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**CLARIFICATION ON THE REIMBURSEMENT OF PROFESSIONAL  
FEES FOR ANESTHESIA SERVICE**

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In order to facilitate the payment of professional fees for anesthesia services, please be guided by the following rules:

1) The following anesthesia services are considered as compensable:

- a) General anesthesia administered as inhaled or injected anesthetics
- b) Regional anesthesia whether spinal, epidural or peripheral nerve blocks
- c) Sedation given via injection, mouth, rectum or nasal route

2) Professional fee for local anesthesia either given through local infiltration, drops, spray or ointment is considered non-compensable. However, claims for the local anesthetic agent (e.g., lidocaine 1% vial, 5 ml) may be reimbursed under drugs and medicines subject to existing guidelines.

3) Monitored anesthesia care (MAC) is a type of physician service provided by an anesthesiologist wherein the patient undergoes a procedure under local anesthesia with or without sedation and analgesia. The process is monitored by an anesthesiologist to continually monitor and assess the patient's vital signs, manage cardiovascular instability, give sedatives, correct the level of sedation, or convert to general anesthesia as the need arises.

4) MAC includes all aspects of anesthesia service (preoperative visit, intraoperative care and postoperative anesthesia management).

a. Professional fee for MAC may be reimbursed to PhilHealth provided that the following 2 conditions are present:

i) MAC is performed to facilitate performance of the following procedures covered by PhilHealth (see Annex<sup>[\*]</sup>); and,

ii) The patient's clinical condition may warrant performance of MAC:

- (1) Patient of extreme age, under 1 year and over 70
- (2) Cognitive impairments (e.g., mental retardation, autism, dementia)
- (3) Psychological impairments (e.g., schizophrenia, bipolar disorders, post- traumatic stress disorders)