PhilHealth
Your Partner in Health

BAGONG PILIPINAS

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PHILHEALTH CIRCULAR
No. 2025 - 0014

TO : **ALL PHILHEALTH BENEFICIARIES ACCREDITED HEALTH FACILITIES AND HEALTHCARE PROFESSIONALS, PHILHEALTH REGIONAL OFFICES, BRANCHES, LOCAL HEALTH INSURANCE OFFICES, AND ALL OTHERS CONCERNED**

SUBJECT : **PhilHealth Benefit Packages for Selected Outpatient Cancer Screening Tests**

I. RATIONALE

According to the Philippine Statistics Authority, cancer ranked as the second leading cause of mortality in the Philippines, accounting for 11% of all recorded deaths during the first eight months of 2024. The most common sites of cancer are breast, lung, colorectal, and liver. According to the 2018 Philippines System Review, among the barriers to access cancer screening services among women are high out of pocket costs, and inequities in the distribution of health facilities and cancer screening equipment between urban and rural areas. Coverage of these services under the National Health Insurance Program can effectively address these barriers.

Republic Act (R.A.) No. 7875, as amended by R.A. Nos. 9241 and 10606, also known as the National Health Insurance Act (NHIA) of 2013, mandates Philippine Health Insurance Corporation (PhilHealth) to develop benefit packages for outpatient services. Additionally, R.A. No. 11223, or the Universal Health Care Act, ensures that all Filipinos have immediate access to essential health services, including preventive, curative, palliative, and emergency care; and mandates PhilHealth to implement a comprehensive outpatient benefit package. Furthermore, Republic Act No. 11215, known as the National Integrated Cancer Control Act, directs PhilHealth to expand its coverage to include services such as cancer screening, diagnosis, treatment support, rehabilitation, survivorship care, and end-of-life care for all cancer types and stages, across all age groups.

The Department of Health (DOH) Omnibus Health Guidelines provides a unified framework for delivering health services across different life stages and care levels, including cancer screening and diagnostics. PhilHealth's primary care benefit, paid through capitation; covers primary care services such as health risk assessments, consultations, and selected cancer screening tests—particularly for colorectal and breast cancers. To improve health outcomes, there is a need to enhance access to screening and early detection Therefore, making cancer screening tests more accessible in outpatient settings is essential.

In response, the PhilHealth Board of Directors approved, through PhilHealth Board Resolution No. 3018 s.2025, the benefit packages for selected outpatient cancer screening tests.

II. OBJECTIVES

This PhilHealth Circular aims to:

A. Provide a mechanism for PhilHealth beneficiaries to access selected cancer screening tests in outpatient settings.

B. Highlight the role of primary care as the first contact to access and navigate health services including cancer screening.

C. Provide policies and guidelines to implement the benefits for selected cancer screening tests in outpatient settings.

III. SCOPE

This PhilHealth Circular is applicable to all Filipinos and other qualified PhilHealth beneficiaries who are registered with a PhilHealth primary care provider. It encompasses coverage for selected cancer screening tests conducted in outpatient settings. Furthermore, it covers PhilHealth-accredited health facilities with the capability and appropriate DOH license to provide laboratory or imaging services or both.

IV. DEFINITION OF TERMS

For the purpose of this Circular, the operational definition of terms used in this issuance are the following:

A. Cancer Screening Facilities – health facilities that are duly licensed by the DOH and accredited by PhilHealth as providers of PhilHealth benefit packages for selected outpatient cancer screening tests.

B. Catchment Population – all eligible PhilHealth beneficiaries registered to a PhilHealth–accredited primary care provider.

C. First Patient Encounter (FPE) – an initial episode of patient contact for the year whereby a primary care provider takes and/or updates the basic health data of an eligible beneficiary to identify their health risks. The FPE is not yet a consultation.

D. Health Care Professionals – physicians/medical doctors, nurses, midwives, dentists, or other allied professionals or practitioners duly licensed to practice in the Philippines.

E. Health Facilities – places or establishments, which are devoted primarily to the provision of services for health promotion, prevention, diagnosis,

treatment, rehabilitation, and palliation of individuals suffering from illness, disease, injury, disability, or deformity, or in need of obstetrical or other medical and nursing care.

F. PhilHealth – Accredited Primary Care Providers - are PhilHealthaccredited healthcare facilities or professionals capable and authorized to deliver primary care services covered under the PhilHealth's primary care benefit. These services include health risk screening and assessment (first patient encounter), medical consultations, selected laboratory and diagnostic tests, and selected medicines.

G. Screening Tests – are medical tests or procedures used to detect possible health problems or diseases among people who do not yet have symptoms to identify conditions early for timely intervention and better health outcomes.

V. POLICY STATEMENTS

A. The Benefit Packages

1. PhilHealth shall cover the following outpatient cancer screening tests with corresponding package rates in PhilHealth-accredited cancer screening facilities that are capable to perform the tests:

Screening Tests	Package Rates (PHP)
Mammogram	2,610.00
Breast Ultrasound	1,350.00
Low Dose Chest Computed Tomography (CT) Scan	7,220.00
Alpha Fetoprotein	1,230.00
Liver Ultrasound	960.00

Table 1: Outpatient Cancer Screening Test Package Rates

2. In addition to colonoscopy procedures already covered under the All-Case Rates (ACR) scheme, PhilHealth shall likewise provide coverage for colonoscopy when performed as a screening test, in accordance with prevailing standards of care for health screening. This procedure is covered with a benefit of PHP 23,640.00 per screening

3. Patients with breast symptoms (e.g. breast mass, pain, nipple discharge, etc.) shall also be covered in this package due to the absence of existing coverage.

4. The PhilHealth-accredited primary care physicians shall recommend and request the appropriate screening test/s based on clinical assessment and in accordance with the current standards of care for health screening (Annex A: Indications for Cancer Screening Tests).

5. The benefits shall be paid as cancer screening package rates (case-based payment), with a predetermined fixed rate for each test. PhilHealth shall pay the health care provider a fixed rate regardless of whether the charges are higher or lower than the corresponding fixed rate.

6. There shall be no-copayment and no balance billing for all PhilHealth beneficiaries in public and private facilities.

7. The benefit packages shall cover direct (e.g., medical supplies, drugs, equipment) and indirect (e.g., electricity, human resources, administrative supplies, information technology) costs of providing the test; and the reader's or professional fees.

B. Health Care Provider Engagement and Participation

1. PhilHealth shall engage accredited health care facilities with an appropriate DOH license as laboratory and/or radiation/imaging facility as providers of benefit packages for outpatient screening tests.

2. Currently accredited health facilities that intend to provide screening tests shall submit a Letter of Undertaking (Annex B - Template for Letter of Undertaking). They may commit to providing all or specific cancer screening services included in the benefit packages. Once approved, they shall be considered accredited cancer screening facilities.

3. For any change in the services to be offered, the health facility shall submit a revised Letter of Undertaking to PhilHealth.

4. PhilHealth shall not charge additional accreditation fees to health facilities that were already accredited as of the effectivity of this PhilHealth Circular.

5. The health facilities shall include the services in their subsequent application for renewal of accreditation if they intend to continue providing the benefit packages.

6. Accredited health care providers shall follow the current DOH Omnibus Health Guidelines (OHG) and Clinical Practice Guidelines (CPGs), PhilHealth quality policies, and other PhilHealth and DOH-issued patient care guidelines and standards.

C. Benefit Availment

1. The PhilHealth-accredited primary care providers shall perform health risk assessments and consultations to their catchment population.

2. The PhilHealth-accredited primary care physicians shall request needed screening test/s for their patients based on the clinical indications and health risks assessments during first patient encounters and/or consultations (Refer to Annex A for guidance). The physicians shall fill out a request form (Annex C – Screening Test Request Form) to be given to the patient.

3. The patient shall bring the request form to the accredited cancer screening facility. The latter shall validate with the primary care provider the authenticity of the screening test request.

4. The cancer screening facility shall perform the requested test/s to the patient. Once the test is done, the patient shall sign the patient's acknowledgement part of the request form.

5. Physicians who will perform the colonoscopy as a screening test shall be PhilHealth-accredited.

6. The cancer screening facility shall provide a copy of the result to the referring facility, PhilHealth (through claims) and patient in digital and/or printed forms.

7. PhilHealth beneficiaries availing for the first time, who obtained their request from their private, non-primary care physicians shall remain eligible for coverage. To ensure continuity of care, beneficiaries must be referred to their designated primary care provider following the release of screening results. For individuals who have not yet registered with a primary care provider, the cancer screening facility and PhilHealth shall assist the beneficiaries in selection and registration to the primary care provider of their choice.

8. The primary care provider shall conduct health education and advise to the patient including follow-up consultations, and schedule of the next screening test as applicable. Subsequent tests shall be requested by the primary care provider.

9. The primary care provider shall refer their patients with positive screening test results to PhilHealth-accredited higher-level facility for definitive diagnosis and further management.

10. The primary care provider shall also incorporate the results of the patient's screening tests to his/her electronic medical record.

D. Provider Payment and Claims Filing

1. The PhilHealth-accredited cancer screening facilities that performed the test shall file the claim to PhilHealth through eClaims within 60 days after performing the screening test/s. They shall attach a scanned copy of the screening tests request form (Annex C), screening test result/s, and the claim signature form (CSF).

2. PhilHealth-accredited cancer screening facilities shall ensure that they have access to eClaims to be able to file and receive reimbursement for valid claims that were filed.

3. Cancer screening facilities shall also submit an electronic statement of account (eSOA) in line with the current policy - PhilHealth Circular No. 2023-0026.

4. To facilitate processing of claims, health facilities shall use the following codes for the corresponding screening packages:

Package Code	Description	Package Rate (PHP)
DXX001	Mammogram for screening of breast cancer	2,610.00
DXX002	Breast ultrasound for screening of breast cancer	1,350.00
DXX003	Low dose chest computed tomography (CT) scan for screening of lung cancer	7,220.00
DXX004	Alpha fetoprotein for screening of hepatocellular cancer	1,230.00
DXX005	Liver ultrasound for screening of hepatocellular cancer	960.00
DXX006	Colonoscopy, flexible, proximal to splenic flexure; as screening procedure for colorectal cancer, w/ or w/o collection of specimen(s), w/ or w/o colon decompression	23,640.00

Table 2: Package Code and Description of Cancer Screening Benefit Packages

5. PhilHealth shall process and pay the claims within 60 days after receiving the complete claim documents.

6. PhilHealth shall return the claims with incomplete documents and/or discrepancies to the health facilities for compliance within the prescribed period.

7. PhilHealth shall deny claims with same service/s that are already claimed under the Z Benefit Packages or those with date of availment that overlaps with the confinement period of inpatient claims.

8. PhilHealth shall directly pay the cancer screening facilities that provided the service/s through the Auto Credit Payment System (ACPS).

9. PhilHealth shall not prescribe or differentiate facility and professional fees, and the sharing among health care workers, in accordance with Section 18(b) of Republic Act No. 11223 Universal Health Care Act. The sharing between the facility and the professional fees shall be based on internal policies of the facility.

E. Monitoring and Review

1. PhilHealth shall monitor the accredited cancer screening facilities in accordance with PhilHealth Circular No. 2018 – 0019 Health Care Provider Performance Assessment System (HCPPAS) Revision 2 and its subsequent revisions.

2. PhilHealth, as necessary, shall perform medical review to any claims prior or after payment based on the existing guidelines. It shall request copies of pertinent documents such as test results, and clinical charts from the cancer screening facility and/or primary care facility.

3. PhilHealth shall have a separate issuance to update the services covered by the primary care benefit and performance targets of the accredited primary care providers.

4. PhilHealth shall periodically review the costs of providing the benefit packages and shall update them accordingly.

5. PhilHealth shall institute fraud prevention, detection, and deterrence measures and act in line with the applicable laws and regulations.

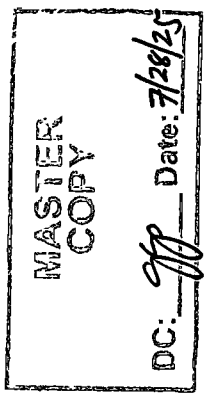
F. Annexes

1. Annex A – Indications for Cancer Screening Tests
2. Annex B – Template for Letter of Undertaking
3. Annex C – Screening Test Request Form

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular, and all existing PhilHealth circulars shall be penalized in accordance with the pertinent provisions of Republic Act (R.A.) No. 7875, as amended by R.A. No. 11223, and their respective Implementing Rules and Regulations.

VII. TRANSITORY CLAUSE



A. PhilHealth shall issue separate accreditation guidelines for non-accredited health facilities such as stand-alone laboratories and radiation/imaging facilities.

B. PhilHealth shall endeavor to fully digitalize the benefit availment and claims processes. It shall issue advisories on the implementation of system enhancements and new applications in accordance to the provisions of this PhilHealth Circular.

C. In the initial implementation of the benefit packages, screening tests conducted within CY 2025 may be claimed 120 days after the provision of services.

VIII. SEPARABILITY CLAUSE

In the event that a section or a provision of this policy is declared unconstitutional or rendered invalid by a court of law or competent authority, provisions not affected by such declaration shall remain in full force and in effect.

IX. REPEALING CLAUSE

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

X. EFFECTIVITY

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

EDWIN M. MERCADO, MD, MHA, MMSc
Acting President and Chief Executive Officer

Date Signed: 07/28/2025

PhilHealth Benefit Packages for Selected Outpatient Cancer Screening Tests

MASTER COPY
DC: Date: 7/28/25

Annex A: Indications for Cancer Screening Tests

Screening Tests for Cancer	Indication/s to note during FPE and Consultations	Frequency
Mammogram **and/or** breast ultrasound	• **Profile:** . Female, 50 to 69 years old, all cases . Female, 40 to 49 years old identified as high risk. **Risk factors:** with family history or previous history of breast cancer.	• Every 2 years for individuals aged 40 to 49 years old • Every year starting 50 years old
Low dose chest CT scan	• **Profile:** ➢ 50 years old and above **and** with **Risk factors:** smoker or used to smoke; with family history of lung cancer	• Every year
Colonoscopy	• **Profile:** ➢ 50 years old and above **or** • **Risk factors:** ➢ family history, underlying condition (e.g., inflammatory bowel disease) **With** • **Results of FIT or FOBT** ➢ Positive test results	• Every 10 years
Alpha fetoprotein test **and** Liver ultrasound	• **Risk factors:** ➢ hepatitis B or C infection, heavy and prolonged alcohol consumption, cirrhosis, diabetes, non-alcoholic fatty liver disease, **or** inherited metabolic diseases	• Every 6 months

Reference: Department of Health Omnibus Health Guidelines, 2023

Annex B: Template for Letter of Undertaking

Health Facility Logo
Health Facility Name
Health Facility Address

Letter of Undertaking
as Provider of Selected Outpatient Screening Tests for Cancer

Date: _____

NAME OF RVP
Address

Dear RVP _____:

We, the ____Name of Health Facility___, with address at _____ would like to signify our intent to be a PhilHealth accredited Provider of Selected Outpatient Screening Tests for Cancer, specifically for the following services:

*Please check item/s as applicable

☐ Mammogram	(₱2,610.00)
☐ Breast Ultrasound	(₱1,350.00)
☐ Liver Ultrasound	(₱960.00)
☐ Alpha-fetoprotein (AFP)	(₱1,230.00)
☐ Low-dose Chest CT Scan	(₱7,220.00)
☐ Colonoscopy	(₱23,640.00)

Further, we hereby commit that:

1. Our facility has the capability and necessary licenses/permits to provide the above services;
2. We acknowledge that PhilHealth shall pay for the services through case -based payment as stipulated above;
3. We agree with the set rates and shall apply the " **no co-payment**" scheme to all patients availing the said services;
4. We will comply with the PhilHealth implementing guidelines for Selected Outpatient Screening Tests for Cancer; and,
5. We will immediately implement the new benefit coverage once in effect.

Very truly yours,

Name of Medical Director/Chief of Hospital
Name of Facility

"SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20, in _____, affiant exhibiting to me his/her _____, issued on _____ at _____.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____

Annex C: Screening Test Request Form

Logo of the Requesting Facility

Screening Tests Request Form

Date of Request:

FROM:	TO:
Name of Referring Facility:	Name of Cancer Screening Facility:
PhilHealth Accreditation Number:	PhilHealth Accreditation Number:

Name of Patient: _____

_____ *(Family Name,* *First Name,* *Middle Initial)* Age:

_____ Birthday:

PhilHealth Identification Number:

_____

Diagnosis/Assessment: _____ ICD 10: _____

Indications: _____

Screening Test Requested (Please check)

- Mammogram
- Breast Ultrasound
- Low Dose Chest CT Scan
- Colonoscopy
- Alpha Fetoprotein
- Liver Ultrasound

MASTER COPY Date: 7/28/21 DC:

Name and Signature of Requesting Physician:
PRC License Number:
PhilHealth Accreditation Number:

Patient Acknowledgement

I hereby acknowledged that the test/s specified above was/were done to me.

_____ _____

Name and Signature of the Patient/PhilHealth Beneficiary Date Signed