

Medica Protocols

Anesthesiology

Anesthesiology Definitions

Anesthesia Services: Health Services provided either (a) by or under the direction of an Anesthesiologist; or (b) by a CRNA with or without the direction of an Anesthesiologist.

Anesthesiologist: a Clinic Physician specializing in anesthesiology

Anesthesiologist Modifiers:

AA Health Services: Anesthesia Services personally performed by an Anesthesiologist.

AD Health Services: Anesthesia Services provided under the medical supervision of an Anesthesiologist supervising five or more concurrent procedures.

QK Health Services: Anesthesia Services provided under the medical direction of an Anesthesiologist directing two, three, or four concurrent anesthesia procedures.

QY Health Services: Anesthesia Services provided under the medical direction of an Anesthesiologist directing one procedure.

Basic Value (Base Units): the Basic Value (Base Units) includes the value of all usual Anesthesia Services, except Time Units and any Modifying Units. Such Anesthesia Services include the usual pre-operative and post-operative visits, the administration of fluids and/or blood products incident to the anesthesia care and interpretation of non-invasive monitoring.

Certified Registered Nurse Anesthetist (CRNA): a Clinic-Based Health Professional who is a duly licensed registered nurse and who is either (i) certified by the Council on Certification of Nurse Anesthetists; or (ii) has graduated from an accredited school of anesthesia within the previous twelve (12) months, and is employed by Clinic and has been accepted by Medica to provide Health Services to Members.

CRNA Modifiers:

QX Health Services: Anesthesia Services provided by a CRNA under the medical direction of an Anesthesiologist.

QZ Health Services: Anesthesia Services provided by a CRNA without medical direction of an Anesthesiologist.

Standard Anesthesia Fee Maximum Formula:

Calculation of Unit Values: The unit values assigned for any anesthesia codes shall be determined in accordance with the guidelines set forth in the Relative Value Guide Index published by the American Society of Anesthesiologists, and as subsequently updated.

Standard Anesthesia Fee Maximum Formula: (Base Units + Time Units + Modifying Units) x Conversion Factor x Modifier Percentage.

Conversion Factor: The Medica Standard Commercial Anesthesia Conversion Factor in effect at the time service is rendered.

Anesthesiologist Modifier Percentages for Health Services: The Medica Standard Commercial Anesthesiologist Modifier Percentages in effect at the time service is rendered.

CRNA Modifier Percentages for Health Services: The Medica Standard Commercial CRNA Modifier Percentages in effect at the time service is rendered.

Clinic shall and shall ensure that Clinic Providers comply with the protocols of Medica, including, but not limited to the following:

1. Refer Medica Members only to other Participating Providers, including hospitals and other facilities, unless otherwise authorized by Medica pursuant to the Member's Medica Benefit Contract or required by state law¹. This includes rendering Health Services only at Participating Provider facilities.
2. Follow approved billing procedures of Medica.
3. Obtain prior authorization for certain Health Services as defined by Medica. Prior authorization is not a guarantee of payment.
4. If applicable, provide services pursuant to a medical treatment plan issued by and under the direction of a physician, pursuant to the Member's Benefit Contract, and only upon prior written and/or verbal authorization by Medica, as determined by the Member's Benefit Contract. In the event of a medical emergency, a medical treatment plan and prior written authorization will not be required.
5. If the Member's Benefit Contract is one that requires the Member to receive all or any Health Services from or upon referral by a primary care physician, the following additional protocols must be adhered to when those Health Services are rendered:
 - a. Referrals to other Participating or non-Participating Providers must first be authorized by the Member's primary care physician; and
 - b. Health Services must be provided pursuant to the terms and limitations of the Referral Authorization Form issued by or on behalf of the Member's primary care physician.

Clinic shall and shall ensure that Clinic Providers comply with all reasonable protocols adopted by Medica. In the event Medica adopts additional or revised protocols, Medica shall communicate such additional or

¹ 36 O.S. 2011, Section 6055



revised protocols to Clinic forty-five (45) days prior to their adoption and permit Clinic forty-five (45) days to comply with such additional or revised protocols, unless a longer period of time is agreed upon by both parties.

Failure to comply with the protocols of Medica may result in loss of reimbursement to Clinic and/or termination of the Agreement.

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