

OAASC 2013-14 REIMBURSEMENT SURVEY

The OAASC Reimbursement Committee has commissioned the following survey to collect data from member ASC's regarding commercial carrier reimbursement practices. Data will be collected and compiled anonymously and no specific ASC information will be released. All information will be averaged and regionalized for the general information of OAASC members. To complete the survey online go to

https://www.surveymonkey.com/s/Reimbursement_Survey

A. Charges Please list your ASC's top five procedure (CPT) codes by specialty (1 = highest; 5 = lowest) for the past full year. Finally, provide the average reimbursement across all payers for those cpt codes.

Specialty

ENT

	CPT CODE	REIMBURSE
1		
2		
3		
4		
5		

GASTROINTESTINAL

	CPT CODE	REIMBURSE
1		
2		
3		
4		
5		

GENERAL SURGERY

	CPT CODE	REIMBURSE
1		
2		
3		
4		
5		

GYN

	CPT CODE	REIMBURSE
1		
2		
3		
4		
5		

OPHTHALMOLOGY

	CPT CODE	REIMBURSE
1		
2		
3		
4		
5		

ORTHOPEDIC/HAND

	CPT CODE	REIMBURSE
1		
2		
3		
4		
5		

PAIN MANAGEMENT

	CPT CODE	REIMBURSE
1		
2		
3		
4		
5		

PLASTIC

	CPT CODE	REIMBURSE
1		
2		
3		
4		
5		

UROLOGY

	CPT CODE	REIMBURSE
1		
2		
3		
4		
5		

PODIATRY

	CPT CODE	REIMBURSE
1		
2		

3			
4			
5			

B. Reimbursement Info Please list your reimbursement by grouper number for the following payers. Each column is set up to automatically result in dollars. If you have a percentage of charge contract, please type in number, then percent sign.

Example	UHC	MMO	Anthem	AETNA	CIGNA	HUMANA
0	\$ 50			No Contract	60%	\$ 100
1	\$ 75					\$ 200
2	\$ 80					\$ 300
UL	\$ 90					\$ 300

Enter Your Data Below

Grouper #	UHC	MMO	Anthem	Aetna	Cigna	Humana
1		1	1	1	1	1
2		2	2	2	2	2
3		3	3	3	3	3
4		4	4	4	4	4
5		5	5	5	5	5
6		6	6	6	6	6
7		7	7	7	7	7
8		8	8	8	8	8
9		9	9	9	9	9
10		10	10	10	10	10
UL		UL	UL	UL	UL	UL

Other (At Least 8% of ASC volume)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
UL	

Other (At Least 8% of ASC volume)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
UL	

C. Additional Contract Information

Please describe below any other significant items in your contract.

(i.e., procedures carved out for separate fee, additional reimbursement for implants and if so, please describe.)

UHC

Procedures carved out? Yes No If so please list all: _____

Addl Payment for implants? Yes No

How many procedures allowed for reimbursement? (check all that apply) Primary @ 100% of contract rate

2nd procedure@_____% 3rd@_____% 4th@_____% All other@_____%

Additional Information including implants supplied: _____

MMO

Procedures carved out? Yes No If so please list all: _____

Addl Payment for implants? Yes No

How many procedures allowed for reimbursement? (check all that apply) Primary @ 100% of contract rate

2nd procedure@_____% 3rd@_____% 4th@_____% All other@_____%

Additional Information including implants supplied: _____

Anthem

Procedures carved out? Yes No If so please list all: _____

Addl Payment for implants? Yes No

How many procedures allowed for reimbursement? (check all that apply) Primary @ 100% of contract rate

2nd procedure@_____% 3rd@_____% 4th@_____% All other@_____%

Additional Information including implants supplied: _____

Aetna

Procedures carved out? Yes No If so please list all: _____

Addl Payment for implants? Yes No

How many procedures allowed for reimbursement? (check all that apply) Primary @ 100% of contract rate

2nd procedure@_____% 3rd@_____% 4th@_____% All other@_____%

Additional Information including implants supplied: _____

Humana

Procedures carved out? Yes No If so please list all: _____

Addl Payment for implants? Yes No

How many procedures allowed for reimbursement? (check all that apply) Primary @ 100% of contract rate

2nd procedure@_____% 3rd@_____% 4th@_____% All other@_____%

Additional Information including implants supplied: _____

Other

Procedures carved out? Yes No If so please list all: _____

Addl Payment for implants? Yes No

How many procedures allowed for reimbursement? (check all that apply) Primary @ 100% of contract rate

2nd procedure@_____% 3rd@_____% 4th@_____% All other@_____%

Additional Information including implants supplied: _____

Multispecialty Single Specialty

Area of State

NW SW NE SE Central