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PHILHEALTH CIRCULAR
 No. 2025-0021

TO : ALL ACCREDITED HEALTHCARE PROVIDERS, PHILHEALTH MEMBERS, PHILHEALTH REGIONAL OFFICES AND ALL OTHERS CONCERNED

SUBJECT : Quality Standards on the Performance of Pterygium Excision with graft and Ocular Surface Reconstructive Surgeries as Reference of the Corporation

I. RATIONALE

The Universal Health Care Act (R.A. No. 11223) identifies quality of care as one of the major goals to be achieved by the Philippine health system. Quality is also stipulated in the revised Implementing Rules and Regulations (IRR) of National Health Insurance Act of 2013 (R.A. No. 10606) wherein quality assurance standards shall be used as reference in ensuring of health care services. Due to this mandate, the Corporation provides quality policies pertaining to standards of care for specific conditions in accordance with evidence-based information and opinion from recognized clinical experts in the field.

This policy was developed to ensure proper documentation of care pertaining to performance of pterygium excision with graft and Ocular Surface Reconstruction (OSR) including the assignment of appropriate procedural codes in relation to claims. The policy statements contained herein are based on available clinical practice guidelines and consultations with the Philippine Academy of Ophthalmology (PAO) and its subspecialty the Philippine Cornea Society, Inc. (PCSI) as recognized experts in eye care and ensure its applicability in the local setting.

II. OBJECTIVES

This PhilHealth Circular aims to establish the policy in ensuring the quality of care in the performance of pterygium excision with graft and Ocular Surface Reconstruction (OSR) in line with the benefit coverage.

III. SCOPE

This PhilHealth Circular shall cover the current standards of practice in the performance of pterygium excision with graft and Ocular Surface Reconstruction (OSR) as reference for PhilHealth and all accredited health care

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providers (HCPs) in ensuring quality of care relative to the benefit coverage of pterygium and OSR.

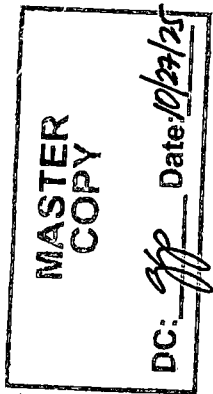
IV. DEFINITION OF TERMS

- A. Ocular Surface Reconstruction** – a surgical procedures aimed at restoring or rebuilding the ocular surface, particularly when there has been significant damage to the cornea or conjunctiva. It is typically reserved for more extensive corneal or conjunctival reconstructions.
- B. Pterygium** – a triangular, fleshy, fibrovascular sheet originating from the conjunctiva and extending to the corneal limbus and beyond. Typically, it is located along the horizontal meridian within the interpalpebral fissure¹.
- C. Standards of Care** – defined as (1) the degree of ability or skill possessed by other physicians in the same community, neighborhood or locality; (2) the degree of care, attention, diligence or vigilance ordinarily exercised by those physicians in the application of their skill; and (3) the special or extraordinary skill of the specialist, if the physician involved has represented himself as possessing it².

V. POLICY STATEMENTS

A. Clinical Features of Pterygium

1. Patients are usually asymptomatic (in the early phase of growth) but may present with complaints related to dry eye due to irregular wetting of the surface of the eye, commonly described as:
 - a. Irritation
 - b. Foreign body (FB) sensation
 - c. Burning
 - d. Itching
 - e. Tearing
 - f. Redness
2. The worsening of pterygium is characterized by an increase in size, which becomes more apparent to the naked eye. Further growth can cause visual symptoms due to induced astigmatism and encroachment on the visual axis.
3. The assessment of pterygium may be performed using any of the following:
 - a. Clinical evaluation with a penlight
 - b. Slit-lamp biomicroscopy, which provides a more objective evaluation and grading, and helps identify unusual features that may suggest alternative diagnoses.



¹Practice Guidelines and Standards of Care for Pterygium, Philippine Academy of Ophthalmology (PAO)

²Solis, Pedro P. "Medical Jurisprudence: The Practice of Medicine and the Law". Garotech Publishing, 1988.

4. Among patients presenting with a fleshy mass on the surface, the following differential diagnoses should be ruled out:
 - a. Pseudopterygium
 - b. Conjunctival papilloma
 - c. Conjunctival intraepithelial neoplasia
 - d. Squamous cell carcinoma

5. The grading of pterygium is important to determine the need for medical management or surgical removal. Grading is based on the following criteria³:
 - a. Degree of corneal involvement
 - b. Translucency

Degree of Corneal Involvement	Translucency
G1 – pterygia extend between the limbus and a point midway between the limbus and the pupillary margin	T1 – atrophic
G2 – pterygia have their head present between the midway point and the pupillary margin	T2 - intermediate
G3 – pterygia cross the pupillary margin	T3 - fleshy

Table 1: Grading of Pterygium

B. Management of Pterygium

1. A conservative (non-surgical) approach is recommended during the early phase of pterygium and may include:
 - a. Periodic observation
 - b. Use of eye lubricants or artificial tears
 - c. Vasoconstrictors
 - d. Non-steroidal anti-inflammatory drugs (NSAIDS)
 - e. Topical steroid drops
 - f. Protective eyewear

2. Surgical removal of pterygium is recommended when there is active growth that has resulted in, or may potentially result in:
 - a. Visually significant induced error of refraction (e.g. hyperopia, astigmatism)
 - b. Threat of involvement of the visual axis
 - c. Grading of pterygium: Translucency (T) grading of at least T2 or Corneal involvement grading (G) of at least G2
 - d. Severe or frequent symptoms of irritation, redness, tearing, FB sensation

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³PAO & PCSI expert opinion includes citation of pterygia grading by Noguera, et al. BMC Ophthalmology (2025)

- e. Interference with the performance or outcome of another ophthalmic procedure (e.g., cataract surgery)
- 3. According to experts (PAO, PCSI), the currently recommended surgical techniques of pterygium removal are the following:
 - a. Excision with conjunctival autograft - is highly recommended due to its efficacy, safety, low recurrence rates, and superior cosmetic results.
 - b. Excision with amniotic membrane transplantation –as an alternative to conjunctival autograft, particularly when preservation of the superotemporal bulbar conjunctiva is necessary.
- 4. Pterygium surgery, regardless of the technique, is an outpatient procedure performed under local anesthesia (e.g. topical or subconjunctival) and typically does not require routine preoperative medical clearance.
- 5. In filing claims for pterygium surgery, the appropriate RVS code shall be used is:

RVS code	Procedural Description of Pterygium
65426	Excision or transposition of pterygium; with graft

C. Post-Operative Care of Pterygium

- 1. The eye surgeon who performed the procedure is responsible for the postoperative care of the patient, as most complications tend to occur during this period.
- 2. The frequency of postoperative visits should be based on optimizing surgical outcomes and swiftly identifying and managing any complications. For patient safety and quality of care, the attending surgeon and patient should agree on the expected number of follow-up visits after the surgery.
- 3. If the attending surgeon is unable to follow-up with the patient within the recommended period, the patient should be referred to another ophthalmologist for postoperative care.

D. Ocular Surface Disease and Reconstruction

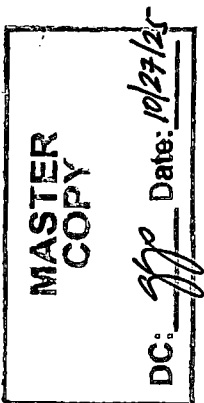
- 1. Based on expert opinion, ocular surface reconstruction using grafts (including amniotic membrane) is typically reserved for complex and complicated ocular surface diseases (OSD), and NOT for pterygium cases.
- 2. The following conditions are the usual indications for ocular surface reconstruction with amniotic membrane transplantation:

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- a. Limbal stem cell deficiency (e.g. due to chemical or thermal injury, Stevens-Johnson Syndrome, ocular cicatricial pemphigoid)
 - b. Ocular surface condition due to autoimmune diseases
 - c. Benign or malignant surface tumors (e.g. ocular surface squamous neoplasia, conjunctival melanoma, ocular dermoid, etc.)
3. To avoid unnecessary questions during review of claims, the operating room (OR) record (or its equivalent) should accurately describe the eye lesion and details of the ocular surface reconstruction procedure such as, but not limited to, the following information:
 - a. It usually entails the removal of abnormal lesions (e.g. fibrovascular membranes in limbal stem cell deficiency), masses (e.g. ocular surface neoplasia), or adhesions (e.g. symblepharon); and
 - b. Following excision, the amniotic membrane is typically secured.
 4. Ocular surface reconstruction with amniotic membrane transplantation (AMT) is generally reserved for more complex surface diseases. The intricate nature of these conditions requires advanced surgical skills and knowledge. In consultation with PAO, advanced OSR procedures typically fall under the domain of Cornea and External Disease Specialty. Also, other subspecialties performing OSR are oculoplastic, ocular oncology, glaucoma, and retina. For the purpose of payment of claims, the health care professionals belonging to aforementioned subspecialties are advised to update their accreditation profile and provide applicable proof of compliance such as but not limited to certificate of good standing and completed fellowship training certificate. Further, the Corporation may obtain roster of members from these professional groups to ensure regular updating of accreditation database (i.e., iPAS).
 5. The appropriate procedure codes for Ocular Surface Reconstruction (OSR) are the following:

RVS codes	Procedural Description of OSR
65780	Ocular surface reconstruction; amniotic membrane transplantation
65781	Ocular surface reconstruction; limbal stem cell allograft (e.g., cadaveric or living donor)
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)

6. Healthcare providers must provide documentary proof of human amniotic membrane use in filing of claims, monitoring, and other related activities as deemed necessary by the Corporation.



E. Documentation of Procedure

1. Clear and accurate documentation is a professional and legal requirement in medical practice. For purposes of this policy, healthcare providers must provide a detailed Operative Report in filing of claims attended by surgery with graft (i.e. conjunctival autograft, wet or dry amniotic membrane) that include but not limited to the following information:
 - a. Clear mention of conjunctival autograft harvest/use of amniotic membrane graft, and graft placement;
 - b. Location and size of the donor graft; and
 - c. Method of graft fixation (e.g. sutures)
2. If dry/dehydrated amniotic tissue membrane was used, the healthcare provider should attach a photocopy or scanned copy of the actual box containing the amnion tissue used with information of the brand and lot/serial/batch numbers (from the manufacturer) during filing of claims. While the physical box should be kept with the patient chart (or any equivalent) for purposes of monitoring and other activities of the Corporation as deemed necessary.
3. For fresh amnion graft, the health facilities should attach the receipt from the amnion bank in the CF4. As of to date, fresh amnion can be procured from the Research and Biotechnology Group of St. Luke's Medical Center in Quezon City. The Corporation shall issue an Advisory to indicate additional recognized health facility/-ies in consultation with the PAO.

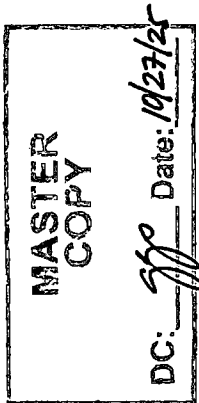
F. Medical Prepayment Review (MPR)

1. All claims for Pterygium excision with grafting (RVS 65426) and OSR (RVS 65780, 65781, 65782) shall be subjected to medical prepayment review (MPR) to determine appropriateness of the claims as to clinical indication for the aforementioned procedures.
2. The Corporation reserves the right to request certified true copies of the complete clinical charts (or any equivalent) when additional information is necessary. Non-compliance to the request shall result in denial of the claim. Further, any false statements made therein shall result in the denial of the PhilHealth claim, and the concerned HCP may be subjected to administrative, criminal, or civil liability as provided by law

G. Limits on the number of Pterygium and OSR surgeries

1. PhilHealth shall implement the following maximum limits of claims per RVS code:

RVS codes	Maximum limits of claims
65426	Maximum of twenty-five (25) claims per PhilHealth-accredited eye surgeon per month



65780 65781 65782	Maximum of five (5) claims per qualified PhilHealth-accredited eye surgeon per month
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- The limit on the surgeries shall apply to all HCPs except for those performed by residents-in-training in accredited government and private health facilities with a Philippine Board of Ophthalmology (PBO) - accredited residency training program. These accredited training institutions, both private and government, shall make their PBO residents training log books containing the list of surgeries performed as part of the residency training program, available for inspection by PhilHealth as part of PhilHealth monitoring.

H. Monitoring and Evaluation

- The healthcare provider shall be bound by the provisions of the Performance Commitment and subject to the rules on monitoring and evaluation of performance as provided in PhilHealth Circular No. 2018-0019 Health Care Provider Performance Assessment System (HCPPAS) Revision 2.
- Standards of care issued by authorized agencies/organizations shall be regularly monitored. As deemed necessary, a revision of the policy statements shall be made.

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of R.A. No. 11223 and R.A. No. 10606, and their respective Implementing Rules and Regulations.

VII. DATE OF EFFECTIVITY

This PhilHealth Circular shall take effect fifteen (15) days after its publication in the Official Gazette or in 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.


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

Date signed: 10/24/2025

Quality Standards on the Performance of Pterygium Excision with graft and Ocular Surface Reconstructive Surgeries as Reference of the Corporation

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