



Quick Reference Guide for PhilHealth Claims Submission

RVS Code	Case Rate Code	Description	Required Documents
MCP01	CR4652	Routine Obstetric Care including Prenatal Delivery and Newborn Services of Non Hospital Facilities	CF2, CSF, CF3, SOA with CTC
NSD01	CR4651	Routine Obstetric Care Including Antepartum Care, Vaginal Delivery and/or Post Partum Care (NSD) for Hospitals	CF2, CSF, CF3, SOA with CTC
ANC01	CR4683	Antenatal Care Package	CF2, CSF, CF3, SOA with CTC, Pink Card
ANC02	CR4684	Antenatal Care Services with Intrapartum Monitoring or Labor Watch (Without Delivery)	CF2, CSF, CF3, SOA with CTC, Pink Card
99460 (With Hearing Test)	CR4687	Expanded Newborn Care Package	CF2, CSF +NBS Sticker, PMRF, SOA with CTC, Hearing Test Result, Birth Certificate
99460 (W/out Hearing Test)	CR4687	Expanded Newborn Care Package	CF2, CSF +NBS Sticker, PMRF, SOA with CTC, Birth Certificate
FP001	CR4685	Subdermal Contraceptive Implant	CF2, CSF, FP Form1+Serial Sticker + Waiver,SOA with CTC
58300	CR0385	Insertion of Intrauterine Device (IUD)	CF2, CSF + Serial Number of Box, SOA with CTC
55250	CR0385	Insertion of Intrauterine Device (IUD)	CF2, CSF + Serial Number of Box, SOA with CTC



RVS Code	Case Rate Code	Description	Required Documents
89221 (Intensive Phase)	CR4656	Directly Observed Treatment Short Course Intensive Phase	CF2, CSF, Treatment Card, SOA with CTC
89222 (Maintenance Phase)	CR4657	Directly Observed Treatment Short Course Maintenance Phase	CF2, CSF, Treatment Card, SOA with CTC
90375	CR4658	Animal Bite	CF2, CSF, Treatment Card, SOA with CTC, Summary Report
87207	CR4655	Outpatient Malaria Package	CF2, CSF, SOA, Dental Health Claim Form
OPH01		Dental Health Package	CF2, CSF, SOA, Dental Health Claim Form
OPH01A		Dental Health Package	CF2, CSF, SOA, Dental Health Claim Form
OPH01B		Dental Health Package	CF2, CSF, SOA, Dental Health Claim Form
MHG01		General Mental Health Services Tranche 1	CF2, CSF, SOA, Mental Health Claim Forms
MHG02		General Mental Health Services Tranche 2	CF2, CSF, SOA, Mental Health Claim Forms

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Reminders by Program

✓ 1. Confirm PhilHealth Eligibility

- Make sure the patient is an active PhilHealth member or a qualified dependent before filing any claim.

✓ 2. Ensure Visit Compliance (For ANC Claims)

- **1-1-2 Pattern:** At least 1 visit in the 1st trimester, 1 in the 2nd, and 2 visits in the 3rd trimester.
- **3+1 Pattern:** At least 3 visits in the 1st or 2nd trimester and 1 visit in the 3rd trimester.

✓ 3. Use the Correct Diagnosis and Procedure Codes

- Always record the correct and PhilHealth-approved ICD-10 codes for each program..

✓ 4. Check Admission and Discharge Dates

Make sure these dates in the PhilHealth forms are correctly aligned with the service timeline:

Code	Program	Admission Date	Discharge Date
ANC01	Antenatal Care	Date of 1st ANC Visit	Date of 1st or 2nd ANC Visit during the 3rd Trimester
MCP01 / NSD01	Maternal Care Package / Normal Spontaneous Delivery	Date of Delivery	24 hours after delivery
99460	Newborn Care Package	Date of Delivery	24 hours after delivery
FP001 / 58300	Family Planning	Date of Insertion	24 hours after insertion
89221	TB-DOTS Intensive Phase	1st Day of Intensive Phase	Last Day of Intensive Phase
89222	TB-DOTS Maintenance Phase	1st Day of Maintenance Phase	Last Day of Maintenance Phase
90375	Animal Bite Treatment	Day 0 of Vaccination	Day 7 of Vaccination

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✓ 4. Check Sticker Attachment

- Contraceptive Implant
Ensure that the serial number sticker from the implant packaging is properly attached to both the following documents:
 - Family Planning (FP) Form 1
 - Waiver/Consent Form
This validates the implant type and procedure performed.
- Newborn Screening (NBS):
Make sure the Newborn Screening (NBS) sticker is affixed to the:
 - Claim Signature Form
This confirms that the NBS procedure was conducted and verifies the specific kit used.

Quick Guide: Avoiding RTH & Denied Claims

✓ Writing & Forms

- Use black ink only (blue ink for doctor's signature).
- Write clearly and fill out all fields correctly.
- Use correct ICD-10 and RVS codes.

✓ Document Requirements

- Submit clear, complete, and readable documents (no folds, shadows, or watermarks).
- Combine front & back pages into one PDF per document.
- Format: PDF only.

✓ Attachments

- Required forms: Claim Form, MDR, Consent/Waiver, Operative Report, SOA with PHIC deduction if applicable.
- Include PMRF if needed.

✓ Accreditation & Eligibility

- The patient must be a qualified member/dependent.
- Ensure doctors and facilities are accredited.

✓ Timeliness

- File within 60 days of service.
- Avoid double filing.

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Frequently Asked Questions (FAQs)

1. What causes most RTH (Return-to-HCI)?

- Missing or incomplete documents
- Wrong or unmatched ICD-10/RVS codes
- Unreadable scanned files
- Unaccredited attending doctor or facility

2. How should documents be scanned?

- Use **PDF format**
- Make sure files are **clear**, readable, and **without watermarks**
- One PDF per document (e.g., NTP Card front & back = 1 file)

3. When should claims be filed?

- Within **60 calendar days** from the **date of service**
- Late filing may lead to **automatic denial**

4. Who should sign the forms?

- Use **black ink** for entries
- **Blue ink** allowed for **physician's signature only**

5. What should be checked before filing?

- Patient's **PhilHealth membership** and **eligibility**
- **Accreditation status** of the doctor and facility
- Complete attachments (e.g., PMRF, SOA, stickers, consent forms)

6. Can I refile returned or denied claims?

- Yes, if reason allows correction (e.g., missing document)
- Some denied claims (e.g., non-compensable cases) are **final**

7. What if two claims are filed on the same day?

- This can cause **denial due to double filing**
- Always check if previous claims exist before submitting a new one

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8. What happens if the confinement period doesn't match the procedure date?

- The claim may be **returned** or **denied**.
- Make sure dates in forms (admission/discharge) are consistent and accurate.

9. What if the PhilHealth member is inactive?

- Claims will be denied.
- Always **verify member eligibility** using the PhilHealth portal or eCLAIMS system before treatment.

10. Do we need to attach the PMRF (PhilHealth Member Registration Form)?

- Yes, especially if the member's MDR is outdated or not found in the system.

✔ Quick Fix Instructions

If an error is found:

- ✔ Double-check the patient's Basic Information and PhilHealth Membership Information
- ✔ Re-upload clear and complete attachments (no watermarks, readable, and in PDF format)
- ✔ Correct any incorrect information (e.g., philhealth number, dates, names)
- ✔ Click "Update XML" before resubmitting the claim
- ✔ Ensure required documents are attached
- ✔ Revalidate claim using the eClaims viewer, then retransmit.

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