NATIONAL ADMINISTRATIVE REGISTER · JANUARY 25, 2007

CLARIFICATION TO PHILHEALTH RULES ON PAYMENT OF MINOR SURGICAL PROCEDURES AND SERVICES PER CIRCULAR NO. 9, SERIES–2002

PHIC PHILHEALTH CIRCULAR NO. 05, s-2007, January 25, 2007

Read online (full-text search, related cases, audio case brief): https://batas.org/library/b69d7d72c756/

This Circular is issued to facilitate rational payment of professional fees for daily visits of patients with minor surgical procedures and services.

- It is reiterated that payment of professional fees for procedures and services listed in the Relative Value Scale (RVS) covers payment for preoperative visits, intraoperative services and postoperative visits within 90 days from admission.

- However, a separate payment for daily visits and management may be allowed for minor surgical procedures (such as thoracentesis, chemotherapy, lumbar tap, cut- down, tracheostomy) for patients with concomitant medical condition and admitted for more than 24 hours.

- Minor surgical procedures and services are those procedures listed in the RVS with relative value units (RVU) of 30 and below. Example:

CODE

PROCEDURE

RVU

PROFESSIONAL
FEE (PF)

FINAL
PF

32002

Thoracentesis for pneumothorax

15

600 pesos

2,100 pesos

Medical management for 6 days

0

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1,500 pesos

(Specialist 250/day)

- However, outpatient procedures or day surgeries performed in accredited ambulatory surgical clinics and hospitals for patients who require less than 24 hours stay are not covered by this circular.

- Separate payment for co-management of the patient is allowed only for all surgeries and services when the patient's condition or surgery complications require expertise beyond that of the surgeon.

This Circular shall take effect for all claims with admission dates starting February 1, 2007. All other issuances inconsistent with this circular are hereby modified or repealed accordingly.

For your information and guidance.

Adopted: 25 January 2007

(SGD.) LORNA O. FAJARDO, CESO III
Acting President and CEO

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