WITH INTERLOCKING SCREWS	48,740.00
Z011G2	SELECTED ORTHOPEDIC IMPLANTS - INTRAMEDULLARY NAIL WITH INTERLOCKING SCREWS - TIBIA	48,740.00
Z011G3	SELECTED ORTHOPEDIC IMPLANTS - BOTH RIGHT AND LEFT INTRAMEDULLARY NAIL WITH INTERLOCKING SCREWS	97,480.00
Z011H	SELECTED ORTHOPEDIC IMPLANTS - LOCKED COMPRESSION PLATE (LCP)	50,740.00
Z011H1	SELECTED ORTHOPEDIC IMPLANTS - RIGHT LOCKED COMPRESSION PLATE (LCP)	50,740.00
Z011H1	SELECTED ORTHOPEDIC IMPLANTS - LOCKED COMPRESSION PLATE - BROAD, METAPHYSEAL, PROXIMAL AND DISTAL FEMORAL	50,740.00
Z011H2	SELECTED ORTHOPEDIC IMPLANTS - LEFT LOCKED COMPRESSION PLATE (LCP)	50,740.00
Z011H2	SELECTED ORTHOPEDIC IMPLANTS - LOCKED COMPRESSION PLATE - BROAD, METAPHYSEAL, PROXIMAL AND DISTAL TIBIAL	50,740.00
Z011H3	SELECTED ORTHOPEDIC IMPLANTS - BOTH RIGHT AND LEFT LOCKED COMPRESSION PLATE (LCP)	101,480.00
Z011I	SELECTED ORTHOPEDIC IMPLANTS - PROXIMAL FEMORAL NAIL (PFN)	55,640.00
Z01201	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 1	10,384.60
Z01202	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 2	10,384.60
Z01203	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 3	10,384.60
Z01204	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 4	10,384.60
Z01205	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 5	10,384.60
Z01206	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 6	10,384.60
Z01207	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 7	10,384.60
Z01208	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 8	10,384.60
Z01209	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 9	10,384.60
Z01210	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 10	10,384.60
Z01211	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 11	10,384.60
Z01212	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 12	10,384.60
Z01213	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 13	10,384.60

Z Benefits Package Code	Description	Package Rate
Z01214	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 14	10,384.60
Z01215	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 15	10,384.60
Z01216	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 16	10,384.60
Z01217	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 17	10,384.60
Z01218	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 18	10,384.60
Z01219	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 19	10,384.60
Z01220	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 20	10,384.60
Z01221	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 21	10,384.60
Z01222	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 22	10,384.60
Z01223	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 23	10,384.60
Z01224	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 24	10,384.60
Z01225	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 25	10,384.60
Z01226	PERITONEAL DIALYSIS (PD) FIRST - TRANCHE 26	10,385.00
Z0131A	SINGLE TRANCHE, COLON CANCER STAGE I - II (LOW RISK)	150,000.00
Z0131B	FIRST TRANCHE, COLON CANCER STAGE II-III (HIGH RISK)	150,000.00
Z0132B	SECOND TRANCHE, COLON CANCER STAGE II-III (HIGH RISK)	150,000.00
Z0141A	SINGLE TRANCHE, RECTUM CANCER STAGE I (CLINICAL AND PATHOLOGIC)	150,000.00
Z0141B	FIRST TRANCHE, RECTUM CANCER CLINICAL STAGE I BUT POST-OPERATIVE STAGE II-III	150,000.00
Z0141CC	FIRST TRANCHE, RECTUM CANCER CLINICAL STAGE II-III BUT POST-OPERATIVE STAGE II-III USING COBALT	20,000.00
Z0141CL	FIRST TRANCHE, RECTUM CANCER CLINICAL STAGE II-III BUT POST-OPERATIVE STAGE II-III USING LINEAR ACCELERATOR	100,000.00
Z0142BC	SECOND TRANCHE, RECTUM CANCER CLINICAL STAGE I BUT POST-OPERATIVE STAGE II-III USING COBALT	20,000.00
Z0142BL	SECOND TRANCHE, RECTUM CANCER CLINICAL STAGE I BUT POST-OPERATIVE STAGE II-III USING LINEAR ACCELERATOR	100,000.00
Z0142C	SECOND TRANCHE, RECTUM CANCER CLINICAL STAGE II-III BUT POST-OPERATIVE STAGE II-III AFTER SURGERY	150,000.00
Z0143B	THIRD TRANCHE, RECTUM CANCER STAGE II-III (HIGH-RISK)	150,000.00
Z0143C	THIRD TRANCHE, RECTUM CANCER CLINICAL STAGE II-III BUT POST-OPERATIVE STAGE II-III AFTER LAST CYCLE OF CHEMOTHERAPY	150,000.00
Z015101	EXPANDED Z MORPH LUMBOSACRAL – TRANCHE 1	22,000.00
Z015102	EXPANDED Z MORPH LUMBOSACRAL – TRANCHE 2	8,000.00
Z015111	EXPANDED Z MORPH CERVICOTHORACIC – TRANCHE 1	22,000.00
Z015112	EXPANDED Z MORPH CERVICOTHORACIC – TRANCHE 2	8,000.00
Z0151A1	EXPANDED Z MORPH RIGHT ABOVE KNEE/KNEE DISARTICULATION (AKKD) – TRANCHE 1	65,000.00
Z0151A2	EXPANDED Z MORPH RIGHT ABOVE KNEE/KNEE DISARTICULATION (AKKD) – TRANCHE 2	10,000.00
Z0151B1	EXPANDED Z MORPH LEFT ABOVE KNEE/KNEE DISARTICULATION (AKKD) – TRANCHE 1	65,000.00
Z0151B2	EXPANDED Z MORPH LEFT ABOVE KNEE/KNEE DISARTICULATION (AKKD) – TRANCHE 2	10,000.00
Z0151C1	EXPANDED Z MORPH BOTH RIGHT AND LEFT ABOVE KNEE/KNEE DISARTICULATION (AKKD) – TRANCHE 1	130,000.00
Z0151C2	EXPANDED Z MORPH BOTH RIGHT AND LEFT ABOVE KNEE/KNEE DISARTICULATION (AKKD) – TRANCHE 2	20,000.00
Z0152A1	EXPANDED Z MORPH RIGHT HIP DISARTICULATION (HD) – TRANCHE 1	120,000.00
Z0152A2	EXPANDED Z MORPH RIGHT HIP DISARTICULATION (HD) – TRANCHE 2	15,000.00
Z0152B1	EXPANDED Z MORPH LEFT HIP DISARTICULATION (HD) – TRANCHE 1	120,000.00
Z0152B2	EXPANDED Z MORPH LEFT HIP DISARTICULATION (HD) – TRANCHE 2	15,000.00
Z0152C1	EXPANDED Z MORPH BOTH RIGHT AND LEFT HIP DISARTICULATION (HD) – TRANCHE 1	240,000.00
Z0152C2	EXPANDED Z MORPH BOTH RIGHT AND LEFT HIP DISARTICULATION (HD) – TRANCHE 2	30,000.00
Z0153A1	EXPANDED Z MORPH RIGHT BELOW ELBOW (BE)-TRANCHE 1	40,000.00
Z0153A2	EXPANDED Z MORPH RIGHT BELOW ELBOW (BE)-TRANCHE 2	10,000.00
Z0153B1	EXPANDED Z MORPH LEFT BELOW ELBOW (BE)-TRANCHE 1	40,000.00

Z Benefits Package Code	Description	Package Rate
Z0153B2	EXPANDED Z MORPH LEFT BELOW ELBOW (BE)-TRANCHE 2	10,000.00
Z0153C1	EXPANDED Z MORPH BOTH RIGHT AND LEFT ELBOW (BE)-TRANCHE 1	80,000.00
Z0153C2	EXPANDED Z MORPH BOTH RIGHT AND LEFT ELBOW (BE)-TRANCHE 2	20,000.00
Z0154A1	EXPANDED Z MORPH RIGHT ABOVE ELBOW (AE) – TRANCHE 1	60,000.00
Z0154A2	EXPANDED Z MORPH RIGHT ABOVE ELBOW (AE) – TRANCHE 2	10,000.00
Z0154B1	EXPANDED Z MORPH LEFT ABOVE ELBOW (AE) – TRANCHE 1	60,000.00
Z0154B2	EXPANDED Z MORPH LEFT ABOVE ELBOW (AE) – TRANCHE 2	10,000.00
Z0154C1	EXPANDED Z MORPH BOTH RIGHT ANT LEFT ABOVE ELBOW (AE) – TRANCHE 1	120,000.00
Z0154C2	EXPANDED Z MORPH BOTH RIGHT ANT LEFT ABOVE ELBOW (AE) – TRANCHE 2	20,000.00
Z0155A1	EXPANDED Z MORPH RIGHT VAN NESS ROTATIONPLASTY TRANCHE 1	71,000.00
Z0155A2	EXPANDED Z MORPH RIGHT VAN NESS ROTATIONPLASTY TRANCHE 2	14,000.00
Z0155B1	EXPANDED Z MORPH LEFT VAN NESS ROTATIONPLASTY TRANCHE 1	71,000.00
Z0155B2	EXPANDED Z MORPH LEFT VAN NESS ROTATIONPLASTY TRANCHE 2	14,000.00
Z0155C1	EXPANDED Z MORPH BOTH RIGHT AND LEFT VAN NESS ROTATIONPLASTY TRANCHE 1	142,000.00
Z0155C2	EXPANDED Z MORPH BOTH RIGHT AND LEFT VAN NESS ROTATIONPLASTY TRANCHE 2	28,000.00
Z0156A1	EXPANDED Z MORPH RIGHT ANKLE FOOT – TRANCHE 1	13,000.00
Z0156A2	EXPANDED Z MORPH RIGHT ANKLE FOOT – TRANCHE 2	4,500.00
Z0156B1	EXPANDED Z MORPH LEFT ANKLE FOOT – TRANCHE 1	13,000.00
Z0156B2	EXPANDED Z MORPH LEFT ANKLE FOOT – TRANCHE 2	4,500.00
Z0156C1	EXPANDED Z MORPH BOTH RIGHT AND LEFT ANKLE FOOT – TRANCHE 1	26,000.00
Z0156C2	EXPANDED Z MORPH BOTH RIGHT AND LEFT ANKLE FOOT – TRANCHE 2	9,000.00
Z0157A1	EXPANDED Z MORPH RIGHT KNEE ANKLE FOOT – TRANCHE 1	28,000.00
Z0157A2	EXPANDED Z MORPH RIGHT KNEE ANKLE FOOT – TRANCHE 2	7,000.00
Z0157B1	EXPANDED Z MORPH LEFT KNEE ANKLE FOOT – TRANCHE 1	28,000.00
Z0157B2	EXPANDED Z MORPH LEFT KNEE ANKLE FOOT – TRANCHE 2	7,000.00
Z0157C1	EXPANDED Z MORPH BOTH RIGHT AND LEFT KNEE ANKLE FOOT – TRANCHE 1	56,000.00
Z0157C2	EXPANDED Z MORPH BOTH RIGHT AND LEFT KNEE ANKLE FOOT – TRANCHE 2	14,000.00
Z0158A1	EXPANDED Z MORPH RIGHT HIP KNEE ANKLE FOOT – TRANCHE 1	70,000.00
Z0158A2	EXPANDED Z MORPH RIGHT HIP KNEE ANKLE FOOT – TRANCHE 2	10,000.00
Z0158B1	EXPANDED Z MORPH LEFT HIP KNEE ANKLE FOOT – TRANCHE 1	70,000.00
Z0158B2	EXPANDED Z MORPH LEFT HIP KNEE ANKLE FOOT – TRANCHE 2	10,000.00
Z0158C1	EXPANDED Z MORPH BOTH RIGHT AND LEFT HIP KNEE ANKLE FOOT – TRANCHE 1	140,000.00
Z0158C2	EXPANDED Z MORPH BOTH RIGHT AND LEFT HIP KNEE ANKLE FOOT – TRANCHE 2	20,000.00
Z01591	EXPANDED Z MORPH THORACOLUMBOSACRAL – TRANCHE 1	32,000.00
Z01592	EXPANDED Z MORPH THORACOLUMBOSACRAL – TRANCHE 2	8,000.00
Z0161	PREMATURE OR SMALL NEWBORNS PREVENTION OF PRETERM DELIVERY, WITH SEVERE PRE-ECLAMPSIA/ECLAMPSIA	3,000.00
Z0162	PREMATURE OR SMALL NEWBORNS PREVENTION OF PRETERM DELIVERY, WITH PRETERM PRE-LABOR RUPTURE OF MEMBRANE (pPROM)	1,500.00
Z0163	PREMATURE OR SMALL NEWBORNS PREVENTION OF PRETERM DELIVERY, WITHOUT PRE-ECLAMPSIA/ECLAMPSIA OR RUPTURE OF MEMBRANES BUT WITH LABOR OR VAGINAL BLEEDING OR MULTIFETAL PREGNANCY	600.00
Z0164	PREMATURE OR SMALL NEWBORNS WITH COORDINATED REFERRAL AND TRANSFER FROM A LOWER LEVEL FACILITY	4,000.00
Z0165	PREMATURE OR SMALL NEWBORNS ESSENTIAL INTERVENTIONS FOR 24 WEEKS TO < 32 WEEKS	35,000.00
Z0166	PREMATURE OR SMALL NEWBORNS ESSENTIAL INTERVENTIONS WITH MINOR VENTILATORY SUPPORT AND KANGAROO CARE FOR 24 WEEKS TO < 32 WEEKS	85,000.00



Z Benefits Package Code	Description	Package Rate
Zo167	PREMATURE OR SMALL NEWBORNS ESSENTIAL INTERVENTIONS WITH MAJOR VENTILATORY SUPPORT AND KANGAROO CARE FOR 24 WEEKS TO < 32 WEEKS	135,000.00
Zo168	PREMATURE OR SMALL NEWBORNS ESSENTIAL INTERVENTIONS FOR 32 WEEKS TO < 37 WEEKS	24,000.00
Zo169	PREMATURE OR SMALL NEWBORNS ESSENTIAL INTERVENTIONS WITH MECHANICAL VENTILLATION AND KANGAROO CARE FOR 32 WEEKS TO < 37 WEEKS	71,000.00
Zo171	Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITY DEVELOPMENTAL AND FUNCTIONAL ASSESSMENT BY A MEDICAL SPECIALIST ONLY	3,626.00
Zo172	Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITY DEVELOPMENTAL AND FUNCTIONAL ASSESSMENT BY A MEDICAL SPECIALIST AND ONE ALLIED HEALTH PROFESSIONAL OR REHABILITATIVE THERAPIST	4,176.00
Zo173	Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITY DEVELOPMENTAL AND FUNCTIONAL ASSESSMENT BY A MEDICAL SPECIALIST AND TWO ALLIED HEALTH PROFESSIONALS OR REHABILITATIVE THERAPISTS	4,726.00
Zo174	Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITY DEVELOPMENTAL AND FUNCTIONAL ASSESSMENT BY A MEDICAL SPECIALIST AND THREE ALLIED HEALTH PROFESSIONALS OR REHABILITATIVE THERAPISTS	5,276.00
Zo175	Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITY REHABILITATION THERAPY	5,000.00
Zo176	Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITY DEVELOPMENTAL AND FUNCTIONAL DISCHARGE ASSESSMENT BY A MEDICAL SPECIALIST ONLY	3,626.00
Zo177	Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITY DEVELOPMENTAL AND FUNCTIONAL DISCHARGEASSESSMENT BY A MEDICAL SPECIALIST AND ONE ALLIED HEALTH PROFESSIONAL OR REHABILITATIVE THERAPIST	4,176.00
Zo178	Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITY DEVELOPMENTAL AND FUNCTIONAL DISCHARGEASSESSMENT BY A MEDICAL SPECIALIST AND TWO ALLIED HEALTH PROFESSIONALS OR REHABILITATIVE THERAPISTS	4,276.00
Zo179	Z BENEFITS FOR CHILDREN WITH DEVELOPMENTAL DISABILITY DEVELOPMENTAL AND FUNCTIONAL DISCHARGEASSESSMENT BY A MEDICAL SPECIALIST AND THREE ALLIED HEALTH PROFESSIONALS OR REHABILITATIVE THERAPISTS	5,276.00
Zo191	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT INITIAL ASSESSMENT AND INTERVENTION (I.E REHABILITATION AND TRAINING) FOR CATEGORY 1 VISUAL IMPAIRMENT	25,920.00
Zo192	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT INITIAL ASSESSMENT AND INTERVENTION (I.E ELECTRONIC DEVICE, REHABILITATION AND TRAINING) FOR CATEGORY 2,3 AND 4 VISUAL IMPAIRMENT	31,920.00
Zo193	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT INITIAL ASSESSMENT AND INTERVENTION (I.E ELECTRONIC DEVICE, REHABILITATION AND TRAINING) FOR CATEGORY 5 VISUAL IMPAIRMENT	9,070.00
Zo1941	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT OPTICAL AID 1: LOWER POWER DISTANCE, CATEGORIES 1,2,3 AND 4 VISUAL IMPAIRMENT EYEGLASSES + LOW POWER OPTICAL DEVICE	7,350.00
Zo1942	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT OPTICAL AID 2: HIGH POWER DISTANCE, CATEGORIES 1,2,3 AND 4 VISUAL IMPAIRMENT PROGRESSIVE EYEGLASSES + HIGH OPTICAL DEVICE	13,820.00
Zo1943	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT OPTICAL AID 3: OPTICAL FILTER, CATEGORIES 1,2,3 AND 4 VISUAL IMPAIRMENT	2,940.00
Zo1944	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT WHITE CANE, CATEGORY 5 VISUAL IMPAIRMENT	1,000.00

Z Benefits Package Code	Description	Package Rate
Z0195	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT YEARLY DIAGNOSIS FOR CATEGORIES 1,2,3 AND 4	3,220.00
Z0196	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT YEARLY FOLLOW-UP CONSULTATION FOR CATEGORY 5	780.00
Z0197	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT ELECTRONIC AID REPLACEMENT DONE EVERY 5 YEARS	6,000.00
Z0198	Z BENEFITS FOR CHILDREN WITH VISUAL IMPAIRMENT OCULAR PROSTHESIS	20,250.00
Z02011	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY ASSESSMENT	1,250.00
Z020110	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 8	1,200.00
Z020111	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 9	1,200.00
Z020112	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 10	1,200.00
Z020113	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 11	1,200.00
Z02012	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY HEARING AID FITTING, HEARING AID PACKAGE (HEARING AID AND BATTERIES GOOD FOR 5 YEARS), VERIFICATION, EAR MOLD	39,010.00
Z02013	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 1	1,200.00
Z02014	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 2	1,200.00
Z02015	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 3	1,200.00
Z02016	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 4	1,200.00
Z02017	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 5	1,200.00
Z02018	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 6	1,200.00
Z02019	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 7	1,200.00
Z0202	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY ASSESSMENT AND HEARING AID PROVISION WITH SEVERE TO PROFOUND HEARING LOSS	67,100.00
Z02021	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY ASSESSMENT	1,250.00
Z020210	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 8	1,200.00
Z020211	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 9	1,200.00
Z020212	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 10	1,200.00
Z020213	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 11	1,200.00
Z020214	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 12	1,200.00
Z020215	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 13	1,200.00
Z020216	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 14	1,200.00
Z020217	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 15	1,200.00
Z020218	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 16	1,200.00
Z020219	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 17	1,200.00
Z02022	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY HEARING AID FITTING, HEARING AID PACKAGE (HEARING AID AND BATTERIES GOOD FOR FIVE YEARS), VERIFICATION, EAR MOLD	45,450.00

Z Benefits Package Code	Description	Package Rate
Z02023	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 1	1,200.00
Z02024	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 2	1,200.00
Z02025	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 3	1,200.00
Z02026	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 4	1,200.00
Z02027	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 5	1,200.00
Z02028	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 6	1,200.00
Z02029	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 7	1,200.00
Z02031	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY ASSESSMENT	600.00
Z02032	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY HEARING AID FITTING, HEARING AID PACKAGE (HEARING AID AND BATTERIES GOOD FOR 5 YEARS), VERIFICATION, EAR MOLD	38,800.00
Z02033	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 1	1,200.00
Z02034	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 2	1,200.00
Z02035	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 3	1,200.00
Z02036	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 4	1,200.00
Z02037	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 5	1,200.00
Z02041	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY ASSESSMENT	600.00
Z02042	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY HEARING AID FITTING, HEARING AID PACKAGE (HEARING AID AND BATTERIES GOOD FOR 5 YEARS), VERIFICATION, EAR MOLD	47,500.00
Z02043	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 1	1,200.00
Z02044	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 2	1,200.00
Z02045	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 3	1,200.00
Z02046	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 4	1,200.00
Z02047	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 5	1,200.00
Z02051	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY ASSESSMENT	600.00
Z02052	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY HEARING AID FITTING, HEARING AID PACKAGE (HEARING AID AND BATTERIES GOOD FOR 5 YEARS), VERIFICATION, EAR MOLD	39,680.00
Z02053	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 1	1,200.00
Z02054	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 2	1,200.00
Z02055	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY EAR MOLD REFITTING TRANCHE 3	1,200.00
Z02061	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY SPEECH THERAPY TRANCHE 1	11,050.00
Z02062	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY SPEECH THERAPY TRANCHE 2	11,050.00
Z02071	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY SPEECH THERAPY TRANCHE 1	10,570.00
Z02072	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY SPEECH THERAPY TRANCHE 2	10,570.00
Z02073	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY SPEECH THERAPY TRANCHE 3	10,570.00

Z Benefits Package Code	Description	Package Rate
Z02074	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY SPEECH THERAPY TRANCHE 4	10,570.00
Z02075	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY SPEECH THERAPY TRANCHE 5	10,570.00
Z02076	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY SPEECH THERAPY TRANCHE 6	10,570.00
Z0208	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY REPLACEMENT OF HEARING AID FOR MODERATE HEARING LOSS	43,670.00
Z0209	Z BENEFITS FOR CHILDREN WITH HEARING DISABILITY REPLACEMENT OF HEARING AID FOR SEVERE TO PROFOUND HEARING LOSS	48,670.00
Z021A1	DIAGNOSTIC TESTS MAMMOGRAPHY, ULTRASOUND, AND CLINICAL CONSULTATION (PHYSICAL EXAMINATION AND HISTORY)	3,500.00
Z021A2	DIAGNOSTIC TESTS MAMMOGRAPHY, AND CLINICAL CONSULTATION (PHYSICAL EXAMINATION AND HISTORY)	2,500.00
Z021A3	DIAGNOSTIC TESTS ULTRASOUND, AND CLINICAL CONSULTATION (PHYSICAL EXAMINATION AND HISTORY)	1,000.00
Z021B	BREAST PANEL COMPLETE BLOOD COUNT WITH PLATELET COUNT, ER/PR HORMONE TEST, HER2/NEU IMMUNOHISTOCHEMISTRY (IHC) TEST, AND METABOLIC PANEL WITH LIVER FUNCTION TESTS ALKALINE PHOSPHATASE	10,000.00
Z021C	FLUORESCENT IN SITU HYBRIDIZATION (FISH) FOR HER2/NEU AMPLIFICATION	1,400.00
Z021D1	PARTIAL MASTECTOMY OR LUMPECTOMY - NEOADJUVANT	30,000.00
Z021D2	PARTIAL MASTECTOMY OR LUMPECTOMY - ADJUVANT	30,000.00
Z021E1	SUBCUTANEOUS/ SIMPLE/ TOTAL MASTECTOMY - NEOADJUVANT	100,000.00
Z021E2	SUBCUTANEOUS/ SIMPLE/ TOTAL MASTECTOMY - ADJUVANT	100,000.00
Z021F1	MODIFIED RADICAL MASTECTOMY - NEOADJUVANT	100,000.00
Z021F2	MODIFIED RADICAL MASTECTOMY - ADJUVANT	100,000.00
Z021G1	PARTIAL MASTECTOMY OR LUMPECTOMY WITH SENTINEL LYMPH NODE BIOPSY - NEOADJUVANT	100,000.00
Z021G2	PARTIAL MASTECTOMY OR LUMPECTOMY WITH SENTINEL LYMPH NODE BIOPSY - ADJUVANT	100,000.00
Z021H1	PARTIAL MASTECTOMY OR LUMPECTOMY WITH AXILLARY NODE DISSECTION - NEOADJUVANT	100,000.00
Z021H2	PARTIAL MASTECTOMY OR LUMPECTOMY WITH AXILLARY NODE DISSECTION - ADJUVANT	100,000.00
Z021I1	TOTAL MASTECTOMY WITH SENTINEL LYMPH NODE BIOPSY - NEOADJUVANT	100,000.00
Z021I2	TOTAL MASTECTOMY WITH SENTINEL LYMPH NODE BIOPSY - ADJUVANT	100,000.00
Z021J1	MODIFIED RADICAL MASTECTOMY WITH SKIN COVERAGE FOR CLINICAL STAGE IIIB OR ABOVE - NEOADJUVANT	140,000.00
Z021J2	MODIFIED RADICAL MASTECTOMY WITH SKIN COVERAGE FOR CLINICAL STAGE IIIB OR ABOVE - ADJUVANT	140,000.00
Z021K1	TAMOXIFEN (FOR PREMENOPAUSAL / POSTMENOPAUSAL) - TRANCHE 1 (450.00 PER MONTHLY PRESCRIPTION)	2,700.00
Z021K2	TAMOXIFEN (FOR PREMENOPAUSAL / POSTMENOPAUSAL) - TRANCHE 2 (450.00 PER MONTHLY PRESCRIPTION)	2,700.00
Z021L1	ANASTROZOLE / LETROZOLE (POSTMENOPAUSAL) - TRANCHE 1 (3,000.00 PER MONTHLY PRESCRIPTION)	18,000.00
Z021L2	ANASTROZOLE / LETROZOLE (POSTMENOPAUSAL) - TRANCHE 2 (3,000.00 PER MONTHLY PRESCRIPTION)	18,000.00

Z Benefits Package Code	Description	Package Rate
Z021M11	DOXORUBICIN/ EPIRUBICIN (A) + CYCLOPHOSPHAMIDE (C) + DOCETAXEL (T) - NEOADJUVANT (AC X 4 CYCLES AT 13,750.00 PER CYCLE)	55,000.00
Z021M21	DOXORUBICIN/ EPIRUBICIN (A) + CYCLOPHOSPHAMIDE (C) + DOCETAXEL (T) - ADJUVANT (AC X 4 CYCLES AT 13,750.00 PER CYCLE)	55,000.00
Z021M12	DOXORUBICIN/ EPIRUBICIN (A) + CYCLOPHOSPHAMIDE (C) + DOCETAXEL (T) - NEOADJUVANT (T X 4 CYCLES AT 16,750.00 PER CYCLE)	67,000.00
Z021M22	DOXORUBICIN/ EPIRUBICIN (A) + CYCLOPHOSPHAMIDE (C) + DOCETAXEL (T) - ADJUVANT (T X 4 CYCLES AT 16,750.00 PER CYCLE)	67,000.00
Z021N11	DOXORUBICIN/ EPIRUBICIN (A) + CYCLOPHOSPHAMIDE (C) + PACLITAXEL (PACLI) - NEOADJUVANT (AC X 4 CYCLES AT 10,980.00 PER CYCLE)	43,920.00
Z021N21	DOXORUBICIN/ EPIRUBICIN (A) + CYCLOPHOSPHAMIDE (C) + PACLITAXEL (PACLI) - ADJUVANT (AC X 4 CYCLES AT 10,980.00 PER CYCLE)	43,920.00
Z021N12	DOXORUBICIN/ EPIRUBICIN (A) + CYCLOPHOSPHAMIDE (C) + PACLITAXEL (PACLI) - NEOADJUVANT (PACLI X 12 CYCLES AT 12,840.00 PER CYCLE)	154,080.00
Z021N22	DOXORUBICIN/ EPIRUBICIN (A) + CYCLOPHOSPHAMIDE (C) + PACLITAXEL (PACLI) - ADJUVANT (PACLI X 12 CYCLES AT 12,840.00 PER CYCLE)	154,080.00
Z021O1	DOCETAXEL (T) + CARBOPLATIN (CB) - NEOADJUVANT (T + CB X 6 CYCLES AT 30,835.00 PER CYCLE)	185,010.00
Z021O2	DOCETAXEL (T) + CARBOPLATIN (CB) - ADJUVANT (T + CB X 6 CYCLES AT 30,835.00 PER CYCLE)	185,010.00
Z021P1	TRASTUZUMAB (H), TRANCHE 1 (ONE TRANCHE IS EQUIVALENT TO 6 CYCLES AT 55,556.00)	333,336.00
Z021P2	TRASTUZUMAB (H), TRANCHE 2 (ONE TRANCHE IS EQUIVALENT TO 6 CYCLES AT 55,556.00)	333,336.00
Z021P3	TRASTUZUMAB (H), TRANCHE 3 (ONE TRANCHE IS EQUIVALENT TO 6 CYCLES AT 55,556.00)	333,336.00
Z021Q1	MAMMOGRAPHY (CONTRALATERAL IF MASTECTOMY OR BILATERAL, IF LUMPECTOMY) AND CLINICAL CONSULTATION	2,500.00
Z021Q2	ULTRASOUND (BREAST) AND CLINICAL CONSULTATION OR ULTRASOUND (WHOLE ABDOMEN) AND CLINICAL CONSULTATION	1,100.00
Z021Q3	GYNECOLOGICAL EVALUATION AND TRANSVAGINAL ULTRASOUND	1,100.00
Z021Q4	CHEST X-RAY	300.00
Z021R	2D ECHO	2,500.00
Z021S	BONE DENSITOMETRY	2,500.00
Z021T	BONE SCAN	4,000.00
Z1801A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION, RIGHT	132,300.00
Z1801B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION, LEFT	132,300.00
Z1801C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION, BOTH	264,600.00
Z1802A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW, RIGHT	67,300.00
Z1802B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW, LEFT	67,300.00
Z1802C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW, BOTH	134,600.00
Z1803A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, BELOW ELBOW, RIGHT	47,300.00
Z1803B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, BELOW ELBOW, LEFT	47,300.00
Z1803C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, BELOW ELBOW, BOTH	94,600.00

Z Benefits Package Code	Description	Package Rate
Z1804A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, FINGER GLOVE (FOR 1 FINGER), RIGHT	17,300.00
Z1804B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, FINGER GLOVE (FOR 1 FINGER), LEFT	17,300.00
Z1804C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, FINGER GLOVE (FOR 1 FINGER), BOTH	34,600.00
Z1805A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, HAND GLOVE (FOR MORE THAN 1 FINGER), RIGHT	22,300.00
Z1805B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, HAND GLOVE (FOR MORE THAN 1 FINGER), LEFT	22,300.00
Z1805C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT UPPER EXTREMITY PROSTHESIS, HAND GLOVE (FOR MORE THAN 1 FINGER), BOTH	44,600.00
Z1806A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, HIP DISARTICULATION, RIGHT	163,540.00
Z1806B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, HIP DISARTICULATION, LEFT	163,540.00
Z1806C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, HIP DISARTICULATION, BOTH	327,080.00
Z1807A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, ABOVE KNEE OR WITH KNEE DISARTICULATION, RIGHT	61,940.00
Z1807B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, ABOVE KNEE OR WITH KNEE DISARTICULATION, LEFT	61,940.00
Z1807C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, ABOVE KNEE OR WITH KNEE DISARTICULATION, BOTH	123,880.00
Z1808A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, BELOW KNEE OR ANKLE DISARTICULATION, RIGHT	31,540.00
Z1808B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, ABOVE KNEE OR ANKLE DISARTICULATION, LEFT	31,540.00
Z1808C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, ABOVE KNEE OR ANKLE DISARTICULATION, BOTH	63,080.00
Z1809A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, PARTIAL FOOT, RIGHT	26,540.00
Z1809B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, PARTIAL FOOT, LEFT	26,540.00
Z1809C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY PROSTHESIS, PARTIAL FOOT, BOTH	53,080.00
Z1810	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY ORTHOSIS, TALIPES EQUINOVARUS	17,860.00
Z1811A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY ORTHOSIS, ANKLE FOOT ORTHOSIS, RIGHT	13,110.00
Z1811B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY ORTHOSIS, ANKLE FOOT ORTHOSIS, LEFT	13,110.00
Z1811C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY ORTHOSIS, ANKLE FOOT ORTHOSIS, BOTH	26,220.00
Z1812A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY ORTHOSIS, KNEE AND ANKLE FOOT ORTHOSIS, RIGHT	29,210.00
Z1812B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY ORTHOSIS, KNEE AND ANKLE FOOT ORTHOSIS, LEFT	29,210.00
Z1812C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY ORTHOSIS, KNEE AND ANKLE FOOT ORTHOSIS, BOTH	58,420.00
Z1813A	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY ORTHOSIS, BOTH HIP KNEE ANKLE FOOT ORTHOSIS, RIGHT	50,810.00

Z Benefits Package Code	Description	Package Rate
Z1813B	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY ORTHOSIS, BOTH HIP KNEE ANKLE FOOT ORTHOSIS, LEFT	50,810.00
Z1813C	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT LOWER EXTREMITY ORTHOSIS, BOTH HIP KNEE ANKLE FOOT ORTHOSIS, BOTH	101,620.00
Z1814	Z BENEFITS FOR CHILDREN WITH MOBILITY IMPAIRMENT SPINAL BRACING OR ORTHOSIS	32,180.00

Other Stand-alone Benefits

Description	Package Rate	
PHILHEALTH KONSULTA PACKAGE	GOVERNMENT FACILITY - 500.00 PRIVATE FACILITY - 750.00	
Package Code	Description	Package Rate
MHG1	GENERAL MENTAL HEALTH SERVICES - TRANCHE 1	5,400.00
MHG2	GENERAL MENTAL HEALTH SERVICES - TRANCHE 2	3,600.00
MHS1	SPECIALTY MENTAL HEALTH SERVICES - TRANCHE 1	9,600.00
MHS2	SPECIALTY MENTAL HEALTH SERVICES - TRANCHE 2	6,400.00
RFRHD11	21 DAY SECONDARY PROPHYLAXIS WITH PENICILLIN G BENZATHINE (BENZATHINE BENZYL PENICILLIN), TRANCHE 1	6,000.00
RFRHD12	21 DAY SECONDARY PROPHYLAXIS WITH PENICILLIN G BENZATHINE (BENZATHINE BENZYL PENICILLIN), TRANCHE 2	6,000.00
RFRHD21	28 DAY SECONDARY PROPHYLAXIS WITH PENICILLIN G BENZATHINE (BENZATHINE BENZYL PENICILLIN), TRANCHE 1	6,000.00
RFRHD22	28 DAY SECONDARY PROPHYLAXIS WITH PENICILLIN G BENZATHINE (BENZATHINE BENZYL PENICILLIN), TRANCHE 2	6,000.00
RFRHD31	ORAL SECONDARY PROPHYLAXIS WITH PENOXYMETHYL PENICILLIN (PENICILLIN V) (AS POTASSIUM SALT) OR ERYTHROMYCIN, TRANCHE 1	6,000.00
RFRHD32	ORAL SECONDARY PROPHYLAXIS WITH PENOXYMETHYL PENICILLIN (PENICILLIN V) (AS POTASSIUM SALT) OR ERYTHROMYCIN, TRANCHE 2	6,000.00