

PHILHEALTH CIRCULAR

No. 2025 - 000

TO : ALL ACCREDITED HEALTH FACILITIES AND HEALTHCARE PROFESSIONALS, PHILHEALTH REGIONAL OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : Benefits Package for Extracapsular Cataract Extraction with Insertion of Intraocular Lens (IOL)

I. RATIONALE

Blindness and loss of vision are included in the top 20% of the Philippines' most burdensome conditions.¹ Global estimates on the number of people blind or visually impaired by cataract is 45% and is the second leading cause of moderate and severe vision impairment.² The 2018 Philippine National Survey on Blindness and Eye Diseases shows that cataract is the major cause of visual impairment.³ Surgery is the only treatment for cataract, during which an artificial intraocular lens replaces the damaged lens.

As part of PhilHealth's mandate of providing responsive benefits to meet the needs of its beneficiaries pursuant to Republic Act (R.A.) 7875 as amended by R.A. Nos. 9241 and 10606 (National Health Insurance Act of 2013) and financing reforms pursuant to R.A. No. 11223, otherwise known as the Universal Health Care Act, alongside the shift to a new provider payment mechanism, i.e., from All Case Rates (ACR) to diagnosis-related groups (DRG), PhilHealth identified cataract surgery, as one of the priority conditions under the ACR for improving financial coverage and protection against catastrophic healthcare expenditure during illness. Thus, the PhilHealth Board of Directors, through Board Resolution No. 2973, s.2024, "Resolution Approving the Benefits Package for Extracapsular Cataract Extraction with Insertion of Intraocular Lens (ECCE-IOL)," approved the adjusted rates for the reimbursement of cataract surgery as part of the ACR rationalization.

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¹ <https://www.healthdata.org/research-analysis/health-by-location/profiles/philippines>

² Pesudovs K, Lansingh VC, Kempen JH, et al. Global estimates on the number of people blind or visually impaired by cataract: a meta-analysis from 2000 to 2020. *Eye*. 9 March 2024. doi: 10.1038/s41433-024-02961-1

³ <https://www.peri.ph/philippine-eye-disease-study>

II. OBJECTIVES

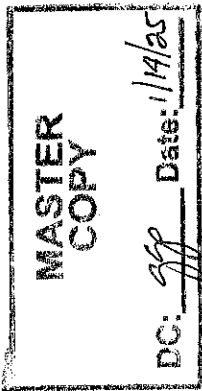
This PhilHealth Circular provides the policy for implementing the enhanced benefits package for extracapsular cataract extraction with insertion of intraocular lens (IOL) to ensure financial risk protection and quality healthcare delivery by accredited health facilities (HFs).

III. SCOPE

This PhilHealth Circular covers essential health services for extracapsular cataract extraction with insertion of IOL and shall apply to all accredited Ambulatory Surgical Clinics (ASC), Levels 1 to 3 accredited public and private HFs with service capability for cataract surgery, including PhilHealth Regional Offices (PRO), and all others involved in implementing the case rates for cataract surgery.

IV. DEFINITION OF TERMS

- A. All Case Rates (ACR)** - PhilHealth's mechanism of paying for inpatient care through a case-based provider payment system.
- B. All Case Rates Rationalization (ACR Rationalization)⁴** - PhilHealth's interim strategy to improve financial coverage for selected/priority conditions based on the volume of claims, disease burden, and support value until PhilHealth fully implements DRG as a provider payment mechanism for inpatient services.
- C. Balance Billing⁵** - additional payments by insured patients on top of the amount paid by insurance when the provider's charges exceed the amount covered by health insurance. Due to financial and service coverage decisions, balance billing may result in increased financial burdens and limited access to health services by households.
- D. Best Corrected Visual Acuity (BCVA)⁶** - the measurement of the possible ability to distinguish shapes and the details of objects at a given distance with corrective lenses, and is one of the most commonly used testing factors for eye conditions.
- E. Biometry⁷** - measurement of anatomical dimensions of the eye, which include corneal curvature (keratometry), axial length, and anterior chamber depth. These measurements are primarily used to calculate the



⁴ PhilHealth Circular No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

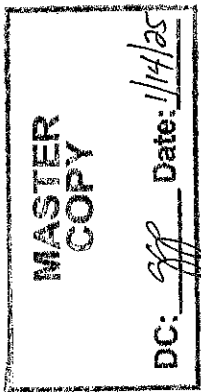
⁵ Viriyathorn, S., Witthayapipopsakul, W., Kulthanmanusorn, A., Rittimanomai, S., Khuntha, S., Patcharanarumol, W., & Tangcharoensathien, V. (2023, May 11). Definition, Practice, Regulations, and Effects of Balance Billing: A Scoping Review. *Health Services Insights*, 16, 1-14. 10.1177/11786329231178766

⁶ Lee, W., Kim, J.H., Lee, S. *et al.* Estimation of best corrected visual acuity based on deep neural network. *Sci Rep* 12, 17808 (2022). <https://doi.org/10.1038/s41598-022-22586-2>

⁷ Song AL, Rizzuti A. Optical Biometry. [Updated 2023 Apr 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK580549/>

appropriate power of the intraocular lens (IOL) to be implanted during cataract surgery.

- F. **Bottom-Up Costing (Activity-Based or Micro-Costing)⁸** - a cost calculation method that considers the individual components and activities of delivering a healthcare service and analyzes its various elements separately, such as personnel, medical supplies, equipment, overhead expenses, and administrative costs, to determine the cost incurred for that specific component.
- G. **Case-Based Provider Payment Mechanism** –a provider payment system in which a hospital is reimbursed for each discharged patient at predetermined rates based on the type of case or for groups of cases with similar clinical profiles and resource requirements.
- H. **Cataract⁹** - a disease of the eye in which the normally clear lens has opacified, which obscures the passage of light. It is a gradually progressive disease and a significant cause of blindness around the world.
- I. **Co-Payment**- a predetermined amount agreed upon by the accredited health facility (HF) and PhilHealth that is chargeable to patients to cover the share for amenities, choice of physician, or any additional or upgraded services during the episode of inpatient care before service access to manage moral hazards and adverse incentives¹⁰. Co-payment is an example of an out-of-pocket payment or cost-sharing mechanism intended to share the cost of healthcare between the insured and the insurer¹¹.
- J. **Diagnosis-Related Groups (DRG)¹²** - a patient classification and provider payment system that groups patient cases, including services received, into standardized case groups according to diagnosis and treatment or procedure received. It combines clinical logic with economic logic that classifies hospital cases into groups that are clinically similar and are expected to have similar hospital resource use.
- K. **Extracapsular Cataract Extraction with insertion of IOL¹³** - a surgical procedure in which the anterior portion of the lens capsule is removed through a sclerocorneal or corneal incision. The nucleus of the lens is then extracted entirely or emulsified and extracted.



⁸ PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

⁹ Nizami AA, Gurnani B, Gulani AC. Cataract. [Updated 2024 Feb 27]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK539699/>

¹⁰ PC No. 2021-0022. The Guiding Principles of the Z Benefits (*Revision 1*)

¹¹ PC No. 2024-0001. Rules for Adjusting Case Rates

¹² PC No. 2022-0016. Governing Policies on the Transitioning the Provider Payment Mechanism (PPM) from All Case Rates (ACR) to Diagnosis-Related Groups (DRG)

¹³<https://www.sciencedirect.com/topics/nursing-and-health-professions/extracapsular-cataract-extraction>

- L. **Fixed Co-Payment**¹⁴ - a flat-rate co-payment as a cost-sharing arrangement that is a predetermined, fixed out-of-pocket amount that remains the same regardless of the total cost of the service.
- M. **Health Technology Assessment (HTA)**¹⁵ - systematic evaluation of properties, effects, or impact of health-related technologies, devices, medicines, vaccines, procedures, and all other health-related systems developed to solve a health problem and improve the quality of lives and health outcomes, utilizing a multidisciplinary process to evaluate the social, economic, organizational, and ethical issues of a health intervention or health technology.
- N. **Health Technology Assessment Council (HTAC)**¹⁶ - an independent advisory body created under Republic Act 11223, otherwise known as the Universal Health Care Act. Its overall role is to provide guidance to the Department of Health (DOH) and the Philippine Health Insurance Corporation (PhilHealth) on the coverage of health interventions and technologies to be funded by the government.
- O. **Intraocular Lens (IOL)**¹⁷ - a tiny, artificial lens for the eye. It replaces the eye's natural lens that is removed during cataract surgery.
- P. **Minimum Standards of Care**¹⁸ - essential or mandatory services that PhilHealth covers for which HFs must provide based on clinical practice guidelines (CPG) and/or expert consensus as approved by the Corporation.
- Q. **Monofocal IOL**¹⁹ - the most common type of lens used with cataract surgery. It has one focusing distance. It is set to focus for up close, medium range, or distance vision. Most people have them set for clear-distance vision. Then they wear eyeglasses for reading or close work.
- R. **Multifocal IOL**²⁰ - provides both distance and near focus at the same time. The lens has different zones set at different powers.
- S. **Non-Basic Accommodation**²¹ - provision of the minimum standards of care for patients, including fringe and additional amenities provided by the facility at the patient's option.

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¹⁴ PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

¹⁵ Health Technology Assessment (HTA) –<https://attv.com/h/health-technology-assessment/>

¹⁶ <https://hta.doh.gov.ph/health-technology-assessment-council-htac>

¹⁷ <https://www.aao.org/eye-health/diseases/cataracts-iol-implants>

¹⁸ PC No. 2021-0022. The Guiding Principles of Z Benefits (Revision 1)

¹⁹ <https://www.aao.org/eye-health/diseases/cataracts-iol-implants>

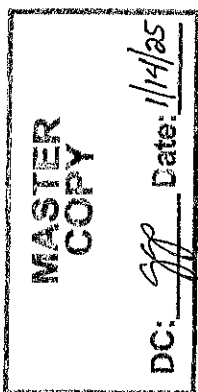
²⁰ Ibid

²¹ DOH AO No. 2021-0015. Standards on Basic and Non-Basic Accommodation in All Hospitals

- T. **Out-of-Pocket Payment (OOP)**²² - the balance of healthcare provider charges paid directly by the patients from their own resources or cash reserves or health spending made directly from households to providers.
- U. **Published Case Rate**²³ - fixed, predetermined rate or amount that PhilHealth will reimburse for the condition, which shall cover the fees of healthcare professionals and all facility charges, including but not limited to room and board, diagnostic imaging procedures, laboratory/chemistry tests, drugs, medicines, devices, supplies, operating room fees, infection control, healthcare worker salary, and other service fees.
- V. **Top-Down Costing**²⁴ - cost accounting method adopted by PhilHealth that involves estimating the overall budget for the HF or healthcare organization and then breaking it down into various cost centers, such as different departments, clinics, or service lines. The allocation of costs to these individual cost centers can be based on revenue, patient volume, or historical cost patterns. This method allows PhilHealth to determine areas of high or low cost or high-or low-intensity use of resources in the HF.
- W. **Toric IOL**²⁵ - an IOL for people with astigmatism designed to correct a refractive error caused by an uneven curvature of the cornea.

V. POLICY STATEMENTS

- A. PhilHealth identified cataract surgery as one of the priority conditions in rationalizing the ACR to improve financial coverage and ensure financial risk protection while transitioning its provider payment mechanism to DRG.
- B. PhilHealth utilizes a case-based provider payment mechanism to reimburse HFs for the covered minimum standards in delivering services for cataract surgery.
- C. PhilHealth's case-based reimbursement system for the ACR intends to promote efficiency, cost containment, and quality of care by providing a fixed payment for a specific case or episode of care, where HFs deliver services in a more coordinated and streamlined manner to manage resources efficiently and focus on achieving positive patient outcomes rather than simply providing more services. Overall, PhilHealth's case-based provider payment system aims to align financial incentives with the efficient and effective delivery of services.
- D. PhilHealth shall engage key stakeholders to promote a deeper understanding of the ACR as a case-based provider payment system,



²² PC No. 2023-0026. Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (*Revision 1*)

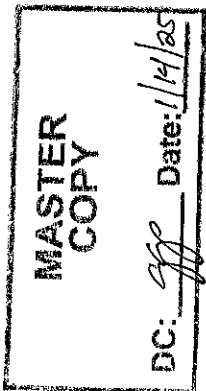
²³ PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

²⁴ PC No. 2023-0025. Guiding Principles of the Rationalized Inpatient Case Rates

²⁵ <https://www.aao.org/eye-health/diseases/cataracts-iol-implants>

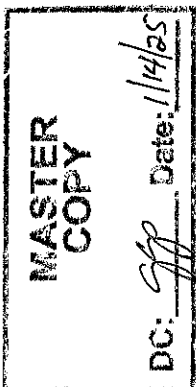
which has critical implications for claims processing, medical evaluation, and audits.

- E. The minimum standards of care recommendations from clinical practice guidelines (CPG) disseminated by the World Health Organization (WHO), Department of Health (DOH), local medical societies, and other guideline sources, which are critically appraised and validated by current best practices in the local setting, are PhilHealth's basis for service coverage and costing analyses.
- F. Any proposal for PhilHealth coverage to include new technologies, such as drugs/medicines and biologicals not listed in the latest Philippine National Formulary (PNF), diagnostic procedures, surgical interventions, and new treatment interventions, shall consider the Health Technology Assessment Council (HTAC) recommendation.
- G. PhilHealth highly encourages continuous quality improvement initiatives to promote improving cataract surgery care in the Philippines, such as developing a patient registry and referral network according to global best practices and collaboration efforts to standardize local practice and improve access to quality services delivered by accredited HF's.
- H. With the rates adjustment for cataract surgery and the increase in PhilHealth coverage, all PhilHealth beneficiaries shall be entitled to no co-payment when admitted to basic or ward accommodation following DOH-A.O. No. 2021-0015 (Standards on Basic and Non-Basic Accommodation in All Hospitals) in public and private HF's.
- I. Services beyond the PhilHealth coverage for the minimum standards of care in non-basic accommodation of accredited private HF's, such as amenities, choice of physician, upgrade of services, or additional services unrelated to the episode of cataract surgery management, shall be subject to OOP or co-payment.
- J. The co-payment shall be thoroughly discussed with the patient by the attending physician/s who should properly inform patients of the essential services for the management of cataract surgery as part of the informed consent.
- K. Accredited public HF's shall not balance bill or charge patients admitted in non-basic accommodation in excess of the published reimbursement rate.
- L. The package rate for cataract surgery reflects the average cost of treating an episode of care. The actual cost of care per patient may differ from the actual hospitalization charges reflected in the SOA, which can be higher or lower than the published case rate.
- M. All accredited HF's should maintain minimum stock levels of intraocular lenses, essential eye medications and life-saving drugs, IV fluids, and supplies at all times to ensure the timely delivery of quality healthcare



services and discourage unwarranted OOP from outside purchases and services.

- N. As stipulated in the UHC Act, Chapter IV, Sec. 18(b), there will be no differentiation between facility and professional fees. PhilHealth shall credit all payments to the accounts of accredited private and public HFs. In the case of government HFs, it is the sole responsibility of the HF to distribute the professional fees (PF) to the attending physicians or health workers based on their internal agreements and processes.
- O. Accredited HFs may cross-subsidize treatment costs beyond the case rates for cataract surgery, using either other fund sources, efficiency gains or OOP spending.
- P. Accredited HFs should follow CPGs to manage patients and ensure adherence by medical professionals who are appropriately credentialed and privileged to practice in the HFs and all hospital staff in charge of patients with cataracts.
- Q. Accredited HFs that lack the service capability for performing cataract surgery shall properly coordinate and facilitate the timely referral of patients to higher-level HFs that can perform cataract surgery, ensuring patient safety.
- R. Accredited public and private HFs shall participate in the shadow billing for diagnosis-related groups (DRGs) following PhilHealth Circular No. 2024-0006 [Implementation of Shadow Billing for the Transition To Diagnosis-Related Groups (DRG) (Revision 1)] or its succeeding revisions, as applicable.
- S. PhilHealth Benefits Packages for cataract surgery
 - 1. Chapter II, Sec. 5 of R.A. No. 11223 stipulates that, "Every Filipino citizen shall be automatically included in the NHIP." Thus, all Filipinos are eligible to avail of the benefits package for cataract surgery. PhilHealth reiterates that claims submission does not require a printed copy of the member data record (MDR). All accredited HFs should deduct PhilHealth benefits any day of the week at any time upon patient discharge.
 - 2. Accredited HFs shall ensure the delivery of the minimum standards of care for managing cataract surgery according to CPG recommendations applicable in local practice. In addition, they shall ensure the availability of intraocular lenses, eye medications, other drugs and medicines, functioning laboratory machines and other types of equipment, timely laboratory chemistry services, and appropriate human resources.
 - 3. The HF shall reflect the cost of intraocular lenses in the hospital billing charges. If the IOL is provided by the patient or acquired



through donation, the HF shall claim the applicable package rate (i.e., ECCEOD or ECCEOS).

4. Ophthalmologists are discouraged from procuring and selling IOLs directly to their patients.
5. PhilHealth shall allow up to a maximum of 200 approved cataract pre-surgery authorization (CPSA) requests per month not exceeding ten (10) scheduled cataract surgeries per day per PhilHealth-accredited eye surgeon following PC No. 2023-0020, "Increase of Monthly Limits on Cataract Claim Reimbursements Per PhilHealth-Accredited Health Care Professional."
6. In case of bilateral cataract surgery, there shall be a minimum interval of two (2) days before operating on the other eye, except for pediatric patients.
7. Table 1 shows the PhilHealth benefits packages for adult cataract surgery with the corresponding reimbursement rates.

Package Code	Description	Rate (PHP)
ECCEOD	Extracapsular Cataract Extraction, Right Eye	20,200
ECCEOS	Extracapsular Cataract Extraction, Left Eye	20,200
ECCEOD1	Extracapsular Cataract Extraction With Monofocal IOL, Right Eye	28,300
ECCEOS1	Extracapsular Cataract Extraction With Monofocal IOL, Left Eye	28,300
ECCEOD2	Extracapsular Cataract Extraction With Monofocal Toric IOL, Right Eye	43,800
ECCEOS2	Extracapsular Cataract Extraction With Monofocal Toric IOL, Left Eye	43,800
ECCEOD3	Extracapsular Cataract Extraction With Multifocal IOL, Right Eye	66,900
ECCEOS3	Extracapsular Cataract Extraction With Multifocal IOL, Left Eye	66,900
ECCEOD4	Extracapsular Cataract Extraction With Multifocal Toric IOL, Right Eye	80,900

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Package Code	Description	Rate (PHP)
ECCEOS4	Extracapsular Cataract Extraction With Multifocal Toric IOL, Right Eye	80,900

Table 1: Package Code, Description, and Package Rate for Adult Cataract Surgery

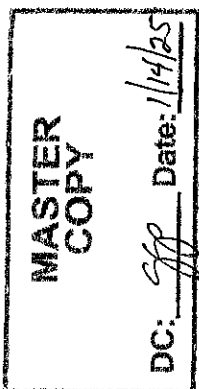
8. Table 2 shows the PhilHealth benefits packages for pediatric cataract surgery with the corresponding reimbursement rates.

Package Code	Description	Package Rate (PHP)
PCSOD	Pediatric Cataract Surgery, Right Eye	135,000
PCSOS	Pediatric Cataract Surgery, Left Eye	135,000
PCSOU	Pediatric Cataract Surgery, Both Eyes	139,050
PCSOD1	Pediatric Cataract Surgery With IOL, Right Eye	179,000
PCSOS1	Pediatric Cataract Surgery With IOL, Left Eye	179,000
PCSOU2	Pediatric Cataract Surgery With IOL, Both Eyes	187,100

Table 2: Package Code, Description, and Package Rate for Pediatric Cataract Surgery

9. In case of bilateral pediatric cataract surgery, the HF shall claim the package rate under PCSOU. This package includes the cost of new or additional sets of surgical instruments, drapes, viscoelastic, and other consumables.
10. PhilHealth highly encourages coordination and partnerships between accredited ASCs and levels 1 to 3 HFs for coordinated patient referrals and other operational matters.
11. The procedure codes for cataract surgery are listed in Table 3.

Procedure Code	Description
66840	Removal of lens material; aspiration technique, one or more stages



Procedure Code	Description
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (e.g., phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, for dislocated lens
66940	removal of lens material; extracapsular
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one-stage procedure), manual or mechanical technique (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
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one-stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one-stage procedure), (e.g., irrigation and aspiration)
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one-stage procedure), (e.g., phacoemulsification)

Table 3: Procedure Codes for Cataract Surgery

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T. Claims Filing

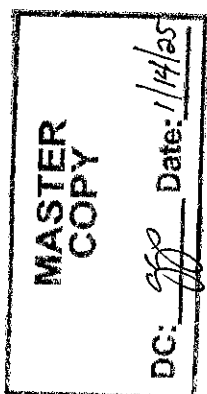
1. Accredited HFs shall strictly follow current PhilHealth policies on claims submission, including correct ICD-10 coding of the primary diagnosis and/or procedure coding (Table 3), submission of properly accomplished PhilHealth claims forms (CF), statement of account (SOA), and other data and documentary requirements as stipulated in existing policies.
2. Claims for adult cataract surgery shall require the submission of the result of the best corrected visual acuity (BCVA).

3. Accredited HFs filing claims for adult cataract surgery shall submit the following documents:
 - a. Claim Signature Form (CSF);
 - b. Claim Form 4 (CF4) documenting the patient's clinical history, physical and eye examinations;
 - c. Scanned pre-and post-op refraction and BCVA done at least two (2) weeks after surgery;
 - d. Scanned pre-op biometry result; and
 - e. Scanned operative record with the IOL sticker attached (i.e., monofocal, multifocal, monofocal toric, multifocal toric).

4. Accredited HFs filing claims for pediatric cataract surgery shall submit the following documents:
 - a. Claim Signature Form;
 - b. CF4 documenting the patient's clinical history, physical and eye examinations;
 - c. Scanned pre-op biometry result except for infants younger than one (1) year of age where an IOL will not be inserted;
 - d. Scanned operative record with the IOL sticker attached if an IOL is included; and
 - e. Scanned anesthesia record.

5. Accredited HFs shall follow all relevant laws, such as R.A. No. 9994 (Expanded Senior Citizens Act of 2010) and R.A. No. 10754 or An Act Expanding the Benefits and Privileges of Persons with Disability (PWD), including prospective laws providing mandatory discounts, guidelines of the Bureau of Internal Revenue (BIR), and the order of charging based on DOH-DSWD-PCSO-PHIC Joint Administrative Order No. 2020-0001 [Operational Guidelines for the Implementation of the Medical and Financial Assistance to Indigent and Financially-Incapacitated Patients Pursuant to Republic Act No. 11463 also known as "Malasakit Centers Act of 2019"].

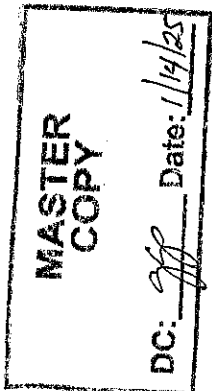
With this, PhilHealth benefits and all mandatory discounts provided by law, such as, but not limited to, senior citizen and PWD discounts, shall be deducted first from the total hospital bill of the patient. Benefits from private health insurance (PHI), health maintenance organizations (HMO), or employee benefits shall be applied after PhilHealth deductions and complement the PhilHealth benefits packages.



6. The case rate for cataract surgery shall not be claimed as a "second" case rate.
7. Accredited HFs shall properly indicate the OOP and/or co-payment of the member/patient and other funding sources in PhilHealth Claim Form 2 (CF2) Part III on Consumption of Benefits and in the electronic SOA following PC No. 2023-0026 [Electronic Data Submission of the Statement of Account (SOA) for All Case Rates (ACR) Claims and Identified PhilHealth Benefits (*Revision 1*)].
8. Accredited HFs shall file all claims to PhilHealth within the prescribed filing period of sixty (60) calendar days. Direct filing by members/beneficiaries is discouraged and not allowed.
9. Rules on late filing shall apply, except when the delay in the filing of claims is due to natural calamities or other fortuitous events, where the existing guidelines of PhilHealth on the provision of special privileges to those affected by fortuitous events shall apply.
10. Accredited HFs may file a motion for reconsideration (MR) and appeal for claims denied by PhilHealth following existing policies.
11. In case of cataract surgeries done abroad, PhilHealth shall process and pay claims based on the remaining balance not covered by any insurance or incurred as OOP expenses but not exceeding the published case rates provided within the policy.

U. Claims Evaluation and Payment

1. PhilHealth shall reimburse accredited HFs with the service capability for cataract surgery the published case rates based on the minimum standards of care in an outpatient or inpatient setting. Any amount declared in the SOA that is below or above the published case rates shall not be interpreted as over or underpayment.
2. PhilHealth reserves the right to subject any or all claims to medical review before and/or after payment or reimbursement of its accredited HFs, following existing guidelines.
3. Existing rules on All Case Rates (PC No. 35, s. 2013, "ACR Policy No. 2 – Implementing Guidelines on Medical and Procedure Case Rates") on the percentage allocation of health facility and professional fees shall apply to claims for these benefits packages.
4. PhilHealth shall apply the "return to sender (RTS)" policy for claims documents with incomplete requirements, discrepancies in the supporting documents or attachments, or incompletely filled-out claims forms for compliance within the prescribed period.



V. Monitoring

1. PhilHealth shall enforce current policies and guidelines on monitoring the performance of accredited HFs in implementing the Benefits Package for cataract surgery and establish strict control mechanisms to ensure quality healthcare delivery and prevent adverse provider behaviors and non-compliance with existing rules.
2. PhilHealth also encourages content experts to review and conduct appropriate studies on healthcare providers' actual practices during the implementation of the benefits package for cataract surgery, especially documenting adverse provider behaviors resulting in cost-push inflation, such as unwarranted increases in hospital charges for intraocular lenses or other fees charged by the HF.
3. PhilHealth beneficiaries are strongly encouraged to provide feedback or report concerns about the implementation of the cataract surgery policy or their experience with benefit availment to the Corporate Action Center (CAC) via the hotline (02) 8862-2588 or email actioncenter@philhealth.gov.ph.

W. Marketing and Promotion

PhilHealth shall conduct communication and social marketing activities, in collaboration with experts and stakeholders to educate healthcare providers and the public in increasing their awareness of the case rates for cataract surgery following the current Social Marketing and Communication Plan (SMCP).

X. Policy Review

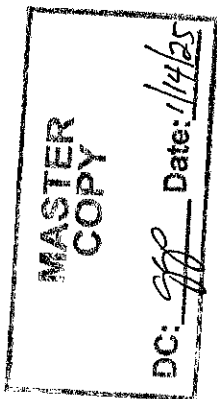
PhilHealth retains the flexibility to adjust payment rates based on the services covered and the efficiency of healthcare providers in delivering quality care.

PhilHealth shall conduct a policy review of the case rates for cataract surgery in parallel to the development and transition to the DRG provider payment mechanism in collaboration and consultation with key stakeholders, experts, and implementers.

This PhilHealth Circular shall be enhanced as necessary based on the results of the policy review.

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of R.A. No. 7875, as amended by R.A. Nos. 9241 and 10606 (National Health Insurance Act of 2013), R.A. No. 11223 (Universal Health Care Act), and their respective Implementing Rules and Regulations, including the PhilHealth Rules on Administrative Cases (PROAC).



VII. TRANSITORY CLAUSE

Claims for cataract surgeries covered in this benefits package that are done prior to the effectivity of this PhilHealth Circular shall be processed based on the applicable existing guidelines.

All other cataract procedures not covered in this package shall be reimbursed based on the existing guidelines.

VIII. SEPARABILITY CLAUSE

In the event that any part or provision of this PhilHealth Circular is declared unauthorized or invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

IX. REPEALING CLAUSE

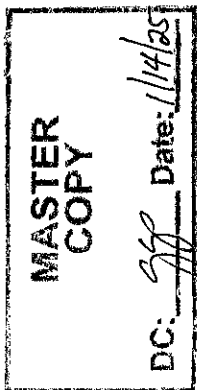
All PhilHealth Circulars, issuances, rules, and regulations or parts thereof that are contrary to and inconsistent with this PhilHealth Circular are hereby repealed, amended, or modified accordingly.

X. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect fifteen (15) days after publication in the Official Gazette or any newspaper of general circulation. Three (3) certified copies shall be filed with the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.

EMMANUEL R. LEDESMA, JR.
President and Chief Executive Officer

Date signed: 01/14/25



Benefits Package for Extracapsular Cataract Extraction with Insertion of Intraocular Lens (IOL)