

**[PHIC PHILHEALTH CIRCULAR NO. 27, S. 2009,
July 07, 2009]**

**ADDITIONAL RULES ON REIMBURSEMENT OF PROFESSIONAL
FEES DESIGNATED FOR POOLING**

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Payment of professional fees (PF) of physicians in government or private training hospitals wherein the payment for professional fees are set aside for pooling with respect to PhilHealth Circular No. 9 s. 2009 shall be:

1) Even for PF designated for pooling, professionals who actually rendered the service should be the signatory in Part II of the Claim Form 2. The phrase "PAY TO DIRECTOR/ADMINISTRATOR/CHIEF" should be indicated in Item Numbers 19, 24 or 29 of Form 2. In such cases, computation of PFs shall be based on the accreditation category of the accredited physicians.

2) However, claims signed by Medical Director, Hospital Administrator (physician) , Chief of Clinic or Department Heads in behalf of salaried physicians in government or private training hospitals wherein the payment for professional fee is set aside for pooling may be compensated.

a. Daily visit shall be based on rate for non-specialists. While PCF of 40 shall be used in the computation of professional fee regardless of the accreditation category of the Medical Director, Administrator (physician), Chief of Clinics or Department Heads.

b. Exception to the above rule is when the Medical Director, Administrator (physician), Chief of Clinics or Department Heads is also the provider of the service as reflected in the attached document (e.g., Operative Record, OB sheet, endoscopy report). In such case, computation of PF shall be based on accreditation category of Medical Director, Administrator (physician), Chief of Clinics or Department Heads.

3) It is reiterated that the following procedures and services are limited to the specified subclass of doctors:

Table 1: List of Procedures and Services that are Limited to Specific Categories of Doctors

Procedures and Services	Claims Code Group	Diplomate or Fellow
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