

### Introduction - IMPORTANT - PLEASE READ

The American Society of Anesthesiologists invites you to participate in our 19th survey of commercial payment rates. As with previous surveys, we will publish the results in the *ASA Monitor* later this year. While only those questions marked with an asterisk require a response to complete the survey, the optional questions offer insights into critical practice topics that help to inform ASA prioritize its efforts and create new and relevant materials. We would greatly appreciate your help with this update and hope you will complete it in its entirety.

As a reminder, the Statements of Antitrust Enforcement Policy in Health Care issued jointly by the Department of Justice and the Federal Trade Administration make it possible for us to gather this information as long as certain conditions are met. The most important condition, besides only publishing aggregate statistics, is that the data you provide be AT LEAST THREE MONTHS OLD.

Please provide the following information for your FIVE (5) highest-volume commercial payers (NOT MEDICARE, MEDICAID, OTHER GOVERNMENT PAYERS) based on volume of services provided on an annual basis. If you have fewer than five contracted commercial payers, please enter information for all of your commercial payers. AGAIN, PLEASE ENSURE YOUR DATA IS AT LEAST THREE MONTHS OLD.

TO OUR ANESTHESIOLOGISTS: Please ask your practice manager or billing service to complete this questionnaire. It is important that we receive only one response from each anesthesia group. We ask that you or your staff complete the survey NO LATER THAN JULY 9, 2021.

If you have any questions, please do not hesitate to contact Sharon Merrick, ASA's Director of Payment and Practice Management ([s.merrick@asahq.org](mailto:s.merrick@asahq.org)).

Thank you for your participation!

ASA Conversion Factor Survey - Commercial Payer 1

\* 1. Do you have a contract with at least one commercial payer?

Yes

No

ASA Conversion Factor Survey - Commercial Payer 1

\* 2. Please indicate the Minutes per Unit used by the commercial payer with whom you receive the greatest percentage of your managed care business (i.e., private payers, not governmental payers). We will identify this payer as "Commercial Payer 1".

- 10 minutes
- 12 minutes
- 15 minutes
- Other (please specify)

\* 3. Please enter your contracted (not paid) conversion factor (rate per unit) for Commercial Payer 1.

4. For Commercial Payer 1, due to the implementation of 5010 standards, has your contract changed to fractional units?

- Yes
- No

\* 5. When calculating a payment amount, please indicate how Commercial Payer 1 determines the number of time units as based on time reported in actual minutes:

- Rounds up to the next whole unit
- Rounds down to the nearest whole unit
- Payment determined by actual time with fractional units
- Other (please specify)

\* 6. Please enter the percentage that Commercial Payer 1 represents of your total units billed, where "total" includes Medicare, Medicaid and other governmental payers as well as your commercial payers (please enter number only with no percentage sign):

7. Does Commercial Payer 1 pay physical status modifiers?

- Yes
- No

8. Does Commercial Payer 1 pay additional units for qualifying circumstances (i.e., CPT Codes 99100, 99116, 99135, 99140)?

- Yes
- No

ASA Conversion Factor Survey - Commercial Payer 2

\* 9. Do you have a contract with at least two commercial payers?

Yes

No

ASA Conversion Factor Survey - Commercial Payer 2

\* 10. Please indicate the Minutes per Unit used by the commercial payer with whom you receive the second highest percentage of your managed care business (i.e., private payers, not governmental payers). We will identify this payer as "Commercial Payer 2".

- 10 minutes
- 12 minutes
- 15 minutes
- Other (please specify)

\* 11. Please enter your contracted (not paid) conversion factor (rate per unit) for Commercial Payer 2.

12. For Commercial Payer 2, due to the implementation of 5010 standards, has your contract changed to fractional units?

- Yes
- No

\* 13. When calculating a payment amount, please indicate how Commercial Payer 2 determines the number of time units as based on time reported in actual minutes:

- Rounds up to the next whole unit
- Rounds down to the nearest whole unit
- Payment determined by actual time with fractional units
- Other (please specify)

\* 14. Please enter the percentage that Commercial Payer 2 represents of your total units billed, where "total" includes Medicare, Medicaid and other governmental payers as well as your commercial payers (please enter number only with no percentage sign):

15. Does Commercial Payer 2 pay physical status modifiers?

- Yes
- No

16. Does Commercial Payer 2 pay additional units for qualifying circumstances (i.e., CPT Codes 99100, 99116, 99135, 99140)?

- Yes
- No

ASA Conversion Factor Survey - Commercial Payer 3

\* 17. Do you have a contract with at least three commercial payers?

Yes

No



ASA Conversion Factor Survey - Commercial Payer 3

\* 18. Please indicate the Minutes per Unit used by the commercial payer with whom you receive the third highest percentage of your managed care business (i.e., private payers, not governmental payers). We will identify this payer as "Commercial Payer 3".

- 10 minutes
- 12 minutes
- 15 minutes
- Other (please specify)

\* 19. Please enter your contracted (not paid) conversion factor (rate per unit) for Commercial Payer 3.

20. For Commercial Payer 3, due to the implementation of 5010 standards, has your contract changed to fractional units?

- Yes
- No

\* 21. When calculating a payment amount, please indicate how Commercial Payer 3 determines the number of time units as based on time reported in actual minutes:

- Rounds up to the next whole unit
- Rounds down to the nearest whole unit
- Payment determined by actual time with fractional units
- Other (please specify)

\* 22. Please enter the percentage that Commercial Payer 3 represents of your total units billed, where "total" includes Medicare, Medicaid and other governmental payers as well as your commercial payers (please enter number only with no percentage sign):

23. Does Commercial Payer 3 pay physical status modifiers?

Yes

No

24. Does Commercial Payer 3 pay additional units for qualifying circumstances (i.e., CPT Codes 99100, 99116, 99135, 99140)?

Yes

No

ASA Conversion Factor Survey - Commercial Payer 4

\* 25. Do you have a contract with at least four commercial payers?

Yes

No

ASA Conversion Factor Survey - Commercial Payer 4

\* 26. Please indicate the Minutes per Unit used by the commercial payer with whom you receive the fourth highest percentage of your managed care business (i.e., private payers, not governmental payers). We will identify this payer as "Commercial Payer 4".

- 10 minutes
- 12 minutes
- 15 minutes
- Other (please specify)

\* 27. Please enter your contracted (not paid) conversion factor (rate per unit) for Commercial Payer 4.

28. For Commercial Payer 4, due to the implementation of 5010 standards, has your contract changed to fractional units?

- Yes
- No

\* 29. When calculating a payment amount, please indicate how Commercial Payer 4 determines the number of time units as based on time reported in actual minutes:

- Rounds up to the next whole unit
- Rounds down to the nearest whole unit
- Payment determined by actual time with fractional units
- Other (please specify)

\* 30. Please enter the percentage that Commercial Payer 4 represents of your total units billed, where "total" includes Medicare, Medicaid and other governmental payers as well as your commercial payers (please enter number only with no percentage sign):

31. Does Commercial Payer 4 pay physical status modifiers?

- Yes
- No

32. Does Commercial Payer 4 pay additional units for qualifying circumstances (i.e., CPT Codes 99100, 99116, 99135, 99140)?

- Yes
- No

ASA Conversion Factor Survey - Commercial Payer 5

\* 33. Do you have a contract with at least five commercial payers?

Yes

No

ASA Conversion Factor Survey - Commercial Payer 5

\* 34. Please indicate the Minutes per Unit used by the commercial payer with whom you receive the fifth highest percentage of your managed care business (i.e., private payers, not governmental payers). We will identify this payer as "Commercial Payer 5".

- 10 minutes
- 12 minutes
- 15 minutes
- Other (please specify)

\* 35. Please enter your contracted (not paid) conversion factor (rate per unit) for Commercial Payer 5.

36. For Commercial Payer 5, due to the implementation of 5010 standards, has your contract changed to fractional units?

- Yes
- No

\* 37. When calculating a payment amount, please indicate how Commercial Payer 5 determines the number of time units as based on time reported in actual minutes:

- Rounds up to the next whole unit
- Rounds down to the nearest whole unit
- Payment determined by actual time with fractional units
- Other (please specify)

\* 38. Please enter the percentage that Commercial Payer 5 represents of your total units billed, where "total" includes Medicare, Medicaid and other governmental payers as well as your commercial payers (please enter number only with no percentage sign):

39. Does Commercial Payer 5 pay physical status modifiers?

- Yes
- No

40. Does Commercial Payer 5 pay additional units for qualifying circumstances (i.e., CPT Codes 99100, 99116, 99135, 99140)?

- Yes
- No



ASA Conversion Factor Survey - Total Cases

41. How many total anesthesia CASES (including OB) did your practice bill to all payers (COMMERCIAL AND GOVERNMENTAL) in 2020?

42. How many of these CASES were reported to commercial payers?

ASA Conversion Factor Survey - Total Units

43. How many UNITS (excluding OB) did your practice bill to all payers (COMMERCIAL AND GOVERNMENTAL) in 2020?

44. How many of these UNITS were reported to commercial payers?

ASA Conversion Factor Survey - FTEs

\* 45. How many FTE anesthesiologists does your practice consist of (partners, shareholders, employees)?

\* 46. How many FTE CRNAs does your practice PAY DIRECTLY for their services (either as an employee or as an independent contractor paid for by the practice)?

\* 47. How many FTE CRNAs does your practice work with who are NOT PAID DIRECTLY by the practice (i.e., are employed by a facility or work as an independent contractor and bill/collect for their own services)?

\* 48. How many FTE certified anesthesiologist assistants does your practice PAY DIRECTLY for their services (either as an employee or as an independent contractor paid for by the practice)?

\* 49. How many FTE certified anesthesiologist assistants does your practice work with who are NOT PAID DIRECTLY by the practice (i.e., are employed by a facility or work as an independent contractor and bill/collect for their own services)?

ASA Conversion Factor Survey - Care Team

50. Please indicate the percentage of cases reported in the modes listed below (please enter number only with no percentage sign):

Personally Performed

Medically Directed

Medically Supervised

CRNA Only

ASA Conversion Factor Survey - Carve-outs

\* 51. Do you have any contracts that specify a flat fee for specific anesthesia services?

Yes

No

ASA Conversion Factor Survey - Carve-outs

52. If yes, please indicate which service(s)

OB

Cataract

Endoscopy

Other (please specify)

ASA Conversion Factor Survey - Optional Office-based Anesthesia Questions

53. Do you provide office-based anesthesia services?

Yes

No

ASA Conversion Factor Survey - Optional Office-based Anesthesia Questions

54. For your office-based anesthesia services, do you provide the drugs, equipment and clinical support staff (practice expense)?

Yes

No



ASA Conversion Factor Survey - Optional Office-based Anesthesia Questions

55. Do your charges cover these practice expenses?

Yes

No

ASA Conversion Factor Survey - Optional Office-based Anesthesia Questions

56. Do you provide (at your own expense) equipment/medications/supplies?

Yes

No

ASA Conversion Factor Survey - Optional Office-based Anesthesia Questions

57. Please provide an estimate of what percentage this cost is, relative to that of your office-based clinical practice (please enter number only with no percentage sign)

ASA Conversion Factor Survey - Optional Office-based Anesthesia Questions

58. Do you provide (at your own expense) non-anesthesia labor costs, such as for techs, RN's?

Yes

No

ASA Conversion Factor Survey - Optional Office-based Anesthesia Questions

59. Please provide an estimate of what percentage this cost is, relative to that of your office-based clinical service (please enter number only with no percentage sign)

ASA Conversion Factor Survey - Demographics

\* 60. Your state

**State:**

\* 61. Zip Code (5 digits only):

Thank You!

Thank you for your contributions to the 2021 ASA Conversion Factor Survey!