

Policy

Oscar Insurance reimburses anesthesia based on the concepts of basic values, time unit values, and conversion factors. Basic values are defined by the ASA and time units are calculated on a 15 minute interval basis and rounded to the nearest decimal point (e.g. 32 minutes of anesthesia equals 2.1 time units). Conversion factors are either explicitly listed in provider contracts or based on CMS localities. Anesthesia time starts when the anesthesiologist begins to prepare the patient for induction and ends when the patient can safely be placed under postoperative supervision.

The following formula is used to determine anesthesia reimbursement:

$$(\text{Base Value} + \text{Time Units}) \times \text{Conversion Factor} = \text{Reimbursement}$$

The following modifiers should also be applied to distinguish when services are not directly performed by an anesthesiologist:

Type of Provider	Code	Description	Payment
Anesthesiologist	AA	Anesthesia services performed personally by an anesthesiologist	100% of fee schedule based on appropriate unit rate
	AD	Medical supervision for more than four concurrent anesthesia procedures is provided	Reimbursed at a rate equal to three base value units
	GC	Services performed in part by a resident under the direction of a teaching physician	Services are reimbursable at 100% of the allowable when billed by the teaching anesthesiologist. (Note: the teaching anesthesiologist must bill with the "AA" modifier in the first field and the "GC" certification modifier in the second field.)
	QK	Medical direction of two, three or four concurrent anesthetic procedures involving qualified individuals (e.g., CRNAs or residents)	Allows 50% of fee schedule payment based on the appropriate unit rate
	QY	Anesthesiologist medically directed one CRNA	Allows 50% of fee schedule payment based on the appropriate unit rate
CRNA	QZ	CRNA performed services without medical direction	100% of fee schedule based on appropriate unit rate
	QX	CRNA performed services under the medical direction of an anesthesiologist	Allows 50% of fee schedule payment based on the appropriate unit rate

There are also a few additional cases that require more specific pricing. These include:

- Reimbursement for neuraxial/epidural labor is based on the actual time unit capped at the following minutes:
 - Vaginal delivery codes are capped at a total of 225 minutes/15 time units
 - Cesarean section delivery codes are capped at a total of 270 minutes/18 time units

Publication History

Date	Action/Description
09/01/2015	Original Documentation
10/05/2015	Approval and inclusion in Oscar Provider Manual
03/07/2016	Policy Updated
07/20/2017	Policy Updated

