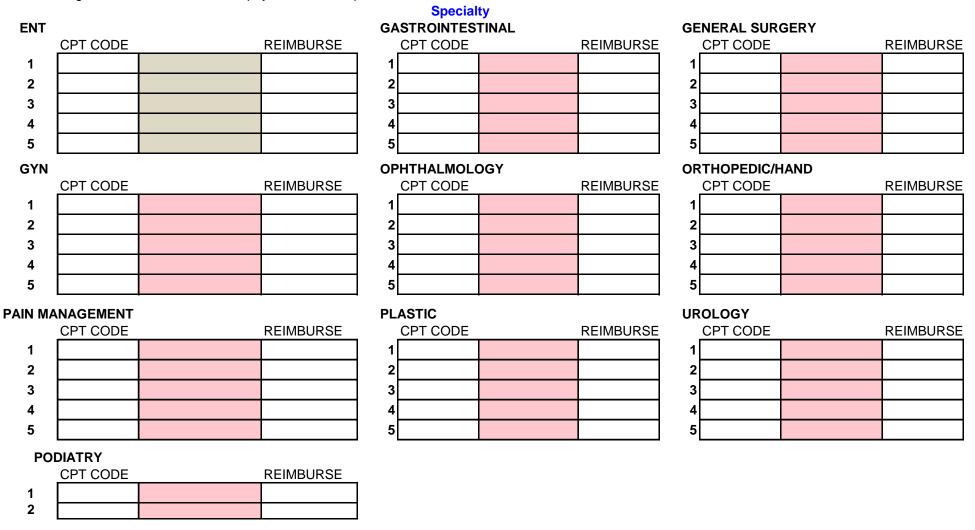
OAASC 2013-14 REIMBURSEMENT SURVEY

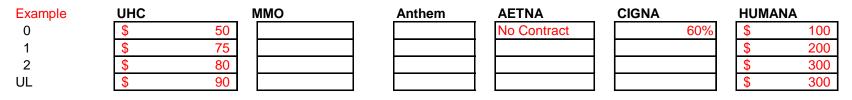
The OAASC Reimbursement Committee has commissioned the following survey to collect data from member ASC's regarding commercial carrier reimbursement practicies. Data will be collected and compiled anonymously and no specific ASC information will be released. All information will be averaged and regionalized 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.



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.



Enter Your Data Below

Grouper #	UHC	MMO	A	nthem A	etna Cigi	na 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	
2 3	
4	
5 6	
6	
7	
8	
9	
10	
UL	

Other (At Least 8% of ASC volume)

1	
2 3	
3	
4 5	
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:
Anthe	m 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	a 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:
Huma	ana 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
Ar	ea of State