



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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**PHILHEALTH CIRCULAR**

No. 018 - 2015

**TO : ALL PHILHEALTH MEMBERS, ACCREDITED HEALTH CARE PROVIDERS (HCPs), PHILHEALTH REGIONAL OFFICES (PROs), AND ALL OTHERS CONCERNED**

**SUBJECT : GUIDELINES ON THE DIAGNOSIS AND MANAGEMENT OF UNCOMPLICATED CATARACT IN ADULTS**

**I. RATIONALE**

Cataract has consistently been one of the top claimed procedures in PhilHealth. As such and as mandated in Section 50 of the revised Implementing Rules and Regulations of Republic Act (RA) 7875 as amended by RA 9241 and 10606, the Corporation needs to ensure that the health care standards for the diagnosis and management of cataract are uniform throughout the nation. In order to do so, the Corporation is issuing these guidelines for the health care providers in diagnosing and managing uncomplicated cataract.

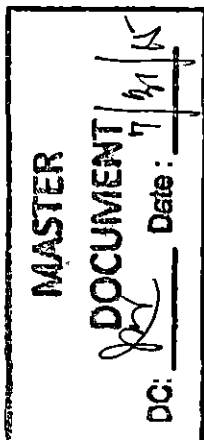
These guidelines were based on the Philippine Clinical Practice Guidelines on the Diagnosis and Management of Cataract in Adults (2001) and an updated ongoing guideline being crafted by the Philippine Academy of Ophthalmology, Preferred Practice Pattern Guidelines, Cataract in the Adult Eye (2011) by the American Academy of Ophthalmology Cataract and Anterior Segment Panel, Cataract Summary Benchmarks for Preferred Practice Pattern Guidelines (October 2014) by the American Academy of Ophthalmology, The Eye MD Association and expert opinion.

**II. DEFINITION AND OBJECTIVES OF MANAGEMENT**

Cataract is any opacity of the lens that may or may not be associated with visual problems and manifest as an obstruction of the red orange reflex on funduscopy.

In family practice, cataract should be classified according to types based on visual impairment using the Snellen's far and near visual testing. The classification types are the following:

- Type I – is characterized by patients with visual acuity better than 20/40 in the affected eye(s)
- Type II – is characterized by patients having visual acuity of 20/40 or worse in the affected eye(s)



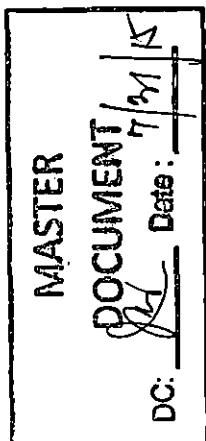
In medical practice, the objectives of management of cataract are the following: a) correction of visual impairment, b) maintenance of quality of life, and c) prevention of progression.

### III. ASSESSMENT

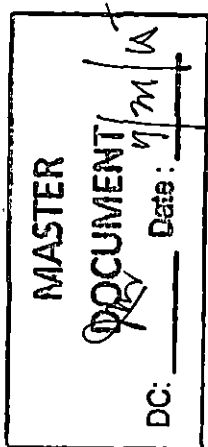
- A. Patient suspected of having cataract should undergo a comprehensive examination as follows:
1. Visual acuity with current correction at distance, and when appropriate, at near,
  2. Measurement of best-corrected visual acuity (with refraction when indicated),
  3. External examination including ocular alignment and motility,
  4. Intraocular pressure measurement,
  5. Slit lamp examination including dilated examination of the lens,
  6. Dilated funduscopy.
- B. For patients with suspected cataract whose visual acuity is 20/40 or better but referred to ophthalmology for further evaluation, contrast glare sensitivity must be done to detect potential problems in night time vision.
- C. Among patients suspected of having cataracts, the following causes of visual impairment should be ruled out:
- |                        |                         |
|------------------------|-------------------------|
| 1. Error of refraction | 5. Age-related          |
| 2. Corneal opacities   | 6. Macular degeneration |
| 3. Glaucoma            | 7. Optic nerve problem  |
| 4. Retinopathy         | 8. Uveitis              |

### IV. MANAGEMENT

- A. Non-surgical management is recommended in the following conditions:
1. Patient's refusal of surgery
  2. No visual disability
  3. Best correction results in satisfactory visual function
  4. Surgery is unlikely to improve visual function
  5. Patient cannot undergo surgery due to co-existing medical conditions
  6. No appropriate postoperative care can be arranged
- B. Refraction that affords the best visual function together with patient education is the only non-surgical option for cataract patients.
- C. Cataract surgery should be recommended when indicated because of proven effectiveness in enhancing quality of life and its cost-effectiveness in relation to other accepted treatments.
- D. Among patients with cataract, any of the following may be an indication for surgery:
1. Patient's visual needs
  2. Functional disability as measured by standard visual acuity charts and any visual function test, and
  3. Cataract with concomitant ocular problems.
- E. Among patients undergoing cataract surgery, both phacoemulsification and extracapsular cataract extraction (ECCE) are acceptable techniques.
- F. Among patients who will undergo cataract surgery, implantation of an intraocular lens is recommended unless otherwise contraindicated.
- G. Cataract surgery on an outpatient basis is recommended unless systemic as well as eye conditions necessitate admission.
- H. Supplemental ophthalmic testing must be performed prior to the contemplated cataract surgery to determine the appropriate intraocular lens (IOL) power as follows:



1. Keratometry
  2. Axial length measured by ultrasound (A-Scan) or optical biometry
  3. IOL power calculation
- I. All patients for cataract surgery should undergo history-taking and physical examination relevant to the risk factors for undergoing the planned anesthesia and sedation, when applicable.
  - J. Among healthy adult patients scheduled for cataract surgery under local anesthesia, no routine preoperative medical clearance is necessary.
  - K. For high risk patients with certain severe systemic diseases such as but not limited to poorly controlled blood pressure, recent myocardial infarction, unstable angina, poorly controlled congestive heart failure, or poorly controlled diabetes, a preoperative medical evaluation and clearance by the patient's primary care physician or by an appropriate physician if the patient has no primary care physician, is highly recommended.
  - L. While local anesthesia is recommended in majority of patients undergoing cataract surgery, sedation, or general anesthesia may be used when indicated.
  - M. Prior to cataract surgery, the patient must be informed about the benefits, possible side effects, complications, and costs of the procedure as well as of available alternative surgical and anesthesia procedures, including the option of declining the recommended cataract surgery and its consequences.
  - N. The patient must be informed about the planned intraocular lens to be used and potential need for additional procedure(s) that can be performed when necessary. Furthermore, patients with increased risks for particular complications because of existing co-morbidities or conditions must be warned of those risks and the potential for complications, side effects and poor outcomes from the surgery and anesthesia because of these existing conditions.
  - O. Once informed of those mentioned in Items IV. M and N of this Circular, a signed informed consent must be obtained from the patient prior to surgery and must be part of the patient's chart and record. It is the surgeon's duty to acquire the informed consent although staff members may assist in educating the patient.
  - P. A "time-out" in safe eye surgery must be performed immediately before starting the procedure that involves the patient and entire surgical team. A checklist must be available to verify the identity of the patient, attending surgeon and members of the surgical team, correct site side, procedure, patient positions, any implants, and special equipment.
  - Q. Only Philippine FDA registered intraocular lenses, devices, supplies and medications (pre-operative, intra-operative and post-operative) shall be used for cataract surgery. The brand, type and power of the intraocular lens used must be indicated in the operative record of the patient. An identification card or other appropriate document containing details of the intraocular lens must be given to the patient after the cataract surgery. The information in the ID or corresponding document must contain the following:
    1. IOL brand, type, power and serial number
    2. Name of patient and surgeon
    3. Laterality of the eye where the implant was placed (left and/or right)
    4. Date of surgery
  - R. One of the accompanying stickers of the IOL shall be placed on the operative record and on the lower right hand corner of the Claim Form 2.
  - S. Indications for second eye surgery in those with bilateral cataracts are the same for the first eye. Timing for the second eye surgery is best discussed by the surgeon and the patient; however, simultaneous cataract extraction is not recommended.



To reiterate based on PhilHealth Circular 17, s. 2013, "Exemption of Cataract Surgery to the Rule on Single Period of Confinement" the following rules on bilateral cataract surgery shall be followed:

1. For bilateral cataract procedures done in one operative session, or two ***cataract procedures done with less than one day interval (within same or different confinement)***, claims shall be paid as **one package**.

CASE	DATE OF CONFINEMENT	SAMPLE CASE	CASE RATE	DATE OF OPERATION	AVAILMENT
1	July 1 – 2, 2013	Cataract, OU (H25.22, 66987)	P16,000	July 1, 2013	Pay as P16,000
2	July 1 – 2, 2013	Cataract, OS (H25.20, 66987)	P16,000	July 1, 2013	Pay as P16,000
		Cataract, OD (H25.21, 66987)	P16,000	July 2, 2013	
3	July 1, 2013	Cataract, OS (H25.20, 66987)	P16,000	July 1, 2013	Pay as P16,000
	July 2, 2013	Cataract, OD (H25.21, 66987)	P16,000	July 2, 2013	Denied

2. For cataract procedures done with a **minimum of one day interval (in one confinement or different confinement dates)**, claims shall be paid as **two separate packages**. As such, these procedures shall be excluded from the rule on single period of confinement.

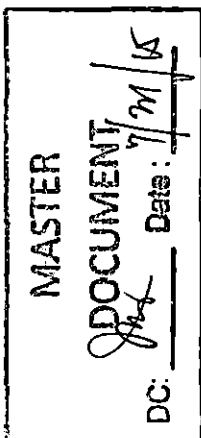
CASE	DATE OF CONFINEMENT	SAMPLE CASE	CASE RATE	DATE OF OPERATION	AVAILMENT
1	July 1 – 3, 2013	Cataract, OS (H25.20, 66987)	P16,000	July 1, 2013	Pay as two packages P16,000 + P16,000 = P32,000
		Cataract, OD (H25.21, 66987)	P16,000	July 3, 2013	
2	July 1, 2013	Cataract, OS (H25.20, 66987)	P16,000	July 1, 2013	Pay as two packages P16,000 + P16,000 = P32,000
	July 3, 2013	Cataract, OD (H25.21, 66987)	P16,000	July 3, 2013	

## V. POST-OPERATIVE CARE

- A. The eye surgeon who operated on the patient is responsible for the care of the patient during the postoperative interval, the time in which most complications occur and within which stable visual function is achieved. The eye surgeon also has an ethical obligation to the patient that continues until postoperative rehabilitation is complete.

Key components of postoperative care after cataract surgery are:

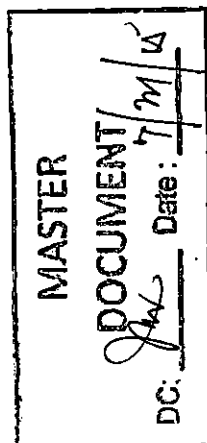
1. Written instructions about postoperative care should be given to the patient. The medical regimen, with the names and dosage of medication should be written.
2. The surgeon should be careful to explain symptoms of possible complications that should be reported, and contact information of the surgeon or the person on call should be provided.
3. The patient should be informed of the name and contact information of the physician who will be taking calls for the surgeon if he/she will be unavailable. Or, if unavailable, the operating surgeon should make arrangements for transfer of care.



- B. Post-operatively, topical antibiotics, steroids shall be instilled. NSAIDS are recommended as the surgeon deems necessary.
- C. Post-surgery, close follow-up with refractive evaluation of the patient shall be performed until best-corrected vision is achieved.
- D. The surgeon must maintain a prudent follow-up schedule after each surgery, and carefully document the history and physical examination. The frequency of postoperative examinations is based on the goal of optimizing the outcome of surgery and swiftly recognizing and managing complications. A minimum frequency should be:
  - 1. Once within the first 48 hours after surgery in the case of uncomplicated, small incision surgery.
  - 2. Once within the first 24 hours after surgery in the following circumstances:
    - a. Functionally monocular patients
    - b. Those with intraoperative complications
    - c. Those with high risk of postoperative complications such as intraocular pressure rise
  - 3. At least once more at approximately one month after surgery.
- E. The interval between the first follow up and the last follow up, as well as the frequency of follow up, will depend on the patient's condition and needs.
- F. If the attending surgeon cannot follow up the patient within the recommended period after surgery then the patient should be referred to another ophthalmologist who can do the follow up.
- G. Patients should be instructed to contact the ophthalmologist promptly if they experience symptoms such as significant reduction in vision, increasing pain, progressive redness, or periocular swelling as these symptoms may indicate a serious infection or severe inflammation.
- H. The components of each postoperative examination should include:
  - 1. Interval history, including use of postoperative medications, new symptoms, and assessment of vision (e.g., visual acuity, including pinhole testing or refraction when appropriate)
  - 2. Measurement of intraocular pressure
  - 3. Slit-lamp biomicroscopy
  - 4. Counselling/education for the patient or patient's caretaker
  - 5. Management plan

## VI. HEALTH EDUCATION AND REFERRAL

- A. Patient education should include the following:
  - 1. Advice on modifiable risk factors
  - 2. Advice on eventual need for surgery for non-surgical patients
  - 3. Advice on all available surgical procedures and outcomes
  - 4. Advice that to date no medications have been proven to retard the progression of age-related cataracts.
  - 5. Advice that not all blurring of vision is caused by cataracts and that not all cataracts need to undergo surgery.
- B. Patients with type II cataracts and those with type I cataracts suspected of having other ocular blinding conditions should be referred to an ophthalmologist.



**VII. RULES ON CLAIMS FILING**

- A. The requirement of an approved request for Cataract Pre-surgery Authorization (CPSA) shall still apply for claim reimbursement.
- B. Request for CPSA shall be submitted at least five (5) working days prior to the contemplated date of surgery while PhilHealth shall send back its decision regarding the request within two (2) working days from receipt of the request.
- C. Cataract surgeries shall be done after the submission of the request for CPSA and after the receipt by the health care institution/surgeon of the duly approved CPSA from PhilHealth. Otherwise, claim shall be denied.

**VIII. LIMITS ON THE NUMBER OF CATARACT SURGERIES**

- A. To reiterate, PhilHealth shall authorize only up to a maximum of fifty (50) requests for pre-surgery authorization per PhilHealth-accredited eye surgeon per month not exceeding ten (10) scheduled surgeries per day per PhilHealth-accredited eye surgeon.
- B. The limit on the number of CPSA requests and cataract surgeries shall apply to all health care providers except for those performed by residents-in-training in accredited government and private HCIs 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.

Table 1. Guide for Health Care Professionals in Determining Applicability of Limit on Number of CPSA requests and Cataract Surgeries

Patient Type	Government HCI with PBO accredited program	Government HCI without PBO accredited program	Private HCI with PBO accredited program	Private HCI without PBO accredited program
Private patients	Subject to limit	Subject to limit	Subject to limit	Subject to limit
Non-private patients	Not subject to limit *	Subject to limit	Not subject to limit *	Subject to limit
Service patients	Not subject to limit *	Subject to limit	Not subject to limit *	Subject to limit
NBB-eligible patients	Not subject to limit *	Subject to limit	Not subject to limit *	Subject to limit

\*Only if the procedure is done by a resident-in-training

However, the abovementioned HCIs shall be monitored/audited and the exemption to the limits on the number of cataract surgeries may be removed as the Corporation deems necessary.

**MASTER DOCUMENT**  
 Date: 7/11/18  
 DC:

To Illustrate:

Dr. Juan Dela Cruz, an accredited health care professional has the following requests for Cataract Pre-Surgery Authorization:

Date of contemplated surgery	Classification of HCI	Category of patient	Number of approved CPSA	Included in the limit per health care professional? Yes or No
August 5, 2015	Private hospital	Private	9	Yes
August 6, 2015	Government hospital	Private	10	Yes
August 9, 2015	Private ASC	Private	5	Yes
August 11, 2015	Private hospital	Private	9	Yes
August 15, 2015	Government hospital with no accredited residency training in Ophthalmology	Non-private	5	Yes
August 17, 2015	Private ASC	Sponsored member of PhilHealth	2	Yes
August 19, 2015	Private ASC	Sponsored member of PhilHealth	2	Yes
August 20, 2015	Private hospital with accredited residency training in Ophthalmology	Service patient as part of training program, with consultant signing for patients of residents	5	No
August 22, 2015	Government hospital with accredited residency training in Ophthalmology	Sponsored member of PhilHealth as part of training program, with consultant signing for patients of residents	8	No
August 23, 2015	Private hospital	Private	8	Yes
August 25, 2015	Private ASC	Private	1	Request is denied because Dr. Dela Cruz already exceeded the limit of 50 CPSAs per month that are subject to the limit.

**MASTER DOCUMENT**  
 DC:            Date: 7/31/15

**IX. MONITORING AND EVALUATION**

The health care provider shall be bound by the provisions of the performance commitment and subject to the rules on monitoring and evaluation of performance as provided for in PhilHealth Circular No. 54, s-2012: Provider Engagement through Accreditation and Contracting for Health Services (PEACHeS) and PhilHealth Circular No. 031-2014 re: Health Care Provider Performance Assessment System (HCP PAS).

Entries to a cataract approval request must be true and factual. An approved request for Cataract Pre-surgery Authorization is without prejudice to sanctioning the physician, health care institution, member/patient and others who may be involved, and the filing of appropriate charges in the proper courts of law as the Corporation may deem necessary should any irregularities or fraud be determined during post audit. Likewise, health care providers (HCIs and professionals) shall be held liable for representing health care professionals with suspended or revoked accreditation with PhilHealth for the purpose of claiming reimbursements. They shall also be held liable for engaging seekers/recruiters who seek only PhilHealth members for purposes of claiming reimbursement from the Corporation.

This Circular shall be reviewed periodically and as necessary.

**X. REPEALING CLAUSE**

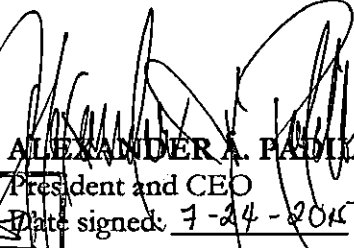
All provisions of previous issuances, circulars, and directives that are inconsistent with any of the provisions of this Circular for this particular circumstance wherein the same is exclusively applicable, are hereby amended, modified or repealed accordingly.

**XI. SEPARABILITY CLAUSE**

In the event that a part or provision of this Circular is declared unauthorized or rendered invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

**XII. EFFECTIVITY**

This Circular shall take effect for all admissions starting August 15, 2015 and onwards. It shall be published in any newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

  
ALEXANDER A. PADILLA  
President and CEO  
Date signed: 7-24-2015

MASTER DOCUMENT  
Date: 7/24/15  
OC: \_\_\_\_\_