Annex C4.1: Rectal Cancer Pre-treatment Clinical Stage II to III – After

completion of Chemoradiotherapy

Revised as of December 2022



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Case No.

HEALTH FA	CILITY (HF)	
ADDRESS OF HF		
A. PATIENT	1. Last Name, First Name, Suffix, Middle Name SEX □ Male □ Female	
	2. PhilHealth ID Number –	
B. MEMBER	EMBER(Answer only if the patient is a dependent; otherwise, write, "same as above")1. Last Name, First Name, Middle Name, Suffix	
	2. PhilHealth ID Number –	

CHECKLIST OF MANDATORY AND OTHER SERVICES Rectal cancer pre-treatment clinical stage II - III

After completion of chemoradiotherapy

Specify the following:				
Clinical stage prior to initiation of treatment	cT:	N:	M:	
Pathologic stage	pT:	N:	M:	

Place a (\checkmark) in the appropriate tick box if DONE or GIVEN.

MANDATORY SERVICES	OTHER SERVICES as indicated/ as needed	
Procedures		
Colonoscopy ^a	Surgery for diversion	
Biopsy with histopathology	Surgery for closure of colostomy/ileostomy ^b	
Histopathology (post-operative)	Proctoscopy	
R <i>adiotherapy</i> (preferably, linear accelerator)		
Diagnostics	-	
Chest CT or Chest X-ray (PA-L) ^e	CP Clearance	
Pelvic MRI or endorectal ultrasound	SGPT	
CT scan of whole abdomen <i>preferably</i> with contrast ^{a, c}	Prothrombin time	
Fasting blood sugar (FBS)	Alkaline phosphatase	
Carcinoembryonic antigen (CEA),	Bilirubin	
as baseline	CEA for monitoring	
Complete blood count	SGPT for monitoring	

^a should be done within 60 calendar days before the date of submission of the pre-authorization checklist and request to PhilHealth

^b shall be covered under the Z Benefits within two (2) years from the date of surgery; patients may be charged co-payment within the allowable limit as indicated in the contract of the HF

^c PET scan may be accepted in place of CT scan

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MANDATORY SERVICES	OTHER SERVICES as indicated/ as needed
Blood typing	Creatinine for monitoring
Albumin	Chest X-ray
Creatinine	ECG

Place a (\checkmark) in the appropriate tick box if DONE or GIVEN.

MANDATORY SERVICES	OTHER SERVICES as indicated/ as needed	
Medicines, as indicated		
A. Any of the following protocols:		
Fluorouracil-Folinic acid (FU-FA)	Antiemetics, specify	
Capecitabine	Antimicrobials, specify	
	Pain relievers, specify	
Radiotherapy (concurrent with chemotherapy)	Others:	
Linear accelerator	Blood support	
Standard		
Short course		
Portal films or electronic portals*		
* Weekly for standard course and daily for short course		

Certified correct by:	Certified correct by:
(Printed name and signature) Attending Surgeon	(Printed name and signature) Attending Medical Oncologist
PhilHealth Accreditation No.	PhilHealth Accreditation
Date signed (mm/dd/yyyy)	Date signed (mm/dd/yyyy)

Certified correct by:	Conforme by:
(Printed name and signature)	(Printed name and signature)
Attending Radiation Oncologist	Patient
PhilHealth Accreditation No.	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

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